

In The Matter Of:
PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS

April 8, 2021

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1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 VIDEOCONFERENCED OPEN MEETING

4 THURSDAY, APRIL 8, 2021

5 CARSON CITY AND LAS VEGAS, NEVADA

6
7 The Board: LAURA FREED, Chairperson
8 LINDA FOX, Vice Chair
9 MARSHA URBAN, Member
10 MICHELLE KELLEY, Member
11 TOM VERDUCCI, Member
12 BETSY AIELLO, Member
13 JENNIFER KRUPP, Member
14 TIM LINDLEY, Member
15 DON BAILEY, Member
16 APRIL CAUGHRON, Member

17
18 For the Board: BRANDEE MOONEYHAN, Deputy
19 Attorney General

20
21 For Staff: LAURA RICH
22 Executive Officer
23 STEVEN MARTIN
24 Chief Information Officer
CARI EATON
Chief Financial Officer
NANCY SPINELLI
Quality Control Officer
WENDI LUNZ
Executive Assistant

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THURSDAY, APRIL 8, 2021, 1:00 P.M.

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CHAIRWOMAN FREED: It is 1:00 o'clock straight up on April the 8th, and so we will call the meeting of the Public Employees' Benefits Program Board to order. With that, staff, I will ask you to call the roll.

MS. LUNZ: Thank you. Laura Freed.

CHAIRWOMAN FREED: Here.

MS. LUNZ: Linda Fox. I don't see Linda. Betsy Aiello.

MEMBER AIELLO: Present.

MS. LUNZ: Don Bailey.

MEMBER BAILEY: Here.

MS. LUNZ: April Caughron.

MEMBER CAUGHRON: Present.

MS. LUNZ: Michelle Kelley.

MEMBER KELLEY: Here.

MS. LUNZ: Jennifer Krupp.

MEMBER KRUPP: Here.

MS. LUNZ: Tim Lindley.

MEMBER LINDLEY: Here.

MS. LUNZ: Marsha Urban.

MEMBER URBAN: Here.

MS. LUNZ: And Tom Verducci.
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MEMBER VERDUCCI: Here.

MS. LUNZ: Thank you. We have a quorum.

CHAIRWOMAN FREED: Thank you very much.

All right. Let's go to Agenda Item 2, public comment. As a reminder, no action can be taken on a matter that's raised under public comment unless it's included on a future PEBP board agenda as an item on which action might be taken. Public comments to the board are always taken under advisement but are not answered during the meeting. And we will limit the comment of each caller to three minutes.

So, with that, I'll turn it back to PEBP staff.

UNIDENTIFIED SPEAKER: For those who are joining us for public comment, your name or the last four digits of your phone number will be announced, and you will be advised that you may now make your comments. If you're calling in via telephone, please press star six to unmute. Due to time consideration, each caller will get up to three minutes.

Caller with the last four digits 7338, please slowly state and spell your name for the record and please press star six to unmute.

MS. MALONEY: Good afternoon, Chair Freed, Members of the Board. This is Pricilla Maloney with the AFSCME 4041 retirees. Can you all hear me today?

UNIDENTIFIED SPEAKER: Yes, we can hear you.
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1 MS. MALONEY: Thank you. The AFSCME retirees
2 would just like to speak to the agenda item regarding the
3 bill tracking list that the board will be reviewing today and
4 say that we are in support of SB 360, for the record, and we
5 agree with some of the written testimony that's already been
6 filed as exhibits from AFSCME 4041 members. We agree that we
7 need more involvement and input from rank and file employees
8 who are in fact PEBP members. And SB 360 accomplishes that
9 goal.

10 So we would urge the board today to please
11 support SB 360 and to vote on that position. And thank you
12 for your time and attention to this.

13 UNIDENTIFIED SPEAKER: Caller with the last four
14 digits 8725, please slowly state and spell your name for the
15 record and please press star six to unmute.

16 Caller with the last four digits 7111, please
17 slowly state and spell your name for the record and press
18 star six to unmute.

19 MS. WOODWARD: Good afternoon, Board Members. My
20 name is Janell Woodward, J-a-n-e-l-l W-o-o-d-w-a-r-d. I'm a
21 state employee and member of AFSCME Local 4041.

22 We would ask the PEBP board to support SB 360. I
23 appreciate everything the current PEBP board has done. You
24 all have worked tirelessly in the work of this session.

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1 However, for too long, rank and file state
2 employees have lacked having a say on issues that affect our
3 lives, our working conditions, and the services we provide.
4 There need to be board members that can relate to the 90
5 percent of the state workers who are not at the top of the
6 pay grade. We need to have a say in our health care because
7 management does not always know what's best for workers and
8 our families and cannot always relate to the average worker.

9 Having an organization that represents thousands
10 of state employees provide a list for the governor to choose
11 from ensures far greater input from workers than the
12 governor. Not picking on this one, continues to get to
13 choose board members with no assurance that it's someone who
14 will speak for thousands of workers and their families.
15 While it's about money, it is not only about money.

16 I do hold an advanced degree, but simply having a
17 degree does not ensure a person can understand the insurance
18 industry and how it works. Please do not look down on those
19 who do not have advanced degrees and think them unable to
20 understand the inner workings of health insurance.

21 We appreciate that most PEBP board members do
22 their best to make the best decisions for the thousands of
23 state employees enrolled in PEBP health insurance plans. But
24 good intentions do not replace our actual life experience.

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1 Thank you again for all that you do. Thank you.

2 UNIDENTIFIED SPEAKER: Caller Kent Ervin, please
3 state and spell your name for the record and make your
4 comment.

5 MR. ERVIN: Okay. This is Kent Ervin, E-r-v-i-n.
6 Sorry for that. Kent Ervin for the Nevada Faculty Alliance,
7 the Independent Association of Faculty at NSHE colleges and
8 universities statewide.

9 We work to empower faculties to be fully engaged
10 in our mission to help students succeed. Being fully engaged
11 means not spending excess time and money on health needs
12 because of diminishing benefits for state employees.

13 Regarding the bills being considered today, we
14 recommend neutral positions on most. Where there are fiscal
15 notes, those speak for themselves, and the policies are up to
16 the legislature.

17 We do oppose AB 337 and recommend that the board
18 oppose it because it may require PEBP to operate a
19 stand-alone clinic at great expense and uncertain return on
20 investment and mainly because it impinges on PEBP's ability
21 to do its duty to set plan design as fiduciary for
22 participants.

23 We support SB 360, which changes how the PEBP
24 board nominations are handled. SB 360 does not change in any
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1 way the number of board members or the groups that they
2 represent. The practical effect of SB 360 is that it will
3 require that multiple nominations be submitted by the various
4 constituent groups rather than just allowing recommendations.
5 The board may wish to take a position in support of stronger
6 representation from all the groups.

7 Finally, SB 373 is a bill to establish collective
8 bargaining rights and statute for certain state employees,
9 primarily NSHE faculty, similar to those who are
10 state-classified employees and local government employees.
11 We strongly support this measure.

12 At the hearing last night, Executive Officer Rich
13 and Director Freed put very large fiscal notes on the record
14 totalling three million dollars on SB 373. We at NFA have
15 not yet had the opportunity to review the fiscal notes. They
16 were not posted. So we are at a loss as to how they were
17 calculated.

18 In any case, it is not the intent of SB 373 to
19 require any changes to the interoperations or plan design at
20 PEBP. We look forward to working with PEBP and the
21 Department of Administration to remove the fiscal notes.
22 Thank you.

23 UNIDENTIFIED SPEAKER: Caller Carter Bundy,
24 please slowly state and spell your name for the record and
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1 make your comment.

2 Caller with the last four digits 0237, please
3 slowly state and spell your name for the record and press
4 star six to unmute.

5 Caller with the last four digits 8725, please
6 slowly state and spell your name for the record and press
7 star six to unmute.

8 MS. PARKER: Hi. My name is Stephanie Parker,
9 S-t-e-p-h-a-n-i-e. Last name Parker, P-a-r-k-e-r. I am a
10 proud member of AFSCME Local 4041 and a classified state
11 employee. And I am in support of SB 360 and ask you to
12 support it as well. This will enhance the make-up of the
13 appointees of the PEBP board to include AFSCME
14 representatives as well as for class site employees as well
15 as higher education.

16 The past three years I've been monitoring PEBP
17 board meetings and I appreciate the work that this body has
18 continued to perform, but it has been evident that there has
19 been a lack of input from most of the population that the
20 program is intended to benefit, classified employees.

21 I applaud this effort to provide for the
22 inclusion of classified employees as representatives of
23 labor. I know that representatives will have working
24 knowledge of the impact that changes will have on our
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1 participants and will be equitable in ensuring that we
2 maintain a viable plan.

3 As a classified employee -- And may I add that I
4 don't have a degree -- I have had the honor and pleasure
5 since 2011 of being appointed and serving on a couple of
6 state boards and committees and I've done so effectively.
7 Having a vested interest in Nevada, child safety, and
8 providing equitable and objective processes for employees and
9 my personal and professional experiences have supported my
10 credibility.

11 I know that you will agree that there is a
12 benefit to enhancing the make-up of this body for the good of
13 all. I urge this body to support this bill to add to the
14 knowledge and stakeholder input from the vast majority of
15 participants that will ultimately enhance and improve the
16 PEBP program. Thank you.

17 UNIDENTIFIED SPEAKER: Caller Doug Unger, please
18 slowly state and spell your name.

19 MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r,
20 President, UNLV Chapter and Southern Nevada Government
21 Affairs representative, Nevada Faculty Alliance.

22 I would like to support SB 360 because it will
23 expand representation and expertise on the board without
24 changing the nature of the board in any way. And I would
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1 and NSHE. So PEBP would be an administrator for the state
2 and not a party to any negotiations.

3 We envision this scenario in which PEBP health
4 insurance and benefits serve as a base plan with supplemental
5 and/or augmenting coverage or compensation add-ons negotiated
6 through NSHE and our colleges and universities with any RFPs
7 secured independently of PEBP or internally through the UNLV
8 and UNR medical school clinical practices as they grow so as
9 to maintain the competitiveness of our institutions for
10 hiring and retention.

11 Current PEBP plans now leave the higher education
12 system in Nevada with substandard health insurance and
13 benefits compared to peer and aspirational institutions
14 nationally. Hiring and retention issues contributed to by
15 these substandards and non-competitive PEBP plans carry a
16 very high cost to our institution through increased employee
17 attrition, expensive training, and disruption to stability.

18 Faculty of the State of Nevada deserve the
19 fundamental right in any case to advocate for health
20 insurance and benefits through the Board of Regents and our
21 higher education system.

22 We further assert to the Board Chair Freed that
23 there should be no significant financial note whatsoever from
24 SB 373 to the Department of Administration, as SB 373 clearly
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1 designates our individual institutions as the, quote, state
2 professional employer and thus subject to tasks and approvals
3 entirely under the authority of Nevada System of Higher
4 Education and the Board of Regents. Nevada faculty are not
5 classified staff.

6 The NSHE system and Board of Regents already have
7 in place the administrative and legal infrastructure to
8 engage in collective bargaining without any but the most
9 minimal financial impact on the operations of the Department
10 of Administration.

11 Thank you for your consideration and thanks to
12 all on this board for your service and dedication.

13 UNIDENTIFIED SPEAKER: Caller Carter Bundy,
14 please slowly state and spell your name for the record and
15 you may make your comment.

16 MR. BUNDY: This is Carter Bundy. Can you hear
17 me now?

18 UNIDENTIFIED SPEAKER: Yes.

19 MR. BUNDY: Great. I apologize before.
20 C-a-r-t-e-r B-u-n-d-y. Registered lobbyist with AFSCME for
21 the record.

22 We want to thank the PEBP board and echo others'
23 comments. We know how hard all of you work and that's a
24 significant commitment of time and you all care about state
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1 workers and others who come by PEBP.

2 We do encourage you to support Senate Bill 360
3 though. As others have said, there's real value to diversity
4 of lived experience, and we have a lot of members who are
5 getting by on 30, 35,000, \$40,000 a year for whom some of
6 these decisions, health cuts are made, what benefits stay and
7 go might be very different from those of people who are
8 currently on the board. So we think diversity of lived
9 experience is an important part of running a good board
10 because the board is there to help state employees.

11 And the second point I want to make is that this
12 doesn't change the composition of the board whatsoever. And,
13 in fact, we think it really is it closely hues to the intent
14 if you look at NRS 287.041. The groups, the NSHE, the
15 retiree, and the state classified appointees, are supposed to
16 be appointed by the governor upon consideration of any
17 recommendations of organizations who represent state
18 employees in our case. That consideration hasn't really been
19 taken seriously over the last 20 years. And you certainly
20 are not singling out this governor.

21 Over the years, we have made numerous
22 suggestions, submitted many means to different governors, and
23 we have had exactly one appointed. So we think that the
24 current system isn't reflecting the intent of 287.041 and we
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1 hope that SB 360 will rectify that. And we look forward to
2 working with the PEBP board as this bill moves forward.

3 Thank you.

4 UNIDENTIFIED SPEAKER: Caller Peggy Bohn, please
5 slowly state and spell your name for the record and you may
6 make your comment.

7 MS. BOHN: Good afternoon. My name is Peggy
8 Bohn, P-e-g-g-y, B as in boy, o, h as in Howard, n as in
9 Nancy.

10 And, in an effort to save time and energy, I want
11 to agree with those who have spoke before me. And I am also
12 in support of SB 360. Thank you all for what you do and have
13 a great afternoon.

14 UNIDENTIFIED SPEAKER: Caller with the last four
15 digits 4515, please slowly state and spell your name for the
16 record and you may make your comment.

17 Caller with the last four digits 9851, please
18 slowly state and spell your name for the record and press
19 star six to unmute.

20 Caller with the last four digits 0699, please
21 slowly state and spell your name for the record and press
22 star six to unmute.

23 Caller Agnes Galvez, please slowly state and
24 spell your name for the record, and you may make your
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1 comment.

2 Madam Chair, that concludes the public comment
3 section.

4 CHAIRWOMAN FREED: Okay. Thank you very much.

5 With that, we'll go to Agenda Item 3.

6 MS. RICH: All right. For the record, Laura
7 Rich, Executive Officer. I think if it's okay with you,
8 Chair Freed, I am not going to go over every single one of
9 these bills. I think, you know, in the interest of time I
10 think we can really focus on some of the bigger ones,
11 especially the ones with the fiscal notes.

12 But, if there are any board members perhaps at
13 the end who would like to single out any, I'm happy to go
14 back and discuss any of these. So, as long as we're all okay
15 with that, I will move forward with that approach.

16 CHAIRWOMAN FREED: I'm okay with that approach.

17 I just want to note that Linda Fox has joined us.
18 Thank you, Vice Chair Fox.

19 Ms. Rich, can I clarify one thing? This is a
20 33-page document, I believe. So this is a cumulative listing
21 of everything that we discussed at the last legislative
22 update meeting as well as new stuff that's been added since
23 then; am I right?

24 MS. RICH: That is correct, yes.
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1 CHAIRWOMAN FREED: Okay. Okay. Great. So the
2 stuff we discussed last time, we can probably skip over,
3 unless a board member chooses to go back to it, which is
4 perfectly fine.

5 But, with that, okay, I will turn it back to you
6 to discuss what you view as the salient bills for PEBP.

7 MS. RICH: Okay. So the first one, if we look at
8 page three, which is AB 48, I did want to touch on this one
9 because it is the PEBP bill. There have been no changes to
10 this since the last time that we discussed this last month.
11 It was passed in out of committee, approved out of committee,
12 and is waiting to be heard in the senate. So hopefully we'll
13 have an update on this one soon. But I did just want to
14 touch on that one.

15 The next one -- Let's see. I'm going to go
16 through these pages here. I've got them all identified. The
17 next one is on page nine of 33, which is AB 250. This one,
18 although it does not have a fiscal impact to PEBP, I wanted
19 to make sure to bring this up to the board and to just
20 highlight it, because it does impact our Medicare Exchange
21 members. I did -- I sat through the hearings on this just to
22 better understand what was occurring and what was the goal of
23 this legislation. It does not -- It actually has a positive
24 impact on Medicare Exchange members because the legislation

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1 proposes that Medicare retirees who have those supplemental
2 policies are now subject to or they're able to change plans
3 during a special open enrollment period that is defined as a
4 60-day period of their birthday month.

5 So I think this is good legislation for those
6 members that are in the Medicare Exchange that do have
7 Medicare supplemental policies. It does not really affect
8 the program per se, but it does affect our members, so I just
9 wanted to highlight that one. So I will stop there for any
10 questions related to AB 250.

11 CHAIRWOMAN FREED: Board Members, I'm not hearing
12 any questions. This is Laura Freed for the record.

13 Okay. I guess let's move on then.

14 MS. RICH: Perfect. So the next one is on page
15 11 of 33 and this is AB 274. This bill mandates certain
16 fertility services that are currently not covered under the
17 plan. The fiscal impact here is relatively low. We're
18 looking at \$71,000 over the biennium. The utilization in
19 this type of benefit is actually really low in our plan
20 anyway. But there was a conceptual amendment that was
21 proposed that allows PEBP and other self-funded plans to opt
22 in or -- either opt in or opt out. I would have to look.
23 But it makes it a may versus a shall.

24 So, if that amendment is -- if it's passed with
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1 that amendment, then it should -- it should remove the fiscal
2 impact of this bill. So I'll stop there for questions.

3 All right. It doesn't sound like there's any.

4 MEMBER KELLEY: It's Michelle here. Executive
5 Officer Rich, I think I'm bringing this up now because I just
6 generally have questions about the fiscal note. I don't
7 really know how that works. And I would like to better
8 understand exactly how you guys develop your fiscal notes and
9 what assumptions you use and then, you know, how you test for
10 that as well, how you test the accuracy, I guess.

11 MS. RICH: So that is a very good question.
12 Laura Rich for the record. So we heavily rely on our vendors
13 to develop these fiscal notes. So whether it is our third
14 party administrator, whether it is the actuaries who develop
15 the projections or sometimes if it's pharmacy-related it will
16 be related to -- so Express Scripts would provide those
17 numbers. And what they do is we provide them the bill
18 language specifically and really start to -- we identify any
19 of the sections that we -- that staff have identified as
20 potentially impactful to the program. And when I say that,
21 sometimes it's the PBM, sometimes it's the TPA. It could be
22 all three of them, right. It could be the actuaries, the
23 TPA, and the PBM, depending on what that bill entails. And
24 so this is shared with the group of vendors that would be

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1 way they have to use kind of generally available prevalence
2 in the community of a particular condition and what not; is
3 that right?

4 MS. RICH: That is correct. And so I think we do
5 have someone from HealthSCOPE on. But I believe in most of
6 these cases what would -- what they would do is again look at
7 their book of business and look at what the general pricing
8 is of those services that are not covered by PEBP today and
9 they would then apply those to the utilization happening in
10 our plans. So, for example, you know, what is the
11 utilization in other books of business and then also, you
12 know, how does that compare to the experience that PEBP has
13 for those benefits overall. So, you know, how many people
14 are using fertility services? And so because of this, we
15 have, you know, we have a relatively low population using
16 those to begin with. I don't know if that's generally across
17 the board or just in our plan. But they -- they could see
18 that, okay, there's a -- this is what the services would cost
19 should those services be covered under the PEBP plan, and
20 then they apply it to the utilization of those people that
21 are currently utilizing fertility services.

22 MEMBER KELLEY: Thank you. I appreciate your
23 taking the time.

24 MEMBER VERDUCCI: Tom Verducci for the record.
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1 Just as a follow-up question, I see a note here under the
2 fiscal note and we have an asterisk that reads, conceptual
3 amendment will remove fiscal note. And, Laura, I think you
4 mentioned it already. But could you expand just a little bit
5 on that. Is the fiscal note indeed going to be removed here,
6 the \$71,000?

7 MS. RICH: So, for the record, Laura Rich. That
8 was a conceptual amendment that was proposed. I believe if
9 this bill does move forward, it sounds like there's a good
10 chance that this amendment will make it in to, you know, in
11 to the bill because of the -- there's a desire from the bill
12 sponsor to -- they realize that there could be a financial
13 impact on those self-funded plans, especially in a time where
14 we are dealing, you know, with the pandemic and the cost
15 associated with the pandemic and the unknowns of the
16 pandemic.

17 So there was a desire to incorporate the ability
18 for self-funded plans to opt out of that or opt in to it. I
19 don't recall right now which one it was. But, essentially,
20 it gives self-funded plans the option versus a mandate. So
21 that has not been -- It has not been heard in a work session
22 yet. And so that bill is still waiting to be heard. And I
23 don't think it's scheduled -- I don't see it scheduled for
24 anything this week. So we will watch.

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1 MEMBER VERDUCCI: Thank you.

2 MEMBER LINDLEY: Tim Lindley here. I just wanted
3 to thank Member Kelley and Director Rich for clarifying on
4 how the fiscal notes are generated. Thanks.

5 CHAIRWOMAN FREED: This is Laura Freed. I just
6 wanted to note that this fiscal note isn't larger because
7 PEBP in comparison to other public plans is actually fairly
8 generous about covering facility treatments. I've had PEBP
9 participants with fertility issues actually approach me and
10 say that part of the reason they appreciate working for the
11 state is because they've had those problems and they have
12 been able to get more things covered than they would have if
13 they worked at another public entity or in the private
14 sector, so.

15 MS. RICH: Okay. Can we move on to the next one
16 or are there any more questions on that one? All right. It
17 looks like we can move on.

18 The next one is on page 12. I wanted to cover AB
19 337, which those of you who were listening to the public
20 comment, there were some public comment regarding opposition
21 to this. This is -- This bill would require the board to
22 create a certain pilot program in certain circumstances. So
23 the pilot program is intended to be for a near-site clinic,
24 which those of you who have been on the board for a while, in
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1 2017, PEBP actually explored this option. And we had some
2 challenges with it. We put out an RFQ, a solicitation for a
3 near-site clinic. And we required in that solicitation very
4 clear return on investment language and proposals.

5 So we did receive three proposals in that
6 situation. And only one of those proposals was able to agree
7 to PEBP's requirements on ROI. That cost proposal submitted
8 by the winning vendor came in with 1.3 million dollars of
9 implementation to start a class, 3.56 million dollars in year
10 one of operating expenses, a little over that, 3.67 million,
11 in year two of operating expenses. And then it just goes up
12 from there. In year three to 3.78 and 3.98 in year four.

13 So the solicitation ended up getting canceled
14 because we just -- we realized that it probably -- it just
15 didn't -- it wasn't right for the program. Not only was --
16 were we not able to guarantee savings in this type of
17 project, but there were some other challenges too, meaning,
18 you know, where do you put this clinic?

19 So this makes sense in a situation where you've
20 got a company with a large campus, you know, similar to maybe
21 IGT. You've got all of their employees on one campus. You
22 know, you have an employee sitting in their office at 3:00
23 o'clock that could walk over to their clinic at 3:15 for
24 their appointment. That works out really well and it's very

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1 convenient and you probably can drive and see things because
2 you are driving your entire population there.

3 In the state it doesn't work that well. In the
4 state we have got very dispersed populations and dispersed
5 office buildings as well. So really the only place that we
6 have a conglomerate of offices is in Carson City. This
7 really isn't needed in Carson City. I think that if anything
8 it would be a more appropriate placement in Las Vegas. But
9 in Las Vegas there's not a centralized location where you can
10 drive folks there.

11 Additionally, primary care just isn't -- it's not
12 a cost driver. It's not somewhere where PEBP spends a lot of
13 money. And it is not somewhere where we're going to see a
14 lot of cost savings. And so really what you're trying to do
15 here is deliver a convenience for your population and then
16 also encourage them to seek that primary care.

17 Again, that works very well if you are in a
18 campus-type organization. Just not so well for a very
19 diversified state like the State of Nevada.

20 So we did place a very significant fiscal note on
21 it. It's about seven and a half million dollars. This was
22 presented on March 29th and it is due for a -- it's on the
23 agenda for work session tomorrow at 8:00 a.m. So we will be
24 watching that very closely tomorrow.

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1 With that, I'll stop for questions.

2 MEMBER VERDUCCI: Oh, yes. Tom Verducci for the
3 record. What I wanted to ask here is in the past PEBP has
4 been involved in the plan design. And we had a very
5 difficult situation recently in terms of reducing the budget
6 by millions of dollars. I see a pretty big fiscal note here.
7 But, my specific question is, how does an assembly bill get
8 to this level. I know it starts as a BDR. But what is the
9 history that brings it here? Does it start with a private
10 interest and then go to a lobbyist and the lobbyist then
11 works with an assembly person? Am I reading that correctly?

12 MS. RICH: You are right on the money,
13 Mr. Verducci. That's usually -- Not all bills are that way,
14 but that is a common practice, yes.

15 And, before I do go on, I do want to say that
16 this is not a -- this bill is not a shall. It is a may.
17 However -- Well, the proposed amendment that will be in this
18 work session on tomorrow changes it to may. However, it
19 leaves it open to determine -- for the board to determine if
20 there is funding available. The problem with that is that's
21 very vague.

22 So is there funding available? Well, you heard
23 that there's definitely funding available right now. We've
24 got excess reserves based on the facts that we had claim

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1 suppression. So, in that case does that force -- does that
2 tie the board's hands in to a clinic or what if the board
3 decided to reinstate certain benefits first or what if the
4 board if there is funding available what if the board decided
5 to do something else with it first? That language is very
6 vague. And so it would put it in statute.

7 But at that point it's unnecessary because the
8 board already has the ability to proceed with a project like
9 this if it should choose to do so.

10 MEMBER AIELLO: Laura, this is Betsy. Just to
11 clarify. The way I'm seeing this is it's saying that PEBP
12 would transition from being just a payor of medical service
13 to a provider of medical services, totally changing PEBP's
14 makeup in a way?

15 MS. RICH: Laura Rich for the record. Yes and
16 no. Really we would be partnering with a vendor who is --
17 this is what they specialize in. They specialize in setting
18 up on-site or near-site clinics. They would find a location.
19 They would do the staffing. They would essentially run it.
20 PEBP would definitely have to oversee it. Built in to that
21 fiscal note is additional staff, because this would be a very
22 significant duty for someone to take on. So we built in an
23 additional staff that would have clinical expertise that
24 would be able to, you know, oversee this kind of program in
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1 an adequate and appropriate manner.

2 MEMBER VERDUCCI: Tom Verducci here -- Go ahead.

3 MEMBER BAILEY: I'm sorry, Tom. My only question
4 is, Laura, through the chairperson, the financial package is
5 large and we are already in a dollar deficit, the biggest
6 thing I question is do we have the staff that could handle
7 this if it went through?

8 MS. RICH: Laura Rich for the record.

9 Mr. Bailey, we do not today. And that is built in to the
10 fiscal note. We would have to hire additional staff. Not
11 just to take off the extra duty but also to incorporate
12 the -- to have that expertise, the clinical expertise, to be
13 able to oversee something like this.

14 MEMBER BAILEY: Okay. But are we not right now
15 short on staff on our general mission?

16 MS. RICH: You are correct. PEBP is, with all of
17 the solicitation we have going on right now and just
18 everything that has been, you know, all of the situations
19 that we've been facing, PEBP is definitely -- PEBP staff is
20 overwhelmed.

21 MEMBER BAILEY: Thank you.

22 MEMBER VERDUCCI: Excuse me. Tom Verducci for
23 the record. So I think we have to be looking at our
24 priorities. You know, we were asked to reduce our budget by
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1 30 million dollars a year plus, eliminate long-term
2 disability, reduce life insurance, increase out-of-pocket
3 maximums, increase deductibles, and now we have a mandated
4 clinic that's going to cost seven million dollars that's out
5 of the realm of PEBP decisions. And it just seems like it's
6 an old school method here of being mandated to put something
7 in place in the middle of a pandemic where we're cutting our
8 budget.

9 So, my opinion, I'm staunchly opposed to this
10 one. That's just my opinion.

11 MS. RICH: And Laura Rich for the record.
12 This -- The amendment changes the wording from shall to may,
13 which would in turn arguably eliminate the fiscal note, the
14 need for a fiscal note, because it's not mandating the board
15 to pursue a project of this sort.

16 But I would argue at that point that there's no
17 need for legislation because the board already has the
18 ability to move forward with a pilot program should they feel
19 the desire to. So unless you're mandating this, there is no
20 point in legislation. That -- When I testified on this, you
21 know, I made that clear that, you know, it's really -- unless
22 you're going to mandate this, the board can already --
23 already has the authority and the power to move forward as we
24 were going to in 2017 to move forward with a pilot program of
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1 this sort if the money was available.

2 CHAIRWOMAN FREED: This is Laura Freed.
3 Mr. Verducci, is that a motion to oppose this bill as
4 introduced or am I misreading you entirely?

5 MEMBER VERDUCCI: Yes. Could I make a motion to
6 staunchly oppose it or do we have to stick with just oppose?

7 CHAIRWOMAN FREED: You can make any motion you
8 want to make.

9 MEMBER VERDUCCI: Yes. I would like to make a
10 motion to staunchly disapprove.

11 CHAIRWOMAN FREED: Staunchly disapprove. Okay.
12 I'm sorry to tease you, Mr. Verducci.

13 MEMBER VERDUCCI: You know, I just don't like the
14 whole method here of the plan design being chosen through
15 lobbyists and being forced upon us and we have greater issues
16 that participants are asking us to address and come up with
17 money. And I just don't see the clinic here being forced
18 upon us. So my motion is to staunchly oppose AB 337.

19 MEMBER BAILEY: Don Bailey. Second that motion.

20 CHAIRWOMAN FREED: Thank you, Mr. Bailey. This
21 is Laura Freed. Just to be clear, is your motion to
22 staunchly oppose SB 337 in all forms or SB 337 as long as
23 it's mandatory?

24 MEMBER VERDUCCI: In all forms. I just don't
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1 like the process. It could have been done differently.

2 CHAIRWOMAN FREED: Okay. Thank you, sir. So
3 it's been moved and seconded.

4 MEMBER KELLEY: Michelle Kelley. Can I ask
5 Executive Officer Rich a quick question?

6 CHAIRWOMAN FREED: You bet.

7 MEMBER KELLEY: Executive Officer Rich, has there
8 been a large portion of our population asking for these
9 clinics or for this pilot program? Has there been anyone
10 asking for this pilot program?

11 MS. RICH: For the record, Laura Rich. No.
12 Really, so this would be a primary care clinic at least, you
13 know, specializing in primary care. It could grow in to be
14 able to offer other services. But the reality is access
15 issues are not so much in primary care. They're in
16 specialty. They're in, you know, if you try to make an
17 appointment with a neurologist or a dermatologist or any of
18 those specialists, you know you're going to wait months to
19 get in. This clinic would not solve that problem. This is
20 primary care. And, you know, with maybe some other services
21 built in. But the problem in, you know -- the problem Nevada
22 faces in access issues is really around specialty. And we
23 would not be solving that.

24 MEMBER KELLEY: Thank you.
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1 MEMBER AIELLO: This is Betsy. May I ask a
2 question to Laura? So what I think I'm hearing is this is
3 something that we go out and people go see their doc and we
4 pay the claim that has our rate and now we would be paying
5 for oversight, one of those clinics, costing us more money,
6 I'm thinking, than what it does to procure out in the market.
7 That's why there's a fiscal note. Because if it was just
8 transferring the pot of money from here to here, I think what
9 it's saying is we're going to pay more money for a similar
10 service with, I'm guessing, the conceptual benefit is that
11 it's easier to get in or it's bringing in more doctors.
12 Otherwise, I don't see why we would pay more money for
13 something we already have, when there's other things that
14 we're hoping to be able to refund.

15 But that's just -- So I'm trying to understand.
16 With this fiscal note we're taking services we already cover
17 and we're maybe going to have to pay more for them. But the
18 bill sponsor must think there's a benefit that maybe -- Maybe
19 if you could help us understand what the bill sponsor is
20 thinking the benefit is. Because you don't usually want to
21 pay more for something you don't think there's a benefit for.

22 MS. RICH: So Laura Rich for the record. That's
23 a very good question, Betsy. It's a -- There are
24 opportunities within these clinics to produce savings. So
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1 I'll give you an example. When you go to see your primary
2 care doctor and they order imaging, they send you to whatever
3 location, you know, they know of or maybe they're affiliated
4 with. Not -- It may be the most expensive option that is
5 available. And so in this type of situation we could create
6 steerage. So the doctors in that facility, the physicians,
7 the nursing, the nurse practitioners, those clinicians
8 could -- they would understand the PEBP program and only be
9 dealing with the PEBP members. And so there would be -- we
10 would be able to steer folks in to high quality, lower cost,
11 facilities. Would that bring in enough savings to offset the
12 cost? That's what we were struggling with in 2017 is, now,
13 there was all of these opportunities to bring in savings, but
14 does it really -- is it worth the cost that you have to
15 front, especially in implementation cost and standing up a
16 building and the equipment and staffing and things like that.
17 There is very significant cost.

18 So, again, this works out much better when all of
19 your membership and the plan participants are in one
20 centralized location because then you can steer those folks
21 in to lower cost services or lower cost options or, you know,
22 higher quality as well versus -- so you have more control.

23 But in our situation we don't have the, you know,
24 that population in a very -- We don't have a dense

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1 population. It's very scattered. And so it doesn't work as
2 well.

3 MEMBER LINDLEY: Tim Lindley here, if I may,
4 Chair Freed. In 2015, May 2015 -- I actually have my old
5 records and I was able to find them. In May 2015 in the
6 Grant Sawyer building, the Public Employees Benefits Board
7 held, like, a blood work drive, if that jogs your memory. Do
8 we know the efficiency or how it helped members above and
9 beyond what members typically do? Did it increase activity
10 or participation in the programs?

11 MS. RICH: Laura Rich for the record.
12 Mr. Lindley, I think what you are referring to was the
13 wellness program that the legislature ended right around that
14 time. I think it was in about 2015.

15 Wellness is a touchy subject when it comes to
16 health care. I have read many pieces, many articles, about
17 wellness. And there is the argument that if you pour money
18 in to wellness, you get it back in lower medical costs.
19 However, there's a lack of concrete evidence to support that.
20 So it's -- you can probably find information to support that
21 argument or to not support that argument. Yes, again, you
22 know, the more you go and seek preventive care, there's
23 probably a higher chance that you're going to find things
24 earlier and discover, you know, any kind of disease at an
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1 earlier stage. And so that could potentially drive down the
2 cost. But, again, I'm going back to this is one clinic and
3 our population is scattered. Even if it were three or four
4 clinics, we still -- we don't have the density of population.
5 And so we cannot drive folks in to those facilities to make a
6 significant enough impact.

7 MEMBER LINDLEY: I will say from my memory it
8 didn't necessarily drive some of my co-workers to go attend
9 the wellness event because they prefer their primary care
10 provider instead of a doctor in the lobby of the Grant Sawyer
11 building.

12 But the general question I guess I had was did we
13 see an increase in the utilization of the wellness benefits
14 because of that or was it negligible?

15 MS. RICH: That is a good question. I will have
16 to go back. I was not at PEBP in 2015. So I will have to go
17 back and look at that. What I do know though is that
18 incentivize primary care with HSA dollars in the last several
19 years. And there was a slight uptick in that utilization of
20 wellness services but not super significant.

21 MEMBER LINDLEY: Okay. Thank you.

22 CHAIRWOMAN FREED: This is Laura Freed. Okay.
23 So, Board Members, any other questions? Okay. I would
24 remind you all that there is a motion on the floor that's

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1 been moved by Mr. Verducci to oppose Assembly Bill -- I'm
2 sorry -- staunchly oppose Assembly Bill 337 and it was
3 seconded by Mr. Bailey. So, unless there's any discussion on
4 the motion, I'm going to ask for all in favor to signify by
5 saying aye or wave your hand in your little Zoom box.

6 (The vote was unanimously in favor of the motion)

7 CHAIRWOMAN FREED: Any opposed, nay. Okay.
8 Motion carries unanimously. Thank you. We'll move on.

9 MS. RICH: Okay. Laura Rich for the record. The
10 next one is on page 13. I wanted to touch on AB 348. Again,
11 not a bill that will have a fiscal impact on PEBP, but I did
12 want to bring this up because it does add the PEBP executive
13 officer on to the patient protection commission as a
14 non-voting ex-officio member. So that's really the only
15 impact to PEBP.

16 There was a work session yesterday where there
17 was an amendment. There was a lot of -- There was a lot of
18 stuff in this bill that was not supposed to be in this bill.
19 Particularly, everything that was in SB 40 was added also to
20 AB 348. So in that work session there was an amendment and
21 it kind of cleaned it up a little bit. But, really, the only
22 thing that would impact PEBP here is the -- just that extra
23 duty of the Executive Officer being added to the patient
24 protection commission. That was passed out of committee

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1 yesterday. So I will stop there for questions.

2 CHAIRWOMAN FREED: This is Laura Freed. The only
3 question I have is, Ms. Rich, do you actually have time in
4 your schedule to do this? I mean, not to put you on the
5 spot.

6 MS. RICH: At some point all of these
7 solicitations are, you know, off the radar maybe, when
8 there's no session, when there's no contracts up for bid.
9 Yes, it's just one more thing added to my plate. I'm not
10 opposed to it. I think that it makes sense to involve PEBP
11 in this group because of just, you know, this group is
12 affecting and analyzing health care in the state. And I
13 think that PEBP is a valuable resource to that. So I think
14 just being a part of it would be beneficial. Regardless of
15 my ability to stretch thinly, you know, I think it's a
16 benefit.

17 CHAIRWOMAN FREED: Okay. Thank you.

18 MS. RICH: So any questions, any -- We're not
19 going to take a stance on this one, I think. Okay. All
20 right.

21 So the next one is -- So I'll just touch on SB 40
22 on page 15 since we did talk about that a little bit last
23 time and I know there was some discussion, the board took a
24 neutral stance. SB 40 is the bill that deals with the
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1 collection of data relating to health care and establishing
2 an all payor claims database. Thank you very much, April.
3 She coordinated a meeting with the powers that be that are
4 overseeing this and was able to answer a lot of my questions
5 regarding this.

6 I personally do not have any concerns. I think
7 that again this is -- And Nevada is not the first state to do
8 this. There is a system in place. There's already existing
9 reporting and formatting and things like that. And so I
10 don't anticipate this being a huge lift for PEBP. And I
11 think that this is going to be beneficial in terms of, you
12 know, the goal of transparency within, you know -- within
13 health care. So I don't have any concerns on that one.

14 And this bill did -- it did get amended and
15 passed out of committee and the amendments were fairly
16 insignificant. There were some amendments related to
17 confidentiality and things like that but insignificant to
18 PEBP overall.

19 So I will stop there for questions. It doesn't
20 look like it. Okay.

21 MEMBER BAILEY: Madam Chair.

22 CHAIRWOMAN FREED: Yes, Mr. Bailey.

23 MEMBER BAILEY: For the record, Don Bailey.

24 Laura, we don't have a fiscal note on that; is that correct?
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1 MS. RICH: Laura Rich for the record. We
2 actually our fiscal note at the time was cannot be determined
3 because it's difficult to say whether it's going to come at a
4 cost to PEBP because we didn't know the reporting
5 requirements. As long as it's something standard and, you
6 know -- I mean a claims dump is pretty easy and this is not
7 something that any of our vendors would really charge much or
8 anything for. So I think we could accomplish this pretty
9 easily. But it's when you start putting restrictions and
10 changing the formatting and requirements to the way that
11 we're reporting and things like that. That's when it comes
12 with a cost. And so we were not able to determine that, you
13 know, will there be a cost or not. It all depends on what
14 those requirements are going to be when all is said and done.

15 After discussions with staff about this, it
16 turned out that, you know, there's not a lot of concern about
17 that. So I think we're okay on the safe side to say there
18 probably won't be a cost associated with this for PEBP to be
19 able to comply.

20 MEMBER BAILEY: Thank you.

21 CHAIRWOMAN FREED: Okay. It looks like we can
22 move on.

23 MS. RICH: All right. Okay. So the next one is
24 on page 17 of 33. It is SB 139. This requires -- We talked
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1 about this last time. It requires certain health insurance
2 to cover treatment of certain conditions relating to gender
3 dysphoria. I just wanted to provide the board an update on
4 that one. There were -- There was an amendment that was --
5 it was passed with an amendment on April 2nd. The amendment
6 eliminates voice therapy and adds requirements for
7 individuals under 17 and requires insurers to make reasonable
8 efforts to secure in-network providers.

9 So I want to just discuss a few things. I know
10 last time there was a concern that why is it that PEBP's
11 fiscal note is so much higher than Medicaid's fiscal note. I
12 actually reached out to Medicaid on several of these bills
13 and was part of some work group discussions on this. And it
14 clicked during one of these work group discussions. Medicaid
15 does not have a lot of utilization because they don't have a
16 lot of providers who are -- who accept Medicaid who provide
17 these services. So that, I think, answered the question as
18 to why PEBP's fiscal note was so much higher than Medicaid.
19 It's because we offer these services. We provide coverage.
20 But we also have providers that, you know, in our network
21 that provide these services.

22 So I do want to say though that we will probably
23 be reducing the amount of our fiscal note. I'll be working
24 with our vendors to reduce this because of the amendment and
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1 the elimination of voice therapy, along with some other
2 items, I think that we can probably reduce this quite a bit
3 now that the amendment has been -- has been added. So I'll
4 stop there for questions.

5 CHAIRWOMAN FREED: This is Laura Freed. I have a
6 question. We talked last time about how voice therapy wasn't
7 really expensive for PEBP. It was really the -- It was
8 gender reassignment for members under 18 that was really the
9 cost driver of the fiscal note. And so the amendment has
10 requirements for individuals under 17. So what does that
11 mean for the fiscal note?

12 MS. RICH: This is exactly -- Laura Rich for the
13 record. This is exactly what we're going to have to take
14 back and look at and see exactly, you know, how is that going
15 to affect the fiscal note. I assume that it's going to
16 reduce it. And so -- but we hadn't gotten that far yet.

17 CHAIRWOMAN FREED: Okay. This is Laura Freed
18 again. And the bill as amended still applies to both public
19 insurers, that is PEBP and Medicaid, as well as private
20 insurers? Okay. Thank you.

21 MEMBER KELLEY: Chairperson Freed, I have a
22 question. This is Michelle Kelley here.

23 CHAIRWOMAN FREED: Okay. Go ahead.

24 MEMBER KELLEY: Executive Officer Rich, thank you
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1 for your explanation of how the fiscal notes are put
2 together. And I'm really happy to hear that you're going to
3 re-look at this particular fiscal note. I think that that's
4 important. But I am still a little curious. It's really
5 just a general question.

6 So the only way, you know, for us on the board
7 trying to try to kind of do our job and work out what's what,
8 you know, when I was looking at the fiscal notes, I was
9 curious about the difference between the fertility fiscal
10 note and this fiscal note. And just on the surface, I was,
11 like, well, that's kind of odd because, you know, I didn't
12 know a lot of people that needed fertility treatment. So I
13 went out and looked at the CDC and they told me that around
14 six percent -- I love this -- of married women between the
15 ages of 15 and 44, married women, suffer from some form of
16 infertility.

17 And then when I went out looking for the same --
18 looking for some form of, you know, representation for gender
19 dysmorphia, the numbers obviously are harder to come by. But
20 I think that I got a number from -- Bear with me -- from --
21 It's not a great reference. But I believe the Manual of
22 Mental Disorders, the 5th Edition. Of course, the
23 statistical, diagnostic statistical, at 0.005 to 0.014 and
24 .002, so well under one percent of the population, not even
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1 close to being one percent of the population. And yet we've
2 got a million dollar fiscal note attached to it.

3 And so I'm just kind of, like, just at the very
4 top level I'm confused about that given that if we then break
5 that a little bit of the PEBP population we're probably just
6 talking about a couple of people, right. So how can on the
7 fertility side where it's six percent of the population --
8 And I understand a lot of the service is already covered.
9 Same with this particular category too though. So I don't
10 know. Can you -- There's a question in there somewhere. But
11 can you help?

12 MS. RICH: So Laura Rich for the record. You are
13 correct where this is -- this is not widely -- there's not a
14 lot of utilization. I think -- I'll have to go back and look
15 through the e-mails. But there was just a handful of people.
16 It is every year -- It is -- The cost of those have risen
17 every year of those services has risen every year since this
18 was introduced in 2015.

19 There's the -- I think what we were focusing on
20 here is opening the doors to those. So right now for us it's
21 under the PEBP plan identifies it as you have to be over 18
22 in order to be covered for these services. So eliminating
23 that requirement does obviously open doors to, you know, to a
24 new population, a new group. So there's a lot of

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1 projections.

2 I do think that this was likely when PEBP
3 receives the projections or the this is what we think might
4 happen -- And, again, that's really what it is, it's a best
5 guess using data available to us. We usually get a pretty
6 significant dollar figure difference. It could be as low as
7 this or as high as this. And so we try to be as realistic as
8 possible.

9 So I think -- I mean, we can go back and look at
10 this. Again, I want to go back and look at this, just
11 because of the different requirements in the amendment as
12 passed. But, you are correct, the amount of people that have
13 actually gone through this transition and received these
14 services is relatively low. But I think the cost of those
15 services in the grand scheme of things is much higher than
16 fertility treatments. So I think that's where -- what we're
17 looking at overall is just the overall cost.

18 And I think -- Nancy Spinelli, I don't know if
19 she is on. But I know that she's worked very, very closely
20 with our third party administrator through these -- for a lot
21 of these members because they do go through utilization
22 management and case management for these services. It's a
23 requirement. So I know that she's got very detailed
24 experience with this. And I don't know if she's on if maybe

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1 she can add to that. Let me see if she's on. I can't tell.
2 Yes, she is. Nancy, are you available? Maybe.

3 MEMBER KELLEY: She's on mute. I just had --

4 MS. SPINELLI: Sorry. Sorry about that. Yes, we
5 have had a few over the last -- the last three or four years,
6 a few cases where we've had the transgender surgeries. But
7 it's only been -- Actually, I can only think offhand of
8 three, I think, so it's not a real common thing.

9 MEMBER KELLEY: Can I ask a follow-up, Executive
10 Officer Rich? I'm just wondering what is the PEBP's annual
11 spend on the services that are currently covered in this
12 category? Is that a number anyone knows?

13 MS. RICH: So I can look it up. Let's see. I
14 remember that this came up in a -- when we were trying to
15 figure out the fiscal note. So if you give me just a minute,
16 if I look through my e-mails, I can probably come up with it.
17 There's a lot of e-mails about this. We also have some
18 litigation regarding this too, so I have about a million
19 e-mails on this subject.

20 So, in 2019, our total spend was 212,000. And,
21 in 2020, it went up to 252. 2021 obviously we've got --
22 Well, so 2020 and '21 you know that there's a lot of claim
23 suppression. So it's a little -- that number I wouldn't use
24 as accurate. If they go back -- And I don't have it right
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1 here in my e-mail. But before 2019 the spend was almost
2 nothing. And so it has been steadily rising and I think
3 that's where that fiscal note came from.

4 MEMBER KELLEY: Okay. Well, thank you. I
5 appreciate your answer. I appreciate you looking at that.
6 And it seems to me, hopefully, with the amendment and then if
7 you re-look at the fiscal note again, because if we're going
8 to be spending \$252,000 a year on adults, I mean, I can't
9 imagine there's that many kids under the age of 17 who are
10 lining up for this surgery. You know, it's not that simple.
11 So it just seems that honestly a million seems very high. So
12 hopefully we can bring that down. But I appreciate the
13 information. Thank you so much.

14 CHAIRWOMAN FREED: Are there any other questions?
15 We can move on.

16 Oh, Mr. Bailey, I heard you unmute yourself.

17 MEMBER BAILEY: Laura, you said there was legal
18 action taken. And who against?

19 MS. RICH: Mr. Bailey, this is -- so there's --
20 PEBP has some litigation regarding, you know, there's appeals
21 and things like that regarding this situation. But it's
22 probably not appropriate to bring it up at this board
23 meeting.

24 MEMBER BAILEY: Okay. I understand that. I
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1 think that's a good question. Because what's that going to
2 cost if it costs us anything? Thank you.

3 CHAIRWOMAN FREED: This is Laura Freed. Board
4 Members, would you like a five-minute break? Oh, my gosh,
5 this might be the first time in history you guys haven't said
6 yes. All right. We'll keep going.

7 MEMBER LINDLEY: Member Krupp is talking, but
8 she's muted.

9 CHAIRWOMAN FREED: Okay. All right. Let's come
10 back at 2:25 then so everybody can have a little break.

11 (Break was taken)

12 MS. RICH: So the next one -- Laura Rich for the
13 record. The next one that I wanted to go over was on page
14 18, Senate Bill 171. There's a lot of pieces to this. This
15 bill prohibits a pharmacy benefit manager from requiring a
16 covered person to obtain a drug by mail. Where does this
17 affect PEBP?

18 So right now PEBP uses Accredo, which is a
19 specialty pharmacy through Express Scripts. Specialty
20 pharmacy, specialty drugs, are usually much more costly and
21 come with a significant rebate. So if we were to -- If
22 PEBP -- If this bill were to pass and PEBP could not enforce
23 the requirement to -- for members to get their drugs from a
24 specialty pharmacy such as Accredo and instead could go to a
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1 retail pharmacy and receive their specialty drugs there,
2 there's definitely -- there could be a significant impact.
3 The impact from that is, one, the drug pricing is definitely
4 the discount we get through Accredo is much, much higher than
5 through a retail pharmacy. So, overall, at retail that drug
6 would be a lot more expensive.

7 Secondly, we would not be -- the rebates that we
8 would get -- Through the program PEBP gets a significant
9 amount of rebates from drugs through our PDM every year. And
10 so a lot of these rebates come from specialty drugs. The
11 rebate would also be much less if that drug were to be
12 purchased at a retail pharmacy rather than through a
13 specialty pharmacy, through the Accredo specialty pharmacy.

14 So PEBP worked pretty closely with our PDM, with
15 Express Scripts, to look at how -- what kind of impact would
16 this have on the program. You have heard members that are
17 unhappy with the requirement to get -- to get these specialty
18 drugs through the mail because especially in southern Nevada
19 you have, you know, the summers can get hot and so having a
20 medication sit out on your front porch in 110 degree weather
21 is not great. And so most of the time these folks have to
22 take other measures, which we can accommodate. Express
23 Scripts does. You know, they'll send it to your place of
24 work. There's different mechanisms to mitigate those issues.

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1 But, overall, you do have members who prefer to go to retail
2 and pick up their drugs that way.

3 So we looked at how many people do we think would
4 switch over to retail versus mail order. Right now I think
5 that the amount of folks that are receiving their specialty
6 drugs they're probably going to stick with that. Not a lot
7 of people are going to switch over. I think that those that
8 are on that program that have -- they're used to it, they're
9 going to continue to receive their specialty medications that
10 way. It's probably going to be the newer folks that have new
11 prescriptions that move on to that retail option.

12 So we took a look at what do we think the impact
13 would be and how many folks do we think would move on to get
14 their drugs through retail. And the biennial impact that was
15 provided by Express Scripts was about \$637,000.

16 Now, what I do want to add is that there was a
17 conceptual amendment which was then -- it was actually on --
18 When was it? Today. Today. It was the one I listened to
19 this morning, actually. So it was amended and passed this
20 morning. And it included the amendment that definitely
21 changes things for PEBP. It would have a much greater impact
22 for PEBP than the \$637,000 that you're seeing here. Because
23 the conceptual amendment will essentially eliminate the
24 ability for PEBP to offer the Sav-on program and

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1 out-of-pocket protection program that we have in place.

2 And so, if you remember, we put that in place
3 earlier in 2020, I think. I can't remember if it was the May
4 board meeting or the March board meeting. But that was --
5 the board implemented that because of the two million dollars
6 a year that we would see in savings. And, additionally, the
7 members would see, the members that had those medications
8 that fell under the Sav-on program would also have a zero
9 dollar out of pocket, so savings for both the member and the
10 program.

11 This conceptual -- or the amendment that was
12 incorporated in this bill being passed today eliminates
13 PEBP's ability to offer those. And so our fiscal note will
14 definitely increase by several million dollars, probably four
15 million dollars is what we're looking at for a fiscal note,
16 on top of the \$637,000 that was identified in the original
17 bill.

18 So I have reached out to Senator Hardy and
19 Assemblywoman Hardy to discuss the implications of this
20 amendment. It sounds like they have been working with
21 Medicaid on this as well. So I was able to communicate a
22 little bit with Medicaid earlier this morning and we are
23 possibly exploring some language that would mitigate some of
24 these -- the fiscal note that we would be putting on there.

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1 But at this point that bill has been passed out of committee
2 with that language incorporated in it. So it's definitely
3 concerning for PEBP at this point. I will stop there for
4 questions.

5 MEMBER AIELLO: This is Betsy with a question for
6 Laura. Laura, so if it's a loss for the insurer and a loss
7 for the person, what is the benefit? Why is Senator Hardy
8 asking for this amendment? What do they see as the reason to
9 have it?

10 MS. RICH: So Laura Rich for the record. Betsy,
11 I don't think you were on the board at the time when we
12 discussed this, but originally -- So there's people that
13 receive co-pay assistance dollars. Those are folks who
14 typically have prescriptions that are high cost prescriptions
15 and so they get assistance from the manufacturer to pay for
16 those.

17 In the past, what was happening is that, let's
18 say that they got a thousand dollars in co-pay assistance
19 dollars and so they were getting that medication, that drug,
20 for very low cost or even at no cost. And so the
21 manufacturer would assist and provide that co-pay assistance
22 for that member up through the point where they've met their
23 deductible and now they're getting that drug for free. So
24 they have no out-of-pocket cost at that point. And at that

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1 point the drug manufacturer cuts the member off and no longer
2 provides co-pay assistance because the plan is paying a
3 hundred percent. So you can see that we were not able to
4 leverage those dollars.

5 And so what plans are doing now is providing
6 this -- they're implementing these programs where those
7 co-pay dollars don't get incorporated in to your accumulator.
8 So if a drug manufacturer provides a thousand dollars in
9 co-pay assistance, it does not lower your deductible. It
10 does not go towards your deductible or out-of-pocket max. So
11 that does not get applied.

12 So we had that in place for a couple of years.
13 And then earlier in 2020 we added on the Sav-on program. And
14 what that does is it -- it helps out the member in a sense
15 because it provides -- it still provides the co-pay dollars
16 that the drug manufacturer is willing to provide to that
17 member. It applies it to the plan. And so those costs go
18 down to the plan overall.

19 But -- And I have ESI on the line. They can
20 probably explain it a lot better than I can. It's a very
21 complicated program. And I know when we talked about this
22 when this was brought to the board there was a lot of
23 questions about it.

24 But, in this, with this Sav-on program, drugs
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1 that fall in to the Sav-on category, which there are a
2 significant amount of drugs that fall in to this category,
3 the member is getting it at zero cost regardless. And so
4 we're still able to get the drug manufacturer dollars but the
5 member isn't paying. It's just it's not going towards their
6 accumulator. That money is not going toward their
7 accumulator. So if they were to go see the doctor, go to the
8 emergency room, or anything like that, they still have to
9 meet that deductible. They're not just having those co-pay
10 dollars bring down and eliminate their deductible. But at
11 least they're getting that drug specifically for zero cost.

12 So that's why we have certain plans in place like
13 that. But not all health insurance plans have that. And so
14 I think that health insurance plans are typically not
15 applying those co-pay dollars to the out-of-pocket cost of
16 members. And I think this is a mechanism to assist those
17 people because those dollars are not being applied towards
18 the deductible, if that makes sense.

19 And it's a lot more complex than that. So I'm
20 happy, if you want more information on that, I am happy to
21 coordinate and have Express Scripts sit down with you and
22 explain the ins and outs of this program. There's a lot to
23 it. And it's very complex.

24 MEMBER CAUGHRON: So this is April Caughron for
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1 the record. And this question is for Executive Officer Rich.
2 You mentioned that retail pharmacy is more expensive for PEBP
3 than specialty pharm. I'm just curious to see if there's
4 been any research performed on offering incentives for
5 participants to participate on the specialty pharm for the
6 mail order drugs? Are there discounts available? Or what's
7 out there?

8 MS. RICH: Laura Rich for the record. So really
9 the incentive is you're likely getting a better drug price at
10 Accredo versus retail. So right now they are required to get
11 it at Accredo. There's no -- There is no option to get that
12 drug filled at retail. So that's not even -- there's no
13 option for that today. If this were to be implemented, it's
14 something that we could consider. And that's, I mean, just
15 off the top of my head, I think there's some barriers to, you
16 know, to creating incentives. But it's something that we can
17 look at definitely.

18 MEMBER KELLEY: Executive Officer Rich, I just
19 have a process question. So you said that they added the
20 amendment, which made it more expensive for PEBP, and that it
21 was passed out of committee. So where does it go now? When
22 do you update the fiscal note? Like, are you seeing that the
23 legislators are paying attention to the fiscal notes? Like,
24 is it deterring them? Because obviously it's going to turn

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1 in to another big fiscal note. So I'm just kind of curious.

2 MS. RICH: Laura Rich for the record. Well,
3 they're paying attention, because I'm e-mailing them for sure
4 and putting it on their radar. I have definitely -- Anything
5 with a significant fiscal note, I have reached out to the
6 sponsor of the bill and said let's talk. So there's
7 definitely -- it is on their radar.

8 So, I assume with a fiscal note this is probably
9 going to, you know, go to a money committee. So now that
10 it's been passed out of the committee. So, yes, I believe
11 the way that it works is until it's actually posted in
12 analysis and amendment PEBP doesn't have the opportunity to
13 change the fiscal note to address that amended -- the
14 amendment that's been incorporated in to that legislation.

15 CHAIRWOMAN FREED: This is Laura Freed. I can
16 speak to that. No agency, Laura Rich's, or mine or anybody
17 else's has the ability to amend a fiscal note officially, per
18 NRS 218D. Fiscal notes are only placed on the as-introduced
19 version of a bill. So any subsequent change to a fiscal note
20 is done via testimony.

21 MEMBER KELLEY: My comment is wow. So, I guess
22 when I think about this bill, obviously, it's been driven
23 because participants or members are having -- spoilage,
24 right, is happening in the summer. And I wonder if -- I

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1 don't even know if friendly amendments could happen. But is
2 there a way, for example, for PEBP to say, all right, well,
3 specialty medication saved us so much money but we understand
4 the spoilage, you know. Because, to be fair, in Las Vegas
5 it's not 110. It's actually 120. And the number of
6 120-degree days are expanding every year. I mean, that's the
7 reality, right. My garden tells me that every year because
8 every year trees are dying because it's getting hotter.

9 So is there a way that PEBP could put in place a
10 program itself whereby people could opt, just kind of in the
11 extreme hot months, so a third of the year or something,
12 where we can allow them to go to the pharmacy but the rest of
13 the time we get them to do the mail order so we capitalize on
14 some costs. I don't know. I'm probably way outside, but
15 thinking outside the box here on how to satisfy participants
16 but also keep our costs reasonable.

17 MS. RICH: Laura Rich for the record. It's
18 definitely something we can look in to. Like I said -- And
19 Express Scripts has different options in place. You are able
20 to -- You know, you could send it to your work place. You
21 could send it to wherever you would like that medication to
22 be sent. And usually it is -- It can be sent overnight. It
23 can be sent -- You know, there's different mechanisms to
24 address that. But, yes, we can definitely look in to what

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1 other options are there.

2 CHAIRWOMAN FREED: Okay. With that, are we ready
3 to move to the next? It sounds like it.

4 MS. RICH: Did we want to take a position on that
5 one?

6 CHAIRWOMAN FREED: I'm hearing deafening silence
7 from the board, so I guess not.

8 MS. RICH: Okay. So the next one is way back in
9 the back. Let's see. So the next one is on page 26 of 33,
10 Senate Bill 290. This enacts provisions related to
11 prescription drugs for the treatment of cancer. I will say I
12 do have ESI available here. We have been going back and
13 forth on this on the fiscal note a lot. Because there's --
14 there are some -- there's some questions about it. I know
15 that there has been -- So this morning -- No. On the 7th, on
16 April 7th, it was amended and passed in committee. And the
17 amendments were really regarding the exemption process and
18 time periods surrounding how long the insurer in this case,
19 it would be PEBP, has to provide an exemption or come up with
20 an exemption.

21 So the concern here is that on a program side the
22 exemption process falls partially on PEBP to oversee. We are
23 required to provide a form and would then need to coordinate
24 with ESI on any exemption related to the step therapy or the
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1 removal of step therapy requirements that are in place today
2 for the utilization of cancer drugs for those people in --
3 those patients in a step -- or a stage three or four cancer.

4 So PEBP has reviewed this bill. And, like I
5 said, we are still looking at whether the cost is -- if we
6 need to reduce the fiscal note on this or what we believe the
7 projected cost is.

8 But I'm going to pass this to, I don't know if
9 it's Jared or maybe Harris from ESI so that they can
10 elaborate on this and talk about how the fiscal impact really
11 impacts the program here.

12 MR. MCGOWEN: Thanks, Laura. This is Jared
13 McGowen for the record. I also have Joe on as well. He's my
14 partner, the financial analyst that actually ran these
15 numbers for us.

16 And, as you said, it's really difficult to
17 project what the fiscal stint here would be. You know, for
18 the fact that we can't necessarily see who the stage three or
19 stage four cancer patients are. And you have step therapy
20 rules in place. So, essentially, what that means is, is
21 these patients already have to go through a process to where
22 when the doctor writes a prescription for a certain cancer
23 medication, that they have to go through and get a lower cost
24 alternative drug first to see if it works prior to moving to

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1 a more expensive drug. So this step is already in place.

2 And where it speaks of they can apply for an
3 exemption, and that's already in place as well, meaning if
4 there was a particular instance where a patient either has an
5 interaction with a lower cost alternative or they tried it in
6 the past and it hasn't worked, there is already steps in
7 place to -- for the patient to be able to get the drug.

8 So, you know, best case scenario, there could
9 essentially be no fiscal impact here. But, you know, worst
10 case scenario, you see it here on page 26, we're estimating
11 about 713,000.

12 And, Joe, if you're on, can you estimate -- or
13 can you explain exactly how you got to the 713,000? Joe, you
14 may be double-muted there. Okay. Well, Joe may not have
15 signed in.

16 But based on, you know, projected utilization of
17 what we saw with some of the high cost cancer drugs, if there
18 would be to automatically apply exceptions, meaning the step
19 therapy rules would go away, this is the impact that we came
20 to of the 713,000.

21 MS. RICH: It looks like Joe is unmuted. Joe, if
22 you --

23 MR. MCGOWEN: Joe, are you there?

24 MS. RICH: Maybe not.

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1 MR. MCGOWEN: Okay. Maybe we lost connection.
2 Any questions from me about how we came about this? Like I
3 said, this is a really tough one, just because you don't know
4 exactly how many patients are affected or what particular
5 drugs. But just know that the proper protocol is already in
6 place with the step therapy and patients already have the
7 ability to appeal the decision. And it just comes with more
8 information required from the doctor in order for them to get
9 a particular drug. But at no point is a cancer patient ever
10 denied a medication.

11 MEMBER KELLEY: It's Michelle Kelley here. I
12 have a question for Executive Officer Rich, I guess. So I'll
13 try to focus. How long does step therapy in the plan take?
14 And then I guess my comment along with the question is that
15 when we're talking about stage three and four cancer, I'm
16 assuming, like, hours make a difference. And so can you kind
17 of talk, reconcile for me the difference between, you know,
18 people seeking urgent attention and then the timing -- the
19 time it takes to work through the step therapy.

20 MS. RICH: So Laura Rich for the record. I think
21 I am going to ask the subject matter experts who actually do
22 this, Express Scripts, to speak to that since they're
23 probably much more well-equipped to answer this than I am.

24 MR. MCGOWEN: Yeah. Jared McGowen for the
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1 record. So just to reiterate. Sorry. I had some background
2 noise there. All of my kids are home.

3 Your question was around step therapy and exactly
4 the process behind it and how long it, I guess, remains in
5 place; is that right?

6 MEMBER KELLEY: Yeah. The time it takes to go
7 through step therapy versus putting -- versus the cost of
8 time and treatment, I guess. So, for example, I guess what
9 I'm thinking is if a doctor recommends Drug X, which is one
10 of the more expensive drugs, right, because maybe they've
11 seen that it's more -- they've decided clinically that it's
12 more beneficial, but then the health plan says you have to do
13 step therapy, how long do they have to -- You know, how many
14 steps do they have to take, I guess, and how long does it
15 take to get on to that medicine that the doctor actually
16 thinks will be the best?

17 MR. MCGOWEN: You know, that's a good question.
18 Ultimately it comes down and depends on the drug. And at no
19 point is Express Scripts saying that this is what drugs you
20 have to use or this is the time you have to use a particular
21 drug before you can move to the next. It's ultimately based
22 on FDA guidelines. So, you know, we're following exactly
23 what the FDA says about all of the clinically-equivalent
24 drugs that are a lower cost.

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1 And there may be times, especially you're looking
2 at a cancer patient stage three and four, where there is a
3 step therapy, when they go and put in a script, there is a
4 step therapy that comes up that notifies them they need to
5 use a lower alternative first, the doctor can appeal that or
6 they can put in an exception right there. Now, they do have
7 to, you know, come forward with the exact reasoning behind
8 that. And depending on case-by-case scenario, that can get
9 approved.

10 But for the fact of, you know, for one particular
11 drug having to stay on it for X amount of time, that's all
12 been very based on each individual drug and the therapy.

13 But, you know, often times if they get on a drug,
14 say, for example, and they have an allergic reaction or
15 whatever it may be or it's making them sick, you know, they
16 can cut that drug off right away and go back to the doctor
17 and ask their reasoning as far as why they can move to the
18 next alternative.

19 So it can be a fairly quick process. At the same
20 time, you know, for plain call sake as well, that lower
21 alternative may be a good fit for the patient and the patient
22 can continue that therapy without having to move to that
23 higher cost.

24 Because, you know, frankly, the overall plan cost
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1 on a net perspective for PEBP is 70 percent on the specialty
2 side.

3 So in traditional what you see book of business
4 is about 50 percent of your plain cost is driven by about one
5 percent of your population. Or in PEBP's case it's one
6 percent of the population driving 70 percent of the cost. So
7 the specialty medications are the primary driver of that. So
8 anytime you can move them to a lower cost alternative it's
9 better.

10 But, again, we're keeping in mind that these are
11 cancer patients and you want to make sure that they have the
12 appropriate medicine at the right time. I hope that answers
13 your question.

14 MEMBER KRUPP: I have a quick question too.
15 Could you please describe how long the appeals generally take
16 from a patient physician and what criteria is required.

17 MR. MCGOWEN: You know, often times, it really
18 depends on the physician on how fast they can move. So, you
19 know, generally within 24 to 48 hours it can be approved
20 fairly quickly. But often times, you know, Express Scripts
21 or Accredo is engaged very quickly in responding back to the
22 physician. But where we traditionally see the holdup is the
23 physician's response to Accredo or Express Scripts for the
24 appeals. And so as quickly as they can provide them the

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1 information that they need about this particular patient,
2 they can usually get it turned around pretty quickly. And,
3 depending on the urgency of the medication, of course. So,
4 you know, if it's less urgent that they need it right now,
5 the appeal is much quicker versus, you know, they can
6 essentially wait a week.

7 MEMBER KRUPP: What information do you request
8 for an appeal?

9 MR. MCGOWEN: Really, it's medication records,
10 their medical records, what medical diagnosis or reasoning
11 behind requesting a particular drug that might be covered
12 under step therapy. So, essentially, they want to see what
13 have you tried in the past and what is your reasoning for
14 bypassing this lower cost alternative and going to the higher
15 cost drug.

16 MEMBER KRUPP: Jennifer Krupp for the record.
17 Thank you for that. And once that information is gathered,
18 who reviews that information and makes the determination
19 about the step therapy?

20 MR. MCGOWEN: So it's essentially an appeals
21 committee usually put together by pharmacists and physicians
22 that are a third party administrative essentially, a
23 non-biased group of people that are able to take all of this
24 information and gather it.

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1 And, again, it's not based on their opinion.
2 It's based on FDA guidelines and what is the reason why they
3 could essentially bypass the step therapy and move on to the
4 higher cost alternative.

5 MEMBER KRUPP: Thank you. I don't have any
6 further questions. Again, Jennifer Krupp for the record.

7 CHAIRWOMAN FREED: Okay. This is Laura Freed.
8 Thank you, Board Members, for the good questions. I learned
9 things from your questions.

10 Is there an appetite to take a position on this
11 bill? Okay. Hearing none, I guess we'll move on.

12 MS. RICH: Laura Rich for the record. So the
13 next one is on page 28 of 33. It's Senate Bill 321. I'm
14 only highlighting this because we did add an unsolicited
15 fiscal note to this. This creates the Nevada System of
16 Community Colleges. So basically it would break up the
17 System of Higher Education in to two separate systems.

18 The reason this caught our eye is because we are
19 in the process of implementing our -- transitioning to a new
20 enrollment and eligibility system and so we're very well
21 aware of the cost and the processes that need to occur to
22 ensure that payrolls and enrollment and all of this can be
23 integrated with our different pay centers. And so NSHE is
24 definitely one of the larger pay centers today. We have

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1 payroll integration with them. We have -- There's a lot of
2 that technical requirement that would need to happen on the
3 System of Community Colleges if that were to take place.

4 And so we reached out to the enrollment
5 eligibility vendor and asked them to come up with a potential
6 cost to do something like this. And so the impact was
7 \$235,000 and that's really what the impact would be to
8 incorporate the two systems, the PEBP system with the, in
9 this case, the community college, payrolls, and all of those
10 aspects of integrating for health insurance benefits.

11 So I will stop there. I don't think that there's
12 any hearing. It doesn't look like there's a hearing
13 scheduled. It looks like NSHE put a ten million dollar
14 fiscal note just for 22-23 on this and then 20 million for
15 future bienniums. So I don't know if this is going to get
16 any traction. It doesn't -- The fact that there's no hearing
17 scheduled tells me that this probably will die on Friday. So
18 I will stop there for questions. It doesn't look like it.
19 Okay. Oh, go ahead.

20 MEMBER LINDLEY: Director Rich, Tim here, for the
21 record. The only question I have is the board currently has
22 two representatives from NSHE. Does the Nevada System of
23 Community Colleges fall under that representation or would it
24 be separate?

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1 MS. RICH: Laura Rich for the record. That's
2 actually a very, very good catch, Mr. Lindley. It is -- They
3 would lose representation for sure, because it -- unless
4 something is -- unless changes are made statutorily, there
5 would not be any representation as far as it would be the
6 system -- I guess it would just depend on how that language
7 is changed and what the System of Higher Education, does that
8 now become the university system, the community college
9 system? I don't know how that language would change, but it
10 definitely would have an impact on our -- on the board makeup
11 and statutes and the representations on there. So should
12 this bill pass, it would probably be something that would
13 need to be addressed.

14 MEMBER LINDLEY: Thank you.

15 CHAIRWOMAN FREED: Okay.

16 MS. RICH: All right. Moving on to page 30,
17 Senate Bill 360. So Senate Bill 360 revises the appointment
18 to the Public Employees' Benefits Program and Public
19 Employees Retirement System boards. This was -- This passed
20 in committee last night. And so I'm just going to go in to
21 the amendment that was incorporated in to that because it
22 makes some significant changes to that original bill.

23 First of all, PERS is eliminated entirely, so it
24 just now focuses on the PEBP board. And it adds appointment
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1 requirements for two board members who are employees of --
2 Actually, let me -- I have the amendment right here. I'm
3 going to read it and that's probably easier. So it amends as
4 follows: The two NSHE professional employee members from --
5 So the two NSHE professional employee members are chosen from
6 a list of five nominations submitted by the professional
7 organization representing the largest number of professional
8 employees of NSHE.

9 I'm assuming this relates to the next one we're
10 going to talk about, 373. But it is -- It would essentially
11 instead of today we have the governor who appoints from a
12 list of whoever he wants, this would limit it to the list of
13 five nominees that would be submitted by the NSHE
14 professional organization. Additionally, the two members
15 retired from public employment would also be nominated in a
16 similar way where they would receive five -- the governor
17 would receive five nominations submitted by the professional
18 organization representing the largest number of retired state
19 employees, so the labor organization affiliated with that.
20 And then also the two members who are classified employees
21 from a list of ten nominations submitted by the labor
22 organization representing the largest number of classified
23 employees in the state.

24 So really what this does is it shifts the
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1 appointments to -- it limits this to a list of nominees
2 versus giving the governor an open-ended ability to nominate
3 who ever he so pleases like it is today. So this would
4 affect six of our ten board positions as is written in this
5 amendment today.

6 This, again, was passed last night and is -- It
7 was passed -- Sorry -- amended and passed last night in
8 committee.

9 And so, with that, I know that there was a lot of
10 public comment on this. I'm going to stop and I'd like to
11 hear what the board members have to say or questions from the
12 board members.

13 CHAIRWOMAN FREED: Board members.

14 MEMBER LINDLEY: Tim here, if I may.

15 CHAIRWOMAN FREED: Yes, of course.

16 MEMBER LINDLEY: There was a lot of public
17 comment regarding active classified employees being
18 represented on the board. To that effect, I can say that if
19 you're reading the proposed amendments, the statute,
20 287.041 -- And, of course, Brandee Mooneyhan, I encourage you
21 to interject -- my understanding is that there are two
22 employees and classified service of the state of which I am
23 one and I understand that there's another member on the board
24 who represents classified employees.

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1 CHAIRWOMAN FREED: This is Laura Freed. That's
2 correct. You are one and Ms. Caughron is the other one.

3 MEMBER LINDLEY: And the reception I received
4 from the public comment seems to imply to me that classified
5 employees are not represented. And two out of ten board
6 members are representing -- 20 percent of the board is
7 representing classified employees.

8 Of course, one of the public comments referenced
9 average earnings of 35 to \$40,000 per year. And I would say
10 I was one of those. Granted I don't make much more than
11 that, but I was one of those. I work in the Department of
12 Taxation with a lot of people. I work -- And I represent
13 those people personally. For example, I co-work with single
14 parents, single individuals, and supporting families on one
15 income. In fact, I am one of them supporting my family on
16 one income.

17 And so I feel kind of shunned and shunted or
18 pushed to the side in not being recognized that I do look out
19 for not only myself as a PEBP member but also other
20 classified employees.

21 Based on Mrs. Rich's comments, there's
22 approximately four or -- four chair board seats, two
23 classified and two retirees. I would go to the largest labor
24 organization.

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1 CHAIRWOMAN FREED: Yes, that's right. So this is
2 Laura Freed. I'm going to ask Laura Rich to start a level
3 set conversation by saying, of the ten statutory board
4 members under current law, what are each of the seats?
5 Excluding me, because I'm on the board by virtue of my
6 position. So, of the nine other board members, would you
7 please tell us for starters what those people -- who their
8 constituency is theoretically.

9 And I just want to note here that Mr. Lindley has
10 to step away, but let's keep going anyway. I'm sorry,
11 Mr. Lindley, but we will get back to your question.

12 MS. RICH: So, Laura Rich for the record. I have
13 pulled up NRS 287.041. So two members that are
14 professionally employed with the Nevada System of Higher
15 Education appointed by the governor upon consideration of any
16 recommendations of organizations that represent employees of
17 the Nevada System of Higher Education. One such member must
18 reside in the north -- in northern Nevada and the other
19 member must reside in southern Nevada. So those are -- that
20 is Ms. Kelley and Ms. Urban.

21 CHAIRWOMAN FREED: Right.

22 MS. RICH: We also have two members who are
23 retired from public employment appointed by the governor upon
24 consideration of any recommendations of organizations that
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1 represent retired employees. So that today is Ms. Aiello and
2 Mr. Bailey.

3 Two members who are employees in the classified
4 service of the state appointed by the governor upon
5 consideration of any recommendations or organizations that
6 represent state employees. That is, as we just said,
7 Mr. Lindley and Ms. Caughron.

8 One member who is employed by the state in a
9 managerial capacity and has substantial and demonstrated
10 experience in risk management, group insurance programs,
11 health care administration, or employee benefits program
12 appointed by the governor. And, forgive me, but I don't know
13 if this one is Ms. Fox or if it is Ms. Krupp. But there's
14 two positions here and I don't know which one falls in to
15 which. And, if either of you know, I would be -- please
16 correct me. Feel free to jump in.

17 MEMBER KRUPP: This is Jennifer Krupp for the
18 record. I think that's the position that I fall under.

19 MS. RICH: Okay. And then we have two members
20 who have substantial and demonstrated experience in risk
21 management, group insurance programs, health care
22 administration, employee benefits programs appointed by the
23 governor. So that is Mr. Verducci and also Ms. Fox. And
24 then we also have the director of the Department of
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1 Administration who falls under that as well. So those are
2 the ten positions.

3 CHAIRWOMAN FREED: Okay. Thank you. All right.
4 Two professional NSHE, one north one south, two retirees, two
5 classified employees, one with substantial experience in risk
6 management or employee benefits or health care management,
7 and then two with demonstrated experience in health care
8 benefits or administration. Okay. And then me.

9 Okay. So this bill as amended last evening
10 would -- I'm sorry. This is Laura Freed for the record. One
11 of these days I'll get that as a habit.

12 This bill as amended would make the NSHE, the
13 retirees, and the classified employees, so that's six
14 positions on the board, required to be appointed from a list
15 submitted by the employee exclusive representative that
16 represents the largest number of employees. Do I have that
17 right?

18 MS. RICH: That's correct.

19 CHAIRWOMAN FREED: Okay. So I'm going to add a
20 little bit of context to that. Right now under current law
21 there are 11 bargaining units. That was authorized by SB 135
22 from last session. Seven of those units have actually
23 organized. Four are represented by AFSCME. One is
24 represented by the Nevada Police Union. One is represented
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1 by the Nevada State Law Enforcement Association. And one is
2 represented by the Battle Born Firefighters Association.

3 That total number of those seven organized units
4 is about 6700 people. Or in rough numbers, of the 18,000
5 state employees, we have 37 percent organized and represented
6 by somebody. Then we have 62 percent unorganized.

7 I would note, Mr. Lindley is, as he said, an
8 honor at the Department of Taxation. His class code actually
9 falls under one of the organized units under current law.
10 It's unit D, which is professional staff not in health care,
11 in case anybody wants to geek out on collective bargaining
12 law in this state.

13 And so I am curious under the law -- under the
14 bill as currently constituted, does that mean that
15 Mr. Lindley and Mr. Caughron get kicked off the board because
16 AFSCME gets to determine who they want on the board? Even
17 though Mr. Lindley actually has the potential to be a union
18 member but it's not his fault unit D hasn't organized.

19 MEMBER LINDLEY: Chair Freed, Tim for the record.
20 Thank you for educating me on my bargaining unit. And I'll
21 pass it off to Director Rich.

22 MS. RICH: So Laura Rich for the record. Those
23 are all very good questions. The answer is I don't know. I
24 don't know if that kicks off not just Mr. Lindley but
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1 Mr. Bailey and Ms. Aiello and Ms. Caughron. You know, I
2 don't know how that would work.

3 CHAIRWOMAN FREED: That's true, yeah.

4 MS. RICH: It's now in the future though let's
5 say that they are allowed to remain on the board and carry
6 out their term, at that point then I believe that AFSCME
7 would be -- would have the authority should this bill pass as
8 amended would have the authority to essentially appoint --
9 And I say appoint because really it's a -- it limits it. It
10 limits the appointment to what I would assume would be AFSCME
11 or whatever labor organization. It would limit it to those
12 members of that group.

13 And so right now I would argue that the governor
14 having the authority and the ability and not limited to a
15 list of five people has the ability to. And I know that this
16 is done just from the discussions with the staff on -- the
17 governor's board staff, they vet these members and they look
18 at what kind of expertise do they come with, what kind of
19 background do they have, what -- you know, are they coming in
20 with a bias, are they -- This is all things that they look at
21 in terms of making an appointment.

22 And so when you limit it now to five members, you
23 are greatly reducing the pool of qualified and capable folks
24 that can be on the PEBP board. So that's just my two cents.

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1 MEMBER AIELLO: This is Betsy. Can I ask a quick
2 question? I'm sorry.

3 CHAIRWOMAN FREED: Betsy, please go ahead.

4 MEMBER AIELLO: Are the retired members being put
5 up by the active employee organizations or by the retired
6 employee organizations? I think it's RPEN.

7 CHAIRWOMAN FREED: Betsy, this is Laura Freed.
8 Do you mean currently or under the bill?

9 MEMBER AIELLO: Under the bill.

10 MS. RICH: So that's a good question. Chair
11 Freed, do you know what the answer is as far as, you know,
12 what -- I mean, does AFSCME represent the retirees? You
13 know, I don't know.

14 CHAIRWOMAN FREED: Sorry. I didn't mean to talk
15 over you. I apologize.

16 MS. RICH: No, go ahead.

17 CHAIRWOMAN FREED: No, not technically, not under
18 NRS 288. They have -- You can certainly, any one of us as
19 retirees, could certainly join the AFSCME retiree chapter of
20 Local 4041.

21 So, to answer Betsy's question, the way I read
22 the bill, yes, the employee organization -- And that's
23 where -- I mean, that's where the terminology of the bill is
24 confusing, because under current law, exclusive
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1 representative for state employees has a very specific
2 statutory definition, whereas, these bills that we've been
3 talking about, 360 and SB 373, talk about professional
4 organizations as distinguished from exclusive representative.

5 I mean, but the way I read the bill, the answer
6 to Betsy's question I think is yes, that AFSCME being the
7 largest rep would have that power.

8 And somebody else actually was -- had a question
9 at the same time as Betsy. So please speak up.

10 MEMBER KELLEY: Michelle Kelley. I guess I just
11 wanted to clarify something. So, it's my reading of the bill
12 that the labor organization, just to cut it short, that the
13 organizations get to nominate five people. So right now the
14 way the professionals of NSHE work is that the Nevada Faculty
15 Alliance is the nominating body.

16 But I can tell you that I'm not a member of the
17 Nevada Faculty Alliance. And so their process has always
18 been to go out and seek the most qualified individuals to be
19 on the board. And, you know, I know that there's an
20 exception that I am, you know, the Nevada Faculty Alliance
21 person. But, in fact, I'm representing all of the
22 participants. And, as I say, so I was nominated by the
23 Nevada Faculty Alliance but they don't have a requirement
24 that their representatives be part of the Nevada Faculty

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1 Alliance. And it's my understanding that five out of six
2 haven't been members of the Nevada Faculty Alliance.

3 And so, as I say, my understanding is that that
4 bill says the groups get to nominate doesn't mean they have
5 to nominate only from their own members. They can seek the
6 most qualified people, unless I'm totally reading it wrong as
7 well.

8 But, also, I just wanted to kind of defend my
9 position. Because, as I say, I was nominated by the NFA but
10 I am not a member of the NFA, so I'm not sure if we're all
11 talking about the same thing.

12 MEMBER URBAN: Marsha Urban for the record. I'm
13 not part of the NFA either, but I was nominated. And I --
14 Actually, they kind of begged if I would do it, because they
15 have a hard time finding nominees. And so I was in, you
16 know, like -- I said yes. I don't know why. But I was
17 nominated. And I was chosen. And I'm still not part of NFA.
18 I just want to put that out there.

19 MEMBER LINDLEY: Tim Lindley here. A question I
20 have -- Of course, Michelle Kelley and Marsha Urban, you are
21 not active members in the labor organization. Is there
22 anything that prohibits or prevents labor organization from
23 nominating today? Is there a reason why this was
24 specifically in law? Because maybe Ms. Mooneyhan chime in on
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1 that as well.

2 MS. MOONEYHAN: Brandee Mooneyhan for the record.
3 I'm not super familiar with this bill. But the way I
4 understand it is that right now they can make nominations.
5 They are encouraged to do it.

6 CHAIRWOMAN FREED: This is Laura Freed. Brandee,
7 I think you've frozen up.

8 MS. MOONEYHAN: Am I moving?

9 CHAIRWOMAN FREED: Brandee, did we lose you?

10 MS. MOONEYHAN: Yes. Can you hear me?

11 CHAIRWOMAN FREED: Yes, now I can hear you.

12 MS. MOONEYHAN: Okay. I apologize. I got a
13 notice that my internet is unstable. And it's been fine all
14 day, except when I talk, apparently.

15 Anyway, so what I was saying is I believe this
16 bill -- First I want to make the caveat that I am not, you
17 know, I haven't studied it in depth or anything like that.
18 But, if I understand it correctly, it limits the nominees
19 that the governor can choose from to a list made by the
20 biggest representative group, whereas right now those groups
21 can and do make nominations. But the governor can pick, you
22 know, he doesn't have to choose from that list.

23 CHAIRWOMAN FREED: Right. Okay.

24 MEMBER LINDLEY: So, Chair Freed, Tim here. I
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1 just remember in the public comment there was -- someone
2 stated that out of six nominees only one was chosen. And I
3 don't see how that justifies changing the statute when the
4 governor has the ultimate decision on who was elected --
5 appointed to the board.

6 The one thing that I've gathered from this is the
7 largest labor organization could have potentially four
8 representatives on the board representing actives and
9 retirees. And, Ms. Freed, who can -- who is largest labor
10 organization for actives and retirees?

11 CHAIRWOMAN FREED: This is Laura Freed. I can
12 only speak for the actives. Right now AFSCME is the largest
13 exclusive representative of people with an official EMRB
14 designated exclusive representative. I can't speak for the
15 retirees because that's not -- the state doesn't bargain with
16 retirees, you know. And that's kind of why I drew out that
17 only 37 percent of, you know, the state work force is
18 organized right now under current law.

19 My issue with this is kind of twofold. Number
20 one, the collective bargaining process hasn't matured, in my
21 view. I mean, we've got SB 373 is asking to add NSHE
22 professional employees, unclassified employees, to the
23 collective bargaining statute. Okay. Understood. I
24 understand they might want to be a part of that. And so that
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1 stands to change, to me, the exclusive representative.
2 Whether you call it a professional organization or an
3 exclusive representative, if you're joining 288, the state
4 has to bargain with you, right.

5 And so AFSCME might not always be the labor
6 organization that represents the most people. Certainly they
7 would try to be. That would be their aim. But who knows if
8 they would succeed?

9 And, Mr. Lindley, I apologize, I used you as a
10 good example because I know your class code is a member of
11 unit D. There's no telling what unit -- how unit D might
12 organize.

13 And so this leads me to my second point. You and
14 Ms. Caughron and Ms. Urban, Ms. Kelley, Mr. Bailey, and
15 Mr. Verducci are all fine board members. And, the way I read
16 this bill, there's no guarantee that any of you would be
17 allowed to serve out your term. And this is where, as the
18 chair, I get a little bit protective of the board and I say,
19 well, these are fine board members, what's wrong with them.
20 Why is this bill trying to kick these people off in the
21 middle of their terms? And so I just don't feel comfortable
22 with it for that reason.

23 MEMBER LINDLEY: Chair Freed, Tim Lindley for the
24 record. I also have other questions. What if a board member
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1 no longer wants union representation? Of course, Ms. Kelley
2 said that the union -- they don't have to be union members.
3 But I don't interpret it that way. I would imagine a labor
4 organization and union would pick members as part of their
5 benefit -- as part of their group representation.

6 And then what if the largest labor organization
7 body changes over the term? For example, you mentioned that
8 there were seven labor organizations, firefighters being one
9 of them, what if firefighters is the largest body for six to
10 12 months and then it changes to my designation becomes the
11 largest body?

12 CHAIRWOMAN FREED: Right. This is Laura. Sorry.
13 I didn't mean to -- I'll let you finish your thought, please.

14 MEMBER LINDLEY: How does that reconcile
15 especially in lieu of a term? Because those labor
16 organizations are going to want their representation on the
17 board. Go ahead.

18 CHAIRWOMAN FREED: This is Laura Freed. That's
19 exactly the concern I was trying to articulate. And that's
20 what I mean by the collective bargaining process with state
21 workers is not fully mature yet. We're still engaged in
22 negotiations with two of the seven units that have actually
23 organized. We're still doing that. I spend a lot of time
24 doing that.

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1 And I agree that I think there might be some, you
2 know, changes in the middle of board members' terms that this
3 bill does not anticipate. And, again, I don't want to
4 interrupt the continuity and the accrual of expertise that I
5 think PEBP plan participants deserve. If you constantly have
6 new board members who don't understand how the plan works, I
7 mean, it's hard on the staff and it, you know, makes board
8 meetings longer and, you know, you get -- With an engaged
9 board like this one is, you know, I get great questions, we
10 consider things conscientiously and I'm just -- You know,
11 it's not that labor organizations wouldn't send nominees who
12 weren't conscientious, but there's just an expertise and
13 there's a learning curve there. Anyway, that's my thought on
14 that.

15 MEMBER LINDLEY: Chair Freed, I'm going to also
16 add some more to my comment because now I'm thinking about
17 the public comment about the disconnect between the public
18 perception that we're in a high chair looking down at active
19 members and making the decisions.

20 How do I know that there's nothing in the
21 proposed legislation that says okay, a representative must be
22 representative of the average employee. I would gander that
23 I'm kind of representative of the average employee. I go to
24 work and I meet with my co-workers, single mothers, single
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1 people, the full spectrum. And when I have to tell them
2 about 12 percent budgets cuts after the board meeting, I got
3 a lot of flack. And then the six percent budget cuts,
4 they're, like, well, that's not as bad as 12, but I still got
5 flack. Why are you ruining our benefits.

6 And I even had a story where a grandmother had to
7 utilize -- was on the HMO plan for many years and then she
8 moved to the PPO plan and maxed out her deductible less than
9 30 days in to the new plan year.

10 So I hope the labor organizations are paying
11 attention that the average employee is representative -- is
12 represented. And I do look out for how will this not only
13 affect me but my co-workers as well because I work with them.
14 And I'm obviously passionate about it. And I will stop right
15 there.

16 CHAIRWOMAN FREED: Thank you, Mr. Lindley. This
17 is Laura Freed. I'll let Mr. Verducci go since he rang in
18 first. And then I'll get to Ms. Krupp. Thank you.

19 MEMBER VERDUCCI: Sorry about that, Ms. Krupp. I
20 hear how this could -- And this is Tom Verducci for the
21 record. I read where it affects two classified employee
22 positions, but I just heard that it could affect multiple
23 positions. I don't fully understand that. I mean, maybe
24 there's some more detailed language in the bill.

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1 But, you know, my question to Ms. Mooneyhan would
2 be what is the intention of this bill? Is it to get greater
3 coverage representation from the union groups?

4 And, just one other thought, I'm reading there's
5 no fiscal note here. And it's my opinion this is something
6 we should be neutral on. I just don't see us really taking a
7 position here. And it's affecting board members. And I just
8 kind of think we let it play its course. I don't really
9 support it or oppose it. But I just don't really see us in a
10 position where we should really be supporting or opposing it.
11 I think neutral is the right way to go here.

12 And I'll -- I just wanted to ask Ms. Mooneyhan
13 what's the intention here. So that's my question there.

14 MS. MOONEYHAN: Brandee Mooneyhan for the record.
15 Honestly, I'm not sure. I haven't followed both of those
16 enough to know why it was introduced. I imagine it's just
17 to -- Well, I don't want to speculate on what it's for -- but
18 maybe to increase the employee representatives' ability to
19 affect the board. But I am not certain of that.

20 MEMBER VERDUCCI: You know, just a follow-up
21 comment. Bills change in their language too. I mean, we
22 could have this format right here, and this could be
23 something that has completely different language in it in the
24 future before it's passed, if it is passed.

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1 But my suggestion is that we stay neutral on it.
2 And, with that, I'll conclude my comments there.

3 MEMBER KRUPP: This is Jennifer Krupp for the
4 record. I just had a quick question. So one of the things I
5 had noticed in the bill -- And I'm not sure if anybody on the
6 board or on the panel can clarify this for me. But one of
7 the things in section two, part A, of this bill was that two
8 members who are professionals employees with the Nevada
9 System of Higher Education. I was just curious what the
10 definition of a professional employee was. In previous
11 employers where I worked, a professional employee was
12 different than an administrative employee. So I just wanted
13 some clarification on that to see if that would also further
14 exclude certain populations or particular people who work at
15 NSHE that would not be classified as a professional employee.

16 Because, again, my concern is that this bill is
17 excluding a large portion of our PEBP beneficiaries from
18 actually being able to serve on this board. And I'm not in
19 favor of any legislation that would make a person who is
20 directly impacted by the decisions that we as a board have to
21 make to not have representation or the ability to serve.

22 MEMBER KELLEY: It's Michelle Kelley here. Chair
23 Freed, I can maybe address that question.

24 CHAIRWOMAN FREED: Sure.
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1 MEMBER KELLEY: So professional employees of NSHE
2 generally are just the salaried, full-time folk. You could
3 be a professional who is part time but you're salaried. And
4 the other full-time continuing jobs are in the classified
5 system of the state. So kind of that's the division is
6 classified employees are under all of the rules of the state.
7 And, of course, we have many of those at NSHE. And then
8 professionals could be teaching faculty. They could be --
9 You know, they're academics or they could be administrative.
10 But what they are is salaried.

11 MEMBER KRUPP: Jennifer Krupp for the record.
12 Thank you for that clarification.

13 One other thing that I'll just add on to
14 Mr. Lindley's comments. As we've all been kind of
15 discussing -- Again, Jennifer Krupp for the record -- our
16 intention or desire to work, you know, for all state
17 employees who are covered under PEBP. But, you know, up
18 until 2019 I myself was a classified employee. And, fun
19 fact, Ms. Caughron actually used to be my supervisor in the
20 classified system.

21 So, you know, a lot of us, you know, really don't
22 fall too far away from what everybody wants. I mean, you
23 know, many of us have worked for the state for many, many
24 years, and where we are today is not where we started.

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1 CHAIRWOMAN FREED: Exactly. Thank you,
2 Ms. Krupp. I would add me too. Just over a year ago I also
3 was a classified employee. So it's not like a lot of us
4 don't understand what that's like.

5 MEMBER LINDLEY: Chair Freed, Tim here. After
6 reviewing the information, the essential four or five, six
7 board representees -- Sorry. Let me backtrack. It seems
8 like the problem that was perceived was lack of
9 representation for classified employees. And this was
10 someone's position on how to remedy that both for low wage
11 earning state employees as well. But there might be some
12 disconnect or miscommunication between that, because I'm here
13 and we have Mr. Caughron -- Pardon me if I mispronounced
14 that -- as representing classified employees.

15 And so I'm not a fan of SB 360 because it does
16 hog-tie the processes we currently have. I mean, it does
17 amend classified employees. Well, why didn't they go for the
18 retirees? Why didn't they go for the other board member
19 positions? To me it seems like a very short-sided proposal.

20 CHAIRWOMAN FREED: This is Laura Freed. I have a
21 suggestion. What about the idea of adding a board member?
22 In other words, keeping what we have and suggesting -- And I
23 don't mean to give Ms. Rich more work. I think that's the
24 last thing she needs. But, you know, the board has expanded

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1 slowly but surely over the years anyway. So, in recognition
2 of the ascendants in influence of labor organization but also
3 in recognition of the idea that, you know, the composition of
4 the board is sensitive to the needs of all active employees,
5 including the classified ones, what if we added a board
6 member chosen by the governor from the labor organization
7 that represents the largest -- Honestly, I would say
8 exclusive representative because that's what's in current
9 law, but we can wordsmith that. The labor organization or
10 exclusive representative that represents the largest number
11 of state active employees except that if that labor
12 organization were to change because people change their
13 exclusive reps. They change their professional organizations
14 based on what the membership wants. The member so appointed
15 would be able to serve out his or her term.

16 MEMBER LINDLEY: Chair Freed, Tim for the record.
17 Being a ten-member board, I'm all about an odd number. I'm
18 comfortable with that.

19 MEMBER CAUGHRON: April Caughron for the record.
20 I too am comfortable with that. And I would just like to go
21 on record that I feel that this bill limits the opportunity
22 for classified employees to participate on the board. I'm
23 not understanding where it opens up more opportunities.

24 CHAIRWOMAN FREED: Okay. Thank you.
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1 Other thoughts, Board Members? Yes, Mr. Bailey.

2 MEMBER BAILEY: I'll try to make this short. But
3 several years ago there was a bill passed that the board had
4 to have two representatives representing the retirees. I am
5 one of them and have been for over seven years. I guess what
6 I'm saying -- The way I read this, the retiree
7 representatives will probably be affected. And I understand
8 that. But I don't like the idea of the governor not having
9 the right to pick who he wants on his board. I mean, all of
10 them that I've worked for in being on this board has been
11 really supportive of retirees and classified workers.

12 I also, when I represented the retirees, I also
13 represented the active employees the same because they are
14 all part of our group. And we're going to treat them all by
15 fairness. I never lean one way or the other. And my record
16 shows that. In fact, sometimes I voted against the retirees
17 and they took a stand on that and I understand it.

18 But I just don't like this particular bill
19 because I think it is not going to help this board at all.
20 If you lose four members or you lose six members or you lose
21 only two, you are hurting the board and you're hurting the
22 staff that has to work for you as board members.

23 So my say is, I'm like Tom, stay neutral on this.
24 But we are representing a lot of people, so we've got to make
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1 the right moves. I don't like the idea of one group
2 dictating -- And I call it dictating -- to our governor that
3 he has to pick from a list of ten, a list of five, a list of
4 four. I don't care what the list is, it's not right.

5 So that's all I've got to say. I'm on the
6 record, I hope. And, if you need any information, there is a
7 bill that's passed long ago that you have to have retired
8 representatives. Now, I don't know how that would be
9 affected also. Thank you.

10 CHAIRWOMAN FREED: Thank you, Mr. Bailey.

11 MEMBER KELLEY: Michelle Kelley here. Just a
12 comment. You know, I think that for many of the things that
13 the BDRs and things that have been introduced, we indicated
14 that we're neutral on it. To me this is purely public
15 policy, not really connected to PEBP.

16 But I would like to make a comment that I made
17 before. And, being part of this committee, I do see that
18 everybody is doing the best they can to represent all of our
19 members. And I think that I personally feel that and I hope
20 that our people watching feel it as well.

21 So I don't think this should be interpreted as a
22 personal attack on any one of us. Maybe I'm just too fixed
23 in to see that it's a personal attack, but I don't think it
24 should be.

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1 And my only other comment is that if the governor
2 doesn't like this bill he can veto it. You know, if it makes
3 its way through the process, it's public policy. If he
4 doesn't like it, he actually has the power to veto it. And
5 so he could veto it. And so I think that, you know, that we
6 should probably stay neutral on it. That's my two cents.

7 CHAIRWOMAN FREED: This is Laura Freed. Okay.
8 Other thoughts? Other board members wish to weigh in? And I
9 don't know if Betsy or Marsha or the vice chair wants to
10 share their feelings. It doesn't sound like we have a lot
11 of -- I'm sorry, guys.

12 MEMBER AIELLO: This is Betsy. I'll weigh in.
13 And I agree with everyone. I feel like everyone on this
14 board really does try to think about all the PEBP board
15 members when we make our decisions. But, I agree, I believe
16 we should stay neutral on this bill.

17 MEMBER URBAN: This is Marsha Urban for the
18 record. I think we should stay neutral on it as well. I
19 know everybody does the best they can. And you're not going
20 to make everyone happy.

21 CHAIRWOMAN FREED: All right. Now that my dogs
22 have decided they can stop barking at the UPS man, I think we
23 should probably move on then.

24 MEMBER LINDLEY: Chair Freed.
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1 CHAIRWOMAN FREED: Yes.

2 MEMBER LINDLEY: I did like the idea that was --
3 Tim Lindley for the record. I did like your idea that was
4 presented of adding an eleventh board member. Is that
5 something that we would recommend as a motion or something
6 that's expressed through the Executive Officer?

7 CHAIRWOMAN FREED: You know, I think we would
8 probably have to make a motion, because we're talking about
9 the board's official position on a matter before the
10 legislature. So, yes is the short answer.

11 MEMBER LINDLEY: So I make a motion that we allow
12 an eleventh position be created as a reasonable compromise.

13 CHAIRWOMAN FREED: Oh, okay. Wow, okay.

14 MEMBER LINDLEY: Does that make sense?

15 CHAIRWOMAN FREED: Yes, of course, it makes
16 sense. So the motion would be -- suggest that the Executive
17 Officer suggest to the sponsor then a friendly amendment
18 adding -- amending the bill to remove, I think is what you
19 mean, the mandatory list submitted by labor organizations and
20 suggest adding a eleventh board member that the governor
21 would choose from the labor organization representing the
22 largest number of employees? Is that it? Or please flush
23 the idea out a little bit more if I haven't said it right.

24 MEMBER LINDLEY: Chair Freed, yes. Tim Lindley
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1 for the record. That is the gist of the idea. I would think
2 because the current classified positions and the retiree
3 positions aren't restricted to just -- I mean, the labor
4 organizations can make recommendations for those. But to
5 make an eleventh position that is required to be from a list
6 of recommended people from the largest labor organization,
7 whether it be firemen, policemen --

8 CHAIRWOMAN FREED: Right, right.

9 MEMBER LINDLEY: -- et cetera.

10 CHAIRWOMAN FREED: All right. I'll second that.
11 Since I suggested it in the first place, why wouldn't I?
12 It's been moved and seconded. Does everybody understand the
13 motion and have any questions or discussion on the motion?
14 Ms. Kelley.

15 MEMBER KELLEY: I was just going to ask Chair
16 Freed or Mr. Lindley, so we would stay neutral on the bill
17 but propose an alternative at the same time, is that kind of
18 what the motion is?

19 MEMBER LINDLEY: Member Kelley, I would say
20 propose an alternative, because if we stay neutral on the
21 bill then we wouldn't do anything. This is us taking an
22 action or a position.

23 CHAIRWOMAN FREED: Yeah, I would agree with that.
24 Because what we're suggesting broadens out, I think -- In
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1 other words, the labor organizations would have a say but it
2 wouldn't necessarily be potentially six seats on the board
3 that they have a say about. They get their own seat, if you
4 will.

5 MEMBER LINDLEY: And, Chair Freed, Tim Lindley
6 for the record. They can still make recommendations for the
7 current positions on the board as well.

8 CHAIRWOMAN FREED: Yes. Under current law that
9 would still remain true. And there's nothing that would
10 preclude somebody, for instance, sitting in your seat to be a
11 member of a labor organization also. That has also happened
12 in the past.

13 MS. RICH: Laura Rich for the record. Just to
14 clarify, agencies always go and testify in neutral position
15 anyway. And so, really, it would just be neutral testimony
16 with the clarification that the board is proposing an
17 amendment to do X, Y, Z. And so we wouldn't really be going
18 up and saying we are opposed. It would just be here is the
19 situation, we're presenting testimony in neutral, but this is
20 what the board has proposed.

21 MEMBER LINDLEY: Thank you for clarifying.

22 CHAIRWOMAN FREED: This is Laura Freed. Any
23 other questions or discussion on that motion?

24 MEMBER BAILEY: Yeah. Just to bring the board up
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1 a little bit. A number of years ago, unfortunately, a long
2 number of years ago, we had a labor representative on the
3 board. And that was sort of what the rule of thumb was. And
4 then he moved over to another job and was never replaced, for
5 the record.

6 CHAIRWOMAN FREED: Thank you, Mr. Bailey.

7 All right. Then I will call the question. All
8 those in favor of the motion signify by saying aye or raise
9 your hand in your little Zoom box.

10 Mr. Bailey, was that an aye or no?

11 MEMBER BAILEY: Aye.

12 CHAIRWOMAN FREED: Okay. Any opposed say no.

13 MEMBER URBAN: No.

14 CHAIRWOMAN FREED: So that is Ms. Urban and
15 Ms. Kelley are nays.

16 And, Vice Chair Fox, I know you're on the phone.
17 Did you vote aye or nay?

18 MEMBER FOX: I voted aye. Sorry. I'm driving
19 and I think I'm having some reception problems.

20 CHAIRWOMAN FREED: Okay. Got it.

21 MEMBER VERDUCCI: Tom Verducci for the record.
22 Can you read back the motion? I just want to be clear on
23 what we're voting on.

24 CHAIRWOMAN FREED: The motion was to have the
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1 PEBP director submit an amendment that instead of the bill as
2 it was amended due past, add an eleventh board member that
3 represents the largest number of represent -- that represents
4 the labor organization representing the largest number of
5 employees.

6 MEMBER VERDUCCI: Okay. Thank you very much. I
7 need to change my vote to that one to no. I just don't
8 feel --

9 CHAIRWOMAN FREED: No, okay.

10 MEMBER VERDUCCI: I'm going to vote no on that.
11 I don't feel comfortable with how it reads.

12 CHAIRWOMAN FREED: Okay. Betsy, did you vote aye
13 or no?

14 MEMBER AIELLO: I voted aye. But then I also
15 would be removing the current language that's changing the
16 other position to have to have the list come from the union,
17 I believe; correct?

18 CHAIRWOMAN FREED: Yes.

19 MEMBER AIELLO: So that that has to be put in the
20 amendment where you're actually taking the current language
21 away and then adding the amendment to add an eleventh
22 position. And then I'm comfortable with yes.

23 CHAIRWOMAN FREED: Okay. All right. So that is
24 one, two, three, four -- Sorry. I'm just double counting

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1 because you know I have trouble with this. One, two, three,
2 four, five, six. Okay. Six to three. The motion does
3 carry. Okay.

4 (Members Kelley, Urban, and Verducci voted nay. The rest of
5 the members voted aye)

6 CHAIRWOMAN FREED: Well, with that, I guess we'll
7 move on to the next bill.

8 MEMBER LINDLEY: Chair Freed.

9 CHAIRWOMAN FREED: Yes, sir.

10 MEMBER LINDLEY: If I can make a comment.

11 CHAIRWOMAN FREED: Yes, sir.

12 MEMBER LINDLEY: By adding an eleventh board
13 position, it does mean that a labor organization could
14 potentially hold five seats both with classified retirees and
15 the new eleventh position.

16 CHAIRWOMAN FREED: Yes, that's absolutely true.

17 MEMBER LINDLEY: Okay. And NSHE. Sorry. And
18 maybe NSHE. Yeah. I'll leave it at that. Thank you.

19 MS. RICH: Okay. Are we ready to move on? Last
20 one. No. Not last one. Sorry. So Laura Rich for the
21 record. The next one is on the same page, page 30, starts at
22 the bottom of page 30. Senate Bill 373. This bill provides
23 for collective bargaining by the state -- some state
24 employees. You did hear in public comment from the Nevada
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1 Faculty Alliance about this. I think that there is
2 definitely a difference between the way that the intent
3 versus how it has been interpreted by those outside of the
4 NFA. But this bill for PEBP specifically in Section 32 adds
5 collective bargaining in to -- or health insurance in to
6 collective bargaining.

7 So, with that -- And I know that -- but when this
8 was posted we did not have a fiscal note. We were just made
9 aware of this. And so we did not have a fiscal note
10 available. But I did testify on this. As you heard through
11 public comment, I testified on this last night. There is a
12 very significant, as written, there is a -- this would have a
13 very significant impact on the Public Employees' Benefits
14 Program, one, because there's -- we're just not equipped to
15 be able to handle, staffing wise and expertise, to be able to
16 handle collective bargaining within different units,
17 different bargaining units. So this would potentially open
18 the doors as we have interpreted it to read to open the doors
19 to different collective bargaining groups and essentially
20 potentially have the, you know, ten, 12, 14 versions of plan
21 design.

22 And so, you know, you've heard throughout the
23 challenges of this last year of how important it was for
24 timing and how much work it is for staff to get one version

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1 of plan design. And if things are -- if things just don't
2 fall in to place timing-wise, how significant and how
3 difficult it is for staff involved to be able to communicate
4 it, to implement, you know, things like that. So we are just
5 not equipped to be able to handle more than one variation of
6 that. So that was the first concern. Staffing and expertise
7 are just not there.

8 We end up having to -- Part of that fiscal
9 note -- And, let me backtrack, our fiscal note is right about
10 a million dollars each year based on staffing, having to hire
11 additional staff to be able to handle collective bargaining
12 negotiations. Then there's the component of -- the IT
13 component of it. We would have to have the system, many
14 different systems, built out to be able to track who's in
15 what bargaining unit, to be able to handle different
16 variations of plan design, of rates, of things like that.
17 And so there's definitely a component to that as well, just
18 having our system rebuilt to be able to accommodate, you
19 know, different bargaining units.

20 And then, additionally, we would definitely be
21 using our vendors and the expertise of our vendors at a much
22 more significant rate. I mean, just I think the board has
23 been very aware of how much more we have utilized our
24 actuaries and not just for actuarial analysis but also for
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1 consulting. The amount of work that goes in to one plan
2 design versus potentially different bargaining units and what
3 would need to come in to play for that. So that is the
4 concern.

5 Now, I know in discussions with NFA after the
6 fact that that doesn't seem to be the intent of this
7 language. But according to -- And Ms. Mooneyhan can weigh in
8 here -- you know, our counsel's interpretations as well as I
9 know Chair Freed in her day job also through the Department
10 of Administration has looked at this through different lenses
11 as well. And that was not the way that it has been
12 interpreted outside of the NFA.

13 So there are some significant concerns to this
14 where PEBP is just not equipped to be able to handle
15 something like this at this time. And so it would definitely
16 come as a fiscal cost.

17 The other part of this that we didn't identify as
18 a specific fiscal cost, but out of negotiations there is a
19 likelihood that it would come at a cost to the state, because
20 the employer contributions would likely need to be increased
21 as a result of those negotiations as well. So, there's a lot
22 of factors to this, a lot of components to this.

23 Again, I know that from public comment and
24 discussions with NFA after the fact that this does not seem
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1 to be where they were headed. But, according to what is
2 written in this bill, that is how it was interpreted by all
3 parties outside of that.

4 So, Ms. Mooneyhan, I don't know if you want to
5 just add to those comments as far as can you confirm our
6 interpretation of this bill as written.

7 MS. MOONEYHAN: Brandee Mooneyhan for the record.
8 Yeah, I think, Ms. Rich, you did a good job of representing.
9 I did read the bill. And I believe some of my colleagues
10 that represent other agencies interpret it similarly that
11 this might not have been the intent but the way the plain
12 language does seem to open up insurance and health care
13 benefits to collective bargaining.

14 MEMBER KELLEY: Michelle Kelley here. I have a
15 question, I guess, or just a -- Executive Officer Rich, I'm
16 just wondering, for many of the other items we talked about,
17 you know, people have talked to you about friendly amendment
18 and you've taken that on board, you've discussed what the new
19 language would be, but it's not actually introduced yet. So
20 I think this feels like it's a similar situation, because I
21 thought in public comment someone indicated that they were
22 writing the amendment as, you know, right now. And so I
23 guess we had relied on variable promises for other things
24 about amendments. So I guess I'm asking you kind of what

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1 your feeling is on that. You know, we talked a lot about
2 what the current bill says, not so much about what the
3 amendment is or what it would be.

4 MS. RICH: Laura Rich for the record. This is
5 actually scheduled for work session. During this meeting, I
6 got a notification stating that this bill is scheduled for
7 work session tomorrow. So it will be voted on tomorrow.
8 And, at that point, because I believe there's such a
9 significant fiscal note on this, it will probably end up in
10 the money committee. So if there is an amendment, then
11 again, like Chair Freed mentioned earlier, there would be
12 testimony and I would get up and say, you know, this no
13 longer affects PEBP if the language were to be amended
14 appropriately.

15 MEMBER BAILEY: Madam Chair, for the record, Don
16 Bailey.

17 Laura, what you're saying is we won't have enough
18 stance to do it and we don't know what the cost is going to
19 be; correct?

20 MS. RICH: Correct. We know the cost will be
21 significant. We do know that there are identified costs.
22 There's just some unidentified costs that would come with it
23 as well.

24 MEMBER BAILEY: And additional staff would be
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1 needed; correct?

2 MS. RICH: You are very correct on that one.

3 MEMBER BAILEY: And that would include additional
4 salaries to the program; correct?

5 MS. RICH: Correct.

6 MEMBER BAILEY: Thank you.

7 MEMBER LINDLEY: Chair Freed, Tim Lindley.

8 CHAIRWOMAN FREED: Okay.

9 MEMBER LINDLEY: For the record. As presented,
10 health benefits would be in the collective bargaining
11 agreement. Would -- The PEBP board -- The prerogative of the
12 board is to design and manage the health care program for
13 participants independent. Does this take us out of that --
14 Are we no longer obligated with this collective bargaining
15 type of agreement as written or do we participate in the
16 collective bargaining agreement as a board? I got a lot of
17 questions, of course, but I'll start with that one to anyone
18 who can answer.

19 CHAIRWOMAN FREED: I wasn't clear. Was that a
20 question to me or was that a question to Executive Officer
21 Rich? I wasn't sure.

22 MEMBER LINDLEY: Directed to anyone who can
23 answer it. Maybe Ms. Mooneyhan can weigh in on it.

24 CHAIRWOMAN FREED: Okay. I'm sorry. I would be
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1 happy to let Ms. Mooneyhan go for it, the legal eagle.

2 MS. MOONEYHAN: Brandee Mooneyhan for the record.
3 I think that's part of the questions that are still hanging
4 out there. It's, of course, this doesn't make amendments.
5 This bill does not make amendments to NRS 287.043. But it's
6 not clear whether PEBP would have to negotiate these changes.
7 But it is clear under the -- As it's written now, it does
8 appear that it would affect the plan in terms of if there are
9 changes made if this does put these benefits subject to
10 collective bargaining that there would be changes to the
11 program. And it's not entirely clear how that would affect
12 PEBP, the PEBP board's plan design. There would be some
13 overlap. I'm hoping that the amendment might make that, the
14 proposed amendment that's coming, might make that more clear.

15 CHAIRWOMAN FREED: This is Laura Freed. I'll add
16 to that from the perspective of the department that organizes
17 current collective bargaining efforts under current law.

18 So, right, Ms. Mooneyhan is correct. 287.043
19 invests in the PEBP board the responsibility for plan design.
20 SB 373 as introduced does not repeal that and yet makes
21 health -- insurance, including health insurance, a subject of
22 mandatory bargaining. So the sponsors indicate that they are
23 only -- they were only thinking about subsidy percentage, for
24 instance, not plan design, the broad thing. That may very

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1 well be, but that's not what the plain language of the bill
2 is. So it sets up this kind of statutory conflict, which was
3 one of our concerns for the Department of Administration.

4 Well, does that mean the PEBP board doesn't have
5 a role anymore? And, if they do, you're very right. I mean,
6 does that mean the PEBP board needs to join the state's
7 negotiating team? And if the PEBP board has union members on
8 it, isn't that a conflict? So, you know, that's a statutory
9 problem.

10 And I will tell you that under current law and
11 NRS 288, if a collective bargaining agreement conflicts with
12 a statute, the statute prevails except if it's 287 or 284.
13 So, in this case, the PEBP board would lose its authority due
14 to current law. So I'm putting on my -- I'm really trying
15 not to have my Department of Administration hat on and have
16 my PEBP board chair hat on. And, again, I get protective of
17 the board. And this has been, you know, since the board
18 transitioned from the committee on benefits to the Public
19 Employees' Benefits Program, this has been the board's job.
20 And this feels like they're trying to take away the board's
21 job to me.

22 MEMBER LINDLEY: Chair Freed, Tim Lindley here
23 for the record. So you said that the intent was for the
24 collective bargaining to negotiate state subsidies. As an
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1 active employee -- Am I correct, negotiate state subsidies?

2 CHAIRWOMAN FREED: Yes, sir. But I received that
3 secondhand, so don't take it to the bank.

4 MEMBER LINDLEY: Okay. You see how active
5 employees will get certain subsidies but then we have other
6 active employees who have carved out a niche for their state
7 subsidy. And if theirs is better than the classified
8 employees, such as myself or Ms. April -- Well, you kind of
9 see where I'm going. I hope I can express that for not just
10 the active employees.

11 CHAIRWOMAN FREED: Yes. I mean -- And, you know,
12 the point of having an exclusive labor representative is to
13 bargain with management and get things other people don't
14 have, you know. That is exactly what it's for. So, yes, it
15 is very possible that if they can bargain for a greater
16 subsidization of the total premium, they can bargain for
17 lower deductibles and out-of-pocket max, which is -- it goes
18 to Ms. Rich's comments about the board struggles enough to
19 have one plan design and one rate table. If we have multiple
20 bargaining units and they're all doing different kind of
21 things, I mean, I feel frightened for Ms. Rich and her staff
22 about producing several different kinds of rate tables.

23 And, yes, there would be -- Sorry. Laura Freed
24 for the record. And, yes, that might introduce, you know,
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1 inequities, real or perceived.

2 MEMBER LINDLEY: Chair Freed, Tim Lindley for the
3 record. There's just a lot more questions I have and I do
4 understand that there may be some amendments along the way.
5 Yeah. I'll wait until those amendments are presented before
6 I ask many, many more questions.

7 CHAIRWOMAN FREED: Board Members? I'm not
8 hearing a lot. Thoughts, feelings, questions? Okay. I
9 guess we will just let it ride and see what the work session
10 tomorrow brings. And I'm sure Ms. Rich will report back.

11 MS. RICH: Okay. So Laura Rich for the record.
12 Moving on to page 31, looking at SB 378. This bill imposes
13 certain requirements relating to prescription drugs. It
14 requires insurers to provide -- provide coverage for
15 prescription drugs to include in half of the plans that
16 provide this coverage certain limitations to cost.

17 This bill is very problematic, but I'm not going
18 to go in to too much detail about it, because, when I saw
19 this, I thought, oh, no, because it is -- this would require
20 PEBP to basically change everything about all of its plans.
21 As you can see, at least half of the plans would have to
22 provide certain coverage. We don't provide that coverage.
23 Really where this is focusing on is, again, specialty
24 medication. You heard earlier from the ESI folks that
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1 specialty meds it is 70 percent -- one percent of members
2 driving 70 percent of the cost in pharmacy. 70 percent of
3 those costs are driven by specialty. And so this is really
4 placing a limitation on specialty out-of-pocket costs for
5 members and would really result in PEBP having to revamp all
6 of its plans.

7 So I reached out to the senator on this because I
8 saw that, oh, my gosh, this is very problematic and this is
9 going to be a humongous fiscal note. When I reached out to
10 the senator on this, the sponsor, she did indicate that she
11 received feedback from PEBP as well as other stakeholders as
12 well and that this legislation is likely to not get any
13 traction. Because this has not been scheduled for a meeting,
14 there's nothing I see on the agenda, I think that this will
15 probably die on Friday. So I don't think that we need to,
16 you know, get in to the weeds on this one. But if it does
17 for some miraculous reason make its way through, we will be
18 putting a very significant fiscal note on that one.

19 So now is the last one. Moving on to page 32, I
20 just wanted to touch on SB 380. This does not have a fiscal
21 impact on PEBP. Really it's just another one of those
22 continued transparency efforts that the state has been -- the
23 state and really the country and the nation has been looking
24 at, just reporting of data concerning the prices of

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1 prescription drugs. This puts reporting requirements on PDMs
2 but also on health insurers as well. As you know, we get --
3 all of our data will come from the PDM and so the PDM is
4 already reporting this to begin with. So there is really no
5 fiscal impact to the plan. And so that one is -- I'm not
6 really concerned about, but I did want to bring that to the
7 attention of the board.

8 So, with that, those are the ones that I wanted
9 to cover. And, if there's any other bills that I skipped
10 over or that board members would like to pull and discuss, I
11 am happy to entertain that.

12 CHAIRWOMAN FREED: Okay. I'm not hearing
13 anybody. So I think we can probably move on to public
14 comment.

15 MEMBER LINDLEY: Chair Freed.

16 CHAIRWOMAN FREED: Yes.

17 MEMBER LINDLEY: If I may, I wanted to apologize
18 for my emotion earlier. I feel like I got very emotional, at
19 least on my end. And I hope people are not -- don't take
20 that as offense. I do recognize that there are various board
21 members here representing their constituents and I can
22 appreciate that because I also represent my constituents.
23 And so, yeah, I'm calmed down now.

24 CHAIRWOMAN FREED: Thank you very much,
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1 Mr. Lindley. That's great. One of the things I value so
2 much about all of you is that, you know, nobody sits there
3 like a bump on a log. You guys all express your feelings and
4 advocate for your positions. And we do disagree on numerous
5 occasions. But, you know, I have tremendous respect for all
6 of you guys and I thank you all.

7 So, thank you for that, Mr. Lindley.

8 MS. RICH: Chair Freed, can I add one more thing
9 before we go to public comment?

10 CHAIRWOMAN FREED: You betcha.

11 MS. RICH: So for the board members, just so you
12 are aware, Ms. Mooneyhan is leaving us. And so this is her
13 last board meeting. I just wanted to take the opportunity to
14 thank her for all of her expertise and all of the time and
15 effort that she puts towards PEBP. She has been great. I
16 know that we have a lot of questions, we use her for that
17 constantly. And, just when she's getting to know health
18 insurance, she's leaving us. So I just wanted to thank her.
19 This will likely be her last board meeting. But congrats and
20 good luck moving forward, Brandee.

21 MEMBER BAILEY: I don't know why she's leaving.

22 CHAIRWOMAN FREED: Yeah. Nobody wants to be
23 assigned to PEBP in the AG's office.

24 Thank you, Ms. Mooneyhan, for all of your service
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1 to PEBP and the board. Do you know which of the deputies
2 attorneys general might be replacing you?

3 MS. MOONEYHAN: Thank you very much for your
4 comments. I don't know yet. I have gotten -- One of my
5 colleagues is taking over some of the ongoing litigation and
6 threatened litigation. But I am still working with my chief
7 to find out who PEBP can go to for their questions. So, as
8 soon as I know, I will, of course, let Ms. Rich know.

9 MS. RICH: And we have a meeting about this on
10 Monday. So hopefully I have more information to share on
11 Monday.

12 CHAIRWOMAN FREED: Okay. Thank you very much.
13 With that, I think we will turn to our second public comment
14 period.

15 UNIDENTIFIED SPEAKER: For those of you joining
16 for public comment, your name or the last four digits of your
17 phone number will be announced, and you'll be advised that
18 you may now make your comments. Due to time considerations,
19 each caller will be limited to three minutes.

20 Caller Carter Bundy, you may now slowly state and
21 spell your name for the record and make your comment.

22 MR. BUNDY: Thank you. Carter Bundy with AFSCME.
23 C-a-r-t-e-r B-u-n-d-y for the record. I want to thank the
24 board for the discussion about 360. I wanted to clear up a
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1 few things. And I think Member Kelley in particular seemed
2 to capture it accurately, but I wanted to confirm this. You
3 do not have to be an AFSCME member if AFSCME is the largest
4 employee organization representing classified employees. You
5 do not have to be an AFSCME member to be included in the list
6 from which the governor would make appointments.

7 For the NSHE professionals, to address Member
8 Krupp's question, that's the current law. That group is
9 currently composed of NSHE professionals. We didn't really
10 change much language in this bill. And the same thing
11 applies. You do not have to be -- In this case I believe the
12 Nevada Faculty Alliance is going to be the largest group who
13 represents them. You do not have to be a Nevada Faculty
14 Alliance member in order to be on the list for the governor
15 to make an appointment.

16 The same applies for retirees. And, just to
17 clarify, my understanding right now is Retired Public
18 Employees of Nevada, RPEN, has significantly more retirees
19 than any other group, including AFSCME retirees. And you
20 certainly don't have to be an RPEN member. You just need to
21 be a retiree. So we went out of our way to make it as clean
22 and simple as possible. We're really not changing any of the
23 qualifications to be appointed. We're not changing any of
24 the groups in terms of their representation. So, to Member
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1 Bailey's question, it does nothing to the two retiree spots,
2 their two retiree spots.

3 In terms of people being kicked out,
4 quote/unquote, in the middle of a term, the start of the
5 section where this is going to be amended is at NRS 287.041
6 and the -- under section one it says, that board consists of
7 ten members appointed as follows. So that means at the time
8 of appointment this is who the appointee would be and then
9 people are serving four-year terms.

10 So, at the time of appointment, if there is a
11 debate, I assume it will either be resolved by PEBP or some
12 other way, but as of right now I don't think there's much
13 dispute about the largest employee organization for NSHE
14 professionals, retirees, and state classified.

15 But I think some of the concerns that Director
16 Freed wisely brought up, we certainly don't want people being
17 turned over every year or two. I don't think that's very
18 much of a concern because, again, we didn't really change
19 much language in this bill. These are the appointments as
20 they are made at the time of the vacancies.

21 So I think there were a lot of concerns brought
22 up. If we had written it the way some people feared, those
23 concerns would have been valid. But I think in fairly plain
24 reading of the bill it shows that all we're doing is making
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1 sure that groups who represent thousands and thousands of
2 employees are able to choose from any of the people that are
3 in those categories, not their members, not even people in
4 their bargaining units necessarily, in order to try to get
5 the best people in front of the governor to represent the
6 interest of in our case state classified employees and in the
7 case of RPEN retirees and NFA NSHE professionals. Thank you
8 so much for your time.

9 UNIDENTIFIED SPEAKER: Caller Kent Ervin, please
10 slowly state and spell your name for the record and make your
11 comment.

12 Madam Chair, that concludes the public comment
13 segment.

14 CHAIRWOMAN FREED: PEBP staff, would you check
15 again. It seems like Mr. Ervin, I didn't hear anything. And
16 did he get lost in purgatory?

17 UNIDENTIFIED SPEAKER: I did have him unmuted and
18 he didn't speak, so sometimes that really means that they
19 went away. But let me give him one more chance.

20 CHAIRWOMAN FREED: Okay.

21 UNIDENTIFIED SPEAKER: Caller Kent Ervin, if
22 you're there, can you please slowly state and spell your name
23 for the record and make your comment.

24 MR. ERVIN: Can you hear me now?
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1 UNIDENTIFIED SPEAKER: Yes, we can.

2 MR. ERVIN: Okay. Sorry about that. This is
3 Kent Ervin, K-e-n-t E-r-v-i-n, for the Nevada Faculty
4 Alliance.

5 Thank you very much for the discussion today. We
6 wish we had had the opportunity to discuss SB 373 prior to
7 the testimony on the fiscal notes. I think we really could
8 have cleared up a lot of issues. I'm not a lawyer. I've
9 read the bill. And we will ask our own counsel about
10 interpretation.

11 But the mandatory item of negotiation that talks
12 about health insurance and other benefits provided by the
13 state professional employer. The state professional employer
14 is defined earlier on as the body that employs professional
15 employees. And for us that's the Board of Regents. So this
16 would be just the benefits provided by the Board of Regents
17 in our case. And, as you know, they are free to provide
18 benefits beyond what is available from PEBP. And they do
19 that. So that's the main qualification there.

20 There may be other places in the bill that we can
21 clarify what we mean by that. But certainly PEBP is not a
22 state professional employer as defined by the bill. And so
23 they would never be involved in negotiations between the
24 state professional employer and the professional organization
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1 that is an exclusive representative. So there would just
2 never be an occasion where PEBP itself would have to be doing
3 negotiating with or so forth.

4 But, you know, there's no use doing this in
5 public. We can have conversations off line and make sure we
6 get the bill to a point where it works for everyone. So
7 thank you very much.

8 UNIDENTIFIED SPEAKER: And, Madam Chair, I now
9 believe we are concluded with our public comment.

10 CHAIRWOMAN FREED: Okay. Thank you.

11 With that, it is 4:22 p.m. Thank you, again,
12 Board Members, for your lively participation. And we are
13 adjourned.

14 (Hearing concluded at 4:22 p.m.)
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1 STATE OF NEVADA)
)ss.
2 CARSON CITY)

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4 I, CHRISTY Y. JOYCE, Official Court Reporter for
5 the State of Nevada, Public Employees' Benefits Program
6 Board, do hereby certify:

7 That on Thursday, the 8th day of April, 2021, I was
8 present via Zoom, Reno, Nevada, for the purpose of reporting
9 in verbatim stenotype notes the within-entitled public
10 meeting;

11 That the foregoing transcript, consisting of pages
12 1 through 117, inclusive, includes a full, true and correct
13 transcription of my stenotype notes of said public meeting.

14

15 Dated at Reno, Nevada, this 19th day of April,
16 2021.

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CHRISTY Y. JOYCE, CCR
Nevada CCR #625

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**PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS**

April 8, 2021

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