



**STEVE SISOLAK**  
Governor



**LAURA RICH**  
Executive Officer

STATE OF NEVADA  
**PUBLIC EMPLOYEES' BENEFITS PROGRAM**  
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701  
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028  
[www.pebp.state.nv.us](http://www.pebp.state.nv.us)

**LAURA FREED**  
Board Chair

### **MEETING NOTICE AND AGENDA**

Name of Organization: Public Employees' Benefits Program Board

Date and Time of Meeting: June 11, 2021 8:30 a.m.

Place of Meeting: Pursuant to Assembly Bill 253 (2021), this meeting will be held virtually. Participation will be enabled by the use of remote technology using video- and tele-conference. Instructions for both options are below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at <https://youtu.be/XLt0Ixq4eGY>

**Members of the public are encouraged to submit public comment in writing by emailing [wlunz@peb.nv.gov](mailto:wlunz@peb.nv.gov) at least two business days prior to the meeting.**

**To listen to and view the PEBP Board Meeting please click on the YouTube Link located in "Place of Meeting" field above.**

**There are two agenda items designated for public comment. If you wish to provide verbal public comment during those agenda items, please follow the instructions below:**

**Option #1** Join the webinar as an attendee <https://zoom.us/j/93271136578> . This link is only for those who want to make public comment. If you are just listening to the webinar, please use the YouTube Link located in the "Place of Meeting" field above.

**Option #2** Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 932 7113 6578 then press #. When prompted for a Participant ID, please enter #.

**Participants that call in will be muted until it is time for public comment. A moderator will then unmute callers one at a time for public comment.**

**To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-7016 or email [wlunz@peb.nv.gov](mailto:wlunz@peb.nv.gov)**

**Meeting materials can be accessed here:** <https://pebp.state.nv.us/meetings-events/board-meetings/>

## AGENDA

1. Open Meeting; Roll Call

2. Public Comment

Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. As noted above, members of the public may make public comment by using the call-in number provided above. Persons unable to attend the meeting by telephone and persons whose comments may extend past the three minute time limit may submit their public comment in writing to PEBP Attn: Wendi Lunz 901 S. Stewart St, Suite 1001 Carson City NV 89701, Fax: (775) 684-7028 or [wlunz@peb.state.nv.us](mailto:wlunz@peb.state.nv.us) at least two business days prior to the meeting. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Peter Keegan, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Laura Freed, Board Chair) **(All Items for Possible Action)**

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

4.1 Approval of Minutes from the March 11, March 25, and April 7, 2021 PEBP Board Meetings.

5. Executive Officer Report, including discussion and possible action regarding budget approved by the legislature. (Laura Rich, Executive Officer) **(For Possible Action)**

6. Presentation and possible action on PEBP's participation in the Patient Protection Commission Peterson-Milbank Program for Sustainable Health Care Costs (Laura Rich, Executive Officer/Sara Chohlagian, PPC) **(For Possible Action)**

7. Presentation and possible action on the status and approval of PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) **(For Possible Action)**

7.1 Contract Overview

7.2 New Contracts

7.3 Contract Amendments

7.3.1 Hometown Health

7.3.2 The Standard

7.3.3 Express Scripts

7.4 Contract Solicitations

7.5 Status of Current Solicitations

8. Legislative update (Laura Rich, Executive Officer) (Information/Discussion)
9. Discussion and possible action regarding the implementation of Assembly Bill 48, including the option of a special enrollment period for certain retirees. (Laura Rich, Executive Officer) **(For Possible Action)**
10. Discussion and possible action on remote participation options for PEBP Board meetings after June 1, 2021. (Laura Rich, Executive Officer) **(For Possible Action)**
11. Public Comment

Public comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

12. Adjournment

<p>The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at <a href="http://www.pebp.state.nv.us/meetings-events/board-/meetings">www.pebp.state.nv.us/meetings-events/board-/meetings</a> (under the Board Meeting date referenced above).</p>
<p>An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.</p>
<p>All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.</p>
<p>We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 901 South Stewart Street, Suite 1001, Carson City, NV 89701, or call Wendi Lunz at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.</p>
<p>Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 901 South Stewart Street, Suite 1001, Carson City, Nevada, 89701 or on the PEBP website at <a href="http://www.pebp.state.nv.us">www.pebp.state.nv.us</a>. For additional information, contact Wendi Lunz at (775) 684-7020 or (800) 326-5496.</p>
<p>Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at <a href="http://www.pebp.state.nv.us">www.pebp.state.nv.us</a>, and also posted to the public notice website for meetings at <a href="https://notice.nv.gov">https://notice.nv.gov</a>. In addition, the agenda was mailed to groups and individuals as requested.</p>

# 1.

1. Open Meeting; Roll Call

# 2.

## 2. Public Comment

# 3.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Andrea Nichols, Senior Deputy Attorney General)  
(Information/Discussion)

# 4.

## 4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

Consent Items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

- 4.1 Approval of Minutes from the March 11, March 25 and April 7, 2021 PEBP Board Meetings.

# 4.1

## 4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

### **4.1 Approval of Minutes from the March 11, March 25 and April 7, 2021 PEBP Board Meetings**



**STATE OF NEVADA  
PUBLIC EMPLOYEES' BENEFITS PROGRAM  
BOARD LEGISLATIVE UPDATE MEETING**

Video/Telephonic Open Meeting  
Carson City, NV

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**ACTION MINUTES (Subject to Board Approval)**

March 11, 2021

**MEMBERS PRESENT**

**VIA TELECONFERENCE:**

Ms. Laura Freed, Board Chair  
Ms. Linda Fox, Vice Chair  
Ms. April Caughron, Member  
Ms. Michelle Kelley, Member  
Ms. Jennifer Krupp, Member  
Mr. Tim Lindley, Member  
Ms. Marsha Urban, Member  
Mr. Tom Verducci, Member

**MEMBERS EXCUSED:**

Ms. Betsy Aiello, Member  
Mr. Don Bailey, Member

**FOR THE BOARD:**

Ms. Brandee Mooneyhan, Deputy Attorney General

**FOR STAFF:**

Ms. Laura Rich, Executive Officer  
Mr. Nik Proper, Operations Officer  
Ms. Cari Eaton, Chief Financial Officer  
Ms. Nancy Spinelli, Quality Control Officer  
Mr. Steve Martin, Chief Information Officer  
Ms. Wendi Lunz, Executive Assistant

1. Open Meeting; Roll Call

- Board Chair Freed opened the meeting at 1:00 p.m.

2. Public Comment

- Brooke Maylath – Active State Employee
- Kent Ervin – Nevada Faculty Alliance
- Terri Laird – RPEN
- Doug Unger – UNLV Employee Benefits Advisory Committee

3. Discussion and possible action regarding 2021 Legislative Bills that may impact the Public Employees' Benefits Program, including the following:

- **Assembly Bills**
- **Senate Bills**
- **Bill Draft Requests**

(Laura Rich, Executive Officer) (**For Possible Action**)

**BOARD ACTION ON ITEM 3**

**MOTION:** Motion for the PEBP Board to support AB48

**BY:** Member Tom Verducci

**SECOND:** Board Chair Freed

**VOTE:** Unanimous; the motion carried

4. Public Comment

- Priscilla Maloney – AFSCME
- Brooke Maylath

5. Adjournment

- Board Chair Freed adjourned the meeting at 2:13 p.m.

**STATE OF NEVADA  
PUBLIC EMPLOYEES' BENEFITS PROGRAM  
BOARD MEETING**

Video/Telephonic Open Meeting  
Carson City

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**ACTION MINUTES (Subject to Board Approval)**

March 25, 2021

**MEMBERS PRESENT**

**VIA TELECONFERENCE:**

Ms. Laura Freed, Board Chair  
Ms. Linda Fox, Vice Chair  
Ms. Michelle Kelley, Member  
Mr. Tom Verducci, Member  
Ms. Jennifer Krupp, Member  
Ms. Betsy Aiello, Member  
Ms. April Caughron, Member  
Mr. Tim Lindley, Member  
Mr. Don Bailey, Member  
Dr. Marsha Urban, Member

**FOR THE BOARD:**

Ms. Brandee Mooneyhan, Deputy Attorney General

**FOR STAFF:**

Ms. Laura Rich, Executive Officer  
Mr. Nik Proper, Operations Officer  
Ms. Cari Eaton, Chief Financial Officer  
Mr. Steven Martin, Chief Information Officer  
Ms. Nancy Spinelli, Quality Control Officer  
Ms. Wendi Lunz, Executive Assistant

**OTHER PRESENTERS:**

Mr. Nathan Maier, UMR  
Mr. Chris Garcia, Willis Towers Watson  
Ms. Jennifer Peery, BenefitFocus

1. Open Meeting; Roll Call

- Board Chair Freed opened the meeting at 9:00 a.m.

2. Public Comment

- Janelle Woodward – Active State Employee
- Priscilla Maloney – AFSCME
- Terri Laird – RPEN
- Doug Unger – Nevada Faculty Alliance
- Kent Ervin – Nevada Faculty Alliance
- Kevin Ranft - AFSCME
- Vicki Rosser – UNLV Faculty Senate Chair
- Linda Hoxey – Retiree
- Carter Bundy – AFSCME

3. PEBP Board disclosures for applicable Board meeting agenda items. (Brandee Mooneyhan, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Laura Freed, Board Chair) (**All Items for Possible Action**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

- 4.1 Approval of Action Minutes from the January 8 and January 19, 2021 PEBP Board Subcommittee Meetings
- 4.2 Approval of Action Minutes from the January 28, 2021 PEBP Board Meeting
- 4.3 Receipt of quarterly staff reports for the period ending December 31, 2020:
  - 4.3.1 Budget Report
  - 4.3.2 Utilization Report
- 4.4 Receipt of quarterly vendor reports for the period ending December 31, 2020:
  - 4.4.1 HealthSCOPE Benefits – Obesity Care Management
  - 4.4.2 HealthSCOPE Benefits – Diabetes Care Management
  - 4.4.3 American Health Holdings – Utilization and Large Case Management
  - 4.4.4 The Standard Insurance – Basic Life and Long-Term Disability Insurance
  - 4.4.5 Willis Towers Watson’s Individual Marketplace Enrollment and Performance Report
  - 4.4.6 Hometown Health Providers and Sierra Healthcare Options – PPO Network

- 4.4.7 HealthPlan of Nevada, Inc. – Southern Nevada HMO
- 4.4.8 Doctor on Demand Engagement Report through December 2020
- 4.5 Morneau Shepell/Corestream Voluntary Benefits Report
- 4.6 Receipt of the federally mandated Summaries of Benefits and Coverage documents effective July 1, 2021 for individual coverage and family coverage for PEBP's Consumer Driven Health (CDHP) plan, Exclusive Provider Organization (EPO) plan and Low Deductible (LD) plan.

**BOARD ACTION ON ITEM 4**

**MOTION:** Motion to approve everything except 4.3.1, 4.3.2 and 4.4.5

**BY:** Vice Chair Linda Fox

**SECOND:** Member Tim Lindley

**VOTE:** Unanimous; the motion carried

**BOARD ACTION ON ITEM 4.3.1, 4.3.2 and 4.4.5**

**MOTION:** Motion to accept the reports of 4.3.1 (with correction), 4.3.2, 4.4.5 and expand motion to waive the fees for the performance guarantee.

**BY:** Member Betsy Aiello

**SECOND:** Vice Chair Linda Fox

**VOTE:** Unanimous; the motion carried

- 5. Executive Officer Report (Laura Rich, Executive Officer) (Information/Discussion)
- 6. Presentation and possible action on the status and approval of new PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) (**For Possible Action**)
  - 6.1 Contract Overview
  - 6.2 New Contracts
    - 6.2.1 Claim Technologies Inc.
    - 6.2.2 Clifton Larson Allen LLP

**BOARD ACTION ON ITEM 6.2.1**

**MOTION:** Motion to ratify and approve the evaluation committee's recommendation to contract with Claim Technologies.

**BY:** Vice Chair Linda Fox

**SECOND:** Member Tim Lindley

**VOTE:** Unanimous; the motion carried

**BOARD ACTION ON ITEM 6.2.2**

**MOTION:** Motion to ratify and approve the evaluation committee's recommendation to contract with Clifton Larson Allen LLP.

**BY:** Member Don Bailey

**SECOND:** Member Marsha Urban

**VOTE:** Unanimous; the motion carried

6.3 Contract Amendments

6.4 Contract Solicitations

6.4.1 Actuarial Consultants

6.4.2 Group Basic Life Insurance and Long-Term Disability

**BOARD ACTION ON ITEM 6.4.1 and 6.4.2**

**MOTION:** Motion to recommend that staff complete a request for proposal for actuarial consultant and another request for proposal for basic life insurance.

**BY:** Member Betsy Aiello

**SECOND:** Board Chair Laura Freed

**VOTE:** Unanimous; the motion carried

6.5 Status of Current Solicitations

7. Discussion and possible action regarding (1) PEBP's Voluntary Benefit Platform implementation, and (2) selection of voluntary benefits for implementation on January 1, 2022. (Nik Proper, Operations Officer) (**For Possible Action**)

**BOARD ACTION ON ITEM 7**

**MOTION:** Motion to accept staff's recommendation – recommendations one through eight on this agenda item with a note to staff to get more information from BenefitFocus on the LTD.

**BY:** Member Michelle Kelley

**SECOND:** Board Chair Laura Freed

**VOTE:** Unanimous; the motion carried

8. Discussion and possible action to include approving Plan Year 22 (July 1, 2021 – June 30, 2022) rates for State and Non-State employees, retirees and their dependents for the Consumer Driven Health Plan (CDHP), Low Deductible (LD) Plan, Exclusive Provider Organization (EPO) Plan, and Health Maintenance Organization (HMO) Plan (Laura Rich, Executive Officer) (**For Possible Action**)

**BOARD ACTION ON ITEM 8**

**MOTION:** Motion to accept the rate table for plan year 2022 as portrayed in option two.

**BY:** Member Michelle Kelley

**SECOND:** Member Betsy Aiello

**VOTE:** Unanimous; the motion carried

9. Public Comment

- Kent Ervin – Nevada Faculty Alliance
- Kevin Ranft - AFSCME
- Sheila Salehian – COBRA participant
- Doug Unger – Nevada Faculty Alliance
- Marlene Lockard – RPEN
- Claribel Zecena – AFSCME

10. Adjournment

- Board Chair Freed adjourned the meeting at 12:44 p.m.

**STATE OF NEVADA  
PUBLIC EMPLOYEES' BENEFITS PROGRAM  
BOARD LEGISLATIVE UPDATE MEETING**

Video/Telephonic Open Meeting  
Carson City, NV

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**ACTION MINUTES (Subject to Board Approval)**

April 8, 2021

**MEMBERS PRESENT**

**VIA TELECONFERENCE:**

Ms. Laura Freed, Board Chair  
Ms. Linda Fox, Vice Chair  
Ms. April Caughron, Member  
Ms. Michelle Kelley, Member  
Ms. Betsy Aiello, Member  
Ms. Jennifer Krupp, Member  
Mr. Don Bailey, Member  
Mr. Tim Lindley, Member  
Ms. Marsha Urban, Member  
Mr. Tom Verducci, Member

**FOR THE BOARD:**

Ms. Brandee Mooneyhan, Deputy Attorney General

**FOR STAFF:**

Ms. Laura Rich, Executive Officer  
Mr. Nik Proper, Operations Officer  
Ms. Cari Eaton, Chief Financial Officer  
Ms. Nancy Spinelli, Quality Control Officer  
Mr. Steve Martin, Chief Information Officer  
Ms. Wendi Lunz, Executive Assistant

**OTHER PRESENTERS:**

Mr. Jared McGowan, ESI



1. Open Meeting; Roll Call

- Board Chair Freed opened the meeting at 1:00 p.m.

2. Public Comment

- Priscilla Maloney – AFSCME
- Janelle Woodward – Active State Employee
- Kent Ervin – Nevada Faculty Alliance
- Stephanie Parker – Active State Employee
- Doug Unger – Nevada Faculty Alliance
- Carter Bundy – AFSCME
- Peggy Bohn

3. Discussion and possible action regarding 2021 Legislative Bills that may impact the Public Employees' Benefits Program, including the following:

- **Assembly Bills**
- **Senate Bills**
- **Bill Draft Requests**

(Laura Rich, Executive Officer) (**For Possible Action**)

**BOARD ACTION ON ITEM 3 - SB337**

**MOTION:** Motion to staunchly disapprove SB337 as introduced

**BY:** Member Tom Verducci

**SECOND:** Member Don Bailey

**VOTE:** Unanimous; the motion carried

**BOARD ACTION ON ITEM 3 - SB360**

**MOTION:** Motion that the Executive Officer suggest to the sponsor an amendment to remove the mandatory list submitted by labor organizations and suggest adding an eleventh board member that the governor would choose from the labor organization representing the largest number of employees.

**BY:** Member Tim Lindley

**SECOND:** Board Chair Laura Freed

**VOTE:** Yes – 6, No – 3; the motion carried (Members voting No – Michelle Kelley, Marsha Urban, Tom Verducci)

4. Public Comment

- Carter Bundy - AFSCME
- Kent Ervin – Nevada Faculty Alliance

5. Adjournment

- Board Chair Freed adjourned the meeting at 4:22 p.m.

# 5.

5. Executive Officer Report, including discussion and possible action regarding budget approved by the legislature. (Laura Rich, Executive Officer) (Information/Discussion)



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LAURA FREED  
Board Chair

**AGENDA ITEM**

Action Item

Information Only

**Date:** June 11, 2021

**Item Number:** V

**Title:** Executive Officer Report

**SUMMARY**

This report will provide the Board, participants, public, and other stakeholders information on the overall activities of PEBP.

**REPORT**

BUDGET CLOSING

The PEBP Budget was heard on May 7<sup>th</sup> at the Joint Meeting of the of Senate Committee on Finance and Assembly Committee on Ways and Means. Although the PEBP budget was largely approved as proposed in the Governor's Recommended Budget, there were some changes that were suggested and then approved by the Committee:

- Restoration of the Medicare Exchange HRA contribution from \$11 to \$13. The approximate cost of \$3.3M/yr. will be funded through PEBP differential (excess) cash.
- A one-month premium holiday for all members in PY22 and another premium holiday in PY23. The approximate cost of \$6M/yr. will be funded through a General Fund appropriation.

These changes to the budget do not have any adverse effects on elections made during open enrollment and are relatively simple to implement, however communication will need to be developed to inform Medicare Exchange retirees of the change and to PEBP participants in the month leading up to the premium holiday.

The legislature opted not to specify in which month the premium holiday should occur, and instead has left this decision up to the program. PEBP staff reached out to the largest pay centers (Central Payroll, NSHE, PERS) to identify any issues or complications this may have on automated payroll deduction processes that exist. The pay centers all indicated they would be able to accommodate any month PEBP chooses to implement the holiday, given sufficient timing to address simple data changes that would be necessary.

PEBP will be transitioning to a new Eligibility and Enrollment System vendor on January 1, 2022, so it is recommended that the holiday occur prior to the end of the year to avoid any potential issues that may surface with a newly implemented system.

***Recommendation: To ensure proper planning and coordination with vendors and pay centers, as well as to avoid any potential system issues, PEBP recommends the holiday occur in August, September, or October 2021 and for consistency, the same month in 2022.***

#### AMERICAN RESCUE PLAN ACT (ARPA) FUNDS

Earlier this month, the US Treasury released ARPA guidance, allowing states and local governments broad authority in their allocation of stimulus funds. Although welcome news, this information, and better than expected revenue projections from the Economic Forum, came late in the legislative session and did not allow sufficient time for the legislature to come up with a plan to distribute the funding. It is likely a special session will be necessary in order for the legislature to be able to distribute these funds and it is not expected to be known until that time whether PEBP will be granted any of those funds.

#### OPEN ENROLLMENT UPDATE

Open Enrollment (OE) began on May 1 and will continue through May 31. With all the changes this year, staff have put in a great deal of time and effort to preparing for this busy season. PEBP is ecstatic to report that in keeping with our commitment to conduct thorough outreach and educate members on benefit changes, open enrollment meetings were a huge success. Historically, PEBP staff have traveled around the state to put on in-person meetings the first week of OE. In more recent years, we introduced a hybrid version where members were able to participate in-person or virtually through the option of a live and interactive webinar. The combined attendance typically averaged around 400 participants/year. This year PEBP conducted virtual OE meetings using the webinar option and had a tremendous turnout of over 2,600 participants!

As of May 18<sup>th</sup>, 2,667 enrollment events have been completed and another 1,267 are pending. Each year, PEBP receives a migration report highlighting member movement and activity between plans. With the recent policy changes, migration between plans is no longer as impactful to the program, however it is an important tool and provides insight into member preferences. The chart below illustrates member enrollment changes that have taken place through May 18<sup>th</sup>.

Executive Officer Report

May 27, 2021

Page 3

PEBP Migration as of 5/18 – total covered lives count

<b>Plan</b>	<b>PY2021 Enrollment</b>	<b>PY2022 Enrollment</b>
HMO	6678	6726
CDHP	41671	38923
EPO	8409	8138
LD	N/A	2972
Dental Only	10395	10348
Declined	2085	2100

# 6.

6. Presentation and possible action on PEBP's participation in the Patient Protection Commission Peterson-Milbank Program for Sustainable Health Care Costs (Laura Rich, Executive Officer/Sara Chalhagian, PPC) (**For Possible Action**)



LAURA RICH  
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LAURA FREED  
Board Chair

**AGENDA ITEM**

Action Item

Information Only

**Date:** June 11, 2021

**Item Number:** VI

**Title:** Participation in the Patient Protection Commission Peterson-Milbank Program for Sustainable Health Care Costs

**SUMMARY**

This report provides a report on PEBP's possible participation in the Patient Protection Commission (PPC) Peterson-Milbank Program for Sustainable Health Care Costs, including costs and benefits.

**BACKGROUND**

PATIENT PROTECTION COMMISSION

Senate Bill 544 of the 2019 legislative session created the Patient Protection Commission. The goal of the PPC is systematically review issues related to the health care needs of Nevada residents and the accessibility, affordability and quality of health care.

In March 2021, the Milbank Memorial Fund announced that Nevada and four other states had been selected to participate in the Peterson-Milbank Program for Sustainable Health Care Costs. Together with Bailit Health, they would provide technical assistance to these states as they explore, set and implement health care cost growth targets. These targets are a first step toward making health care more affordable and transparent.

**REPORT**

A lack of an all-payer claims database in Nevada makes Nevada's participation in this program challenging. Detailed claims data is necessary to analyze trends and identify geographic or growth issues. As a result, PEBP and Nevada Medicaid have been asked to participate in the



Peterson-Milbank project because of our respective direct access to medical and pharmacy data across the state.

#### COSTS AND FUNDING

Unlike Medicaid, PEBP does not have an in-house analytics team and will require the assistance of vendors to provide the expertise and tools necessary to perform the analysis. PEBP has received a cost estimate from Aon Consulting for a data warehouse solution, including reporting assistance and analytics. The cost is estimated to be approximately \$150,000. Although PEBP has sought out this solution specifically for the Peterson-Milbank project, it will undoubtedly benefit the program to have access to this data and analytics beyond the scope of this project. Additionally, the PPC has the ability to request funding from the project and expects to be able to split the cost of this expense with PEBP.

#### CONCLUSION

PEBP is excited for the opportunity to participate in an initiative aimed at addressing cost and access issues in Nevada. The addition of the Executive Officer position as a non-voting Ex-officio member of the PPC will also provide PEBP an additional layer of insight and a larger role in health care policy in the state. With Board approval, PEBP will work with the Governor's Finance Office to ensure all fiscal and contractual requirements are realized and will continue to provide updates on the project.

***Staff Recommendation: Approve staff to move forward in working with the PPC and Medicaid to assist in the Peterson-Milbank Program for Sustainable Health Care Costs.***

# 7.

7. Presentation and possible action on the status and approval of PEBP contracts, contract amendments and solicitations (Cari Eaton, Chief Financial Officer) (**For Possible Action**)

7.1 Contract Overview

7.2 New Contracts

7.3 Contract Amendments

7.3.1 Hometown Health

7.3.2 The Standard

7.3.3 Express Scripts

7.4 Contract Solicitations

7.5 Status of Current Solicitations



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LAURA FREED  
Board Chair

**AGENDA ITEM**

Action Item

Information Only

**Date:** June 11, 2021  
**Item Number:** VII  
**Title:** Contract Status Report

**Summary**

This report addresses the status of PEBP contracts to include:

1. Contract Overview
2. New Contracts for approval
3. Contract Amendments for approval
4. Contract Solicitations for approval
5. Status of Current Solicitations

**7.1 Contracts Overview**

Below is a listing of the active PEBP contracts as of April 30, 2021.

<b>PEBP Active Contracts Summary</b>							
<b>Vendor</b>	<b>Service</b>	<b>Contract #</b>	<b>Effective Date</b>	<b>Termination Date</b>	<b>Contract Max</b>	<b>Current Expenditures</b>	<b>Amount Remaining</b>
HealthScope Benefits	TPA	11825	2/8/2011	6/30/2022	\$ 62,600,000	\$ 56,235,106	\$ 6,364,894
Health Claim Auditors Inc.	Health Plan Auditor	12614	10/11/2011	9/30/2022	\$ 2,827,910	\$ 1,535,497	\$ 1,292,413
HealthScope Benefits	National PPO	13330	7/1/2012	6/30/2022	\$ 15,455,000	\$ 10,879,338	\$ 4,575,662
The Standard	Group Basic Life Insurance	14276	7/1/2013	6/30/2022	\$ 80,587,091	\$ 74,630,314	\$ 5,956,777
HealthScope Benefits	Voluntary Flexible Spending Account	14465	7/1/2013	6/30/2022	\$ 125,000	\$ -	\$ 125,000
Diversified Dental Services Inc.	Dental Contract	14563	7/9/2013	6/30/2021	\$ 3,081,984	\$ 2,478,732	\$ 603,252
HealthScope Benefits	Dental Claims	14574	7/9/2013	6/30/2022	\$ 6,100,000	\$ 4,941,957	\$ 1,158,043
Hometown Health Providers	In-state PPO Network	15510	7/1/2014	6/30/2021	\$ 9,955,139	\$ 8,297,913	\$ 1,657,226
Standard Insurance Company	Voluntary Life Insurance	15503	7/1/2014	6/30/2023	\$ 22,500,000	\$ -	\$ 22,500,000
Morneau Shepell LTD	Benefits Management System	15941	1/1/2015	12/31/2023	\$ 8,623,789	\$ 5,875,124	\$ 2,748,665
Extend Health, Inc	Medicare Exchange	16468	7/1/2015	6/30/2025	\$ 1,546,000	\$ 1,233,742	\$ 312,258
KPS3	Website Redesign	17226	11/1/2015	6/30/2021	\$ 80,775	\$ 69,172	\$ 11,603
Casey,Neilon & Associates	Financial Auditor	17424	3/8/2016	12/31/2021	\$ 236,500	\$ 225,052	\$ 11,448
Express Scripts, Inc.	Pharmacy Benefit Manager	17551	4/12/2016	6/30/2022	\$226,500,000	\$ 222,858,434	\$ 3,641,566
AON Consulting	Consulting Services	17596	7/1/2016	6/30/2022	\$ 3,601,585	\$ 930,764	\$ 2,670,821
Health Plan of Nevada Inc	Southern Nevada HMO	18362	7/1/2017	6/30/2021	\$231,000,000	\$ 143,260,708	\$ 87,739,292
American Health Holdings	PPO Utilization Management Case Management	21376	7/1/2019	6/30/2023	\$ 8,000,000	\$ 3,549,094	\$ 4,450,906
Labyrinth Solutions, Inc.	Benefits Management System	23678	12/8/2020	6/30/2027	\$ 6,849,000	\$ -	\$ 6,849,000
Aetna	PPO Network	23846	7/1/2021	6/30/2026	\$ 7,127,250	\$ -	\$ 7,127,250
Health Plan of Nevada Inc	HMO Provider	23802	7/1/2021	6/30/2025	\$192,093,848	\$ -	\$192,093,848
Diversified Dental Services Inc.	Dental Provider	23810	7/1/2021	6/30/2026	\$ 1,601,613	\$ -	\$ 1,601,613
Claim Technologies	Health Plan Auditor	24030	4/13/2021	6/30/2027	\$ 1,407,656	\$ -	\$ 1,407,656
CliftonLarsonAllen	Financial Auditor	24088	5/15/2021	12/31/2024	\$ 212,485	\$ -	\$ 212,485

**Recommendation**

No action necessary

**7.2 New Contracts**

PEBP does not currently have any new contracts for ratification.

### **7.3 Contract Amendment Ratifications**

The following active PEBP contracts require amendments:

#### ***7.3.1 HOMETOWN HEALTH***

PEBP contracted with Hometown Health for In-State Preferred Provider Organization (PPO) Network Services which began July 1, 2014 resulting from RFP 3100.

This contract amendment is required to add a scope for claims runout, extends the contract with the reduced scope through June 30, 2022; and increases the contract authority by \$1,395,049. When this contract was initially negotiated, it appears that the runout scope and costs were not included to provide claims runout services for the 1-year timely filing of claims. This amendment will allow Hometown Health to reprice all claims with service dates before July 1, 2021.

#### **Recommendation**

PEBP recommends the Board authorize staff to complete a contract amendment between PEBP and Hometown Health for In-State PPO Network services in contract #15510 to reduce scope, extend, and increase the contract authority.

#### ***7.3.2 THE STANDARD***

PEBP contracted with The Standard for Basic Group Life Insurance and Long-Term Disability Services which began July 1, 2013 resulting from RFP 3020.

This contract amendment is required to amend the fee schedule to align with the plan design changes included in the Governor's recommended budget effective July 1, 2021. The amendment will include a reduction to the maximum contract authority in the approximate amount of \$14.4 million.

- Reduce basic life insurance coverage to \$15,000 (active) and \$7,500 (retiree)
- Elimination of Long-Term Disability

#### **Recommendation**

PEBP recommends the Board authorize staff to complete a contract amendment between PEBP and The Standard for Basic Group Life Insurance and Long-Term Disability Services in contract #14276 to update the fee schedule and reduce the contract authority in the approximate amount of \$14.4 million.

### **7.3.3 EXPRESS SCRIPTS**

PEBP contracted with Express Scripts Inc. (ESI) for Pharmacy Benefits Manager (PBM) Services which began July 1, 2016. Pursuant to the contract, PEBP may perform, or have performed on its behalf, a market check or an assessment of market conditions, pharmaceutical pricing, dispensing fees, and any other matters, services, or price drivers pertaining to this contract to determine if the terms of the contract are competitive with the then current market conditions.

AON Consulting performed a market check and based on the results, ESI has agreed to additional negotiated discounts consisting of savings on allowed charges for ingredient costs and dispensing fees and increased rebate guarantees. The market check negotiation is anticipated to save the program approximately \$3.6 million per year.

In addition to updating the pricing proposal to reflect the market check updates, this amendment will add \$64.6M in authority to the contract to ensure sufficient authority to pay administrative fees and claims for the remainder of the contract. Authority was never added for the additional population and claims that began in 2019 for the EPO plan.

#### **Recommendation**

PEBP recommends the Board authorize staff to complete a contract amendment between PEBP and Express Scripts, Inc. for PBM services in contract # 17551 to amend the pricing proposal through the contract term.

### **7.4 Contract Solicitation Ratifications**

PEBP does not currently have any contract solicitations for ratification.

### **7.5 Status of Current Solicitations**

The chart below provides information on the status of PEBP's in-progress solicitations:

Service	Anticipated/Actual RFP release date	Anticipated/Actual NOI	Anticipated Board Approval
Medical TPA	04/26/2021	08/15/2021	Nov 2021
Dental TPA	04/26/2021	08/15/2021	Nov 2021
Medical National Network	04/26/2021	08/15/2021	Nov 2021
Medical Statewide Network	04/26/2021	08/15/2021	Nov 2021
HSA HRA Admin	06/30/2021	09/16/2021	Nov 2021
2 <sup>nd</sup> Opinion	07/07/2021	10/15/2021	Jan 2022
Telemedicine	07/20/2021	11/05/2021	Jan 2022
Transparency	08/09/2021	11/30/2021	Jan 2022
Pharmacy	08/27/2021	12/03/2021	Jan 2022

**Recommendation**

No action necessary

# 8.

8. Legislative update (Laura Rich, Executive Officer)  
(Information/Discussion)



**PEBP Legislative Tracking  
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Bill Number & Description	Impact to PEBP	Bill Status
<p><a href="#">AB2 (BDR 18-437)</a> Revises provisions relating to appointments to public bodies. This bill proposes the following changes <b>removing</b> the below:</p> <ul style="list-style-type: none"> <li>• The provision of subsection 6 of NRS 232A.020 do not apply to the appointment by the Governor of the members of the Council.</li> <li>• Except as otherwise provided in NRS 232.162, the Governor shall not appoint a person to a board, commission, or similar body if the person is a member of any other board, commission, or similar body.</li> <li>• The provisions of subsection 6 of NRS 232A.020 do not apply to member of the Advisory Council who also serve as county commissioners, and the Governor may appoint any such member of the Advisory Council to one other board, commission, or similar body.</li> </ul> <p><b>Effective Date:</b> Upon passage and approval.</p> <p><b>Amendment:</b> Limits the number of allowed simultaneous gubernatorial appointments to three boards and deletes the conforming changes relating to the Sagebrush Ecosystem Council and the Land Use Planning Advisory Council such that each council is not subject to the three board gubernatorial appointment limitation.</p>	Removes the prohibition against the Governor appointing a person to more than one board, commission, or similar body at the same time.	11/18/20: Read first time. Referred to Committee on Government Affairs. To Printer
	<b>Board Position</b>	12/22/20: From Printer
	03/11/21 Neutral	02/01/21: Read first time,
	<b>Fiscal Note</b> No Fiscal Note Requested or Submitted.	02/04/2: To Committee.  02/09/21: From Committee: Amend and do pass as amended.  02/11/21: Bill presented to Assembly Government Affairs, Mentioned not agendized.  2/15/21: Bill presented to Assembly Committee. Government Affairs & Senate Government Affairs.  03/23/21: Bill presented to Assembly Government Affairs, mentioned not agendized.

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		<p>03/24/21: Work Session Bill presented to Assembly Government Affairs, Amend, and do pass as amended.</p> <p>04/09/21: From committee: Amend and do pass as amended.</p> <p>04/12/21: Read second time. Amended. (Amend. No. 57.) To printer.</p> <p>04/13/21: From Printer. To engrossment. Engrossed. First reprint. Read third time. Passed, as amended. Title approved, as amended. (Yeas: 42, Nays: None). To Senate.</p> <p>04/14/21: In Senate. Read first time. Referred to Committee on Government Affairs. To committee</p> <p>04/23/21: Bill presented to Senate Government Affairs, heard no action.</p>
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**PEBP Legislative Tracking  
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		05/12/21: Work Session Senate Government Affairs. Do pass
<b><u>AB2 Primary Bill Sponsors</u></b> <ul style="list-style-type: none"><li>• Assembly Committee on Government Affairs</li></ul>		

**PEBP Legislative Tracking  
81<sup>st</sup> Legislative Session**

Bill Number & Description	Impact to PEBP	Bill Status
<p><a href="#">AB39 (BDR 19-333)</a> Revises provisions relating to public records.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• “Public book or record” or “public record”: Means all recorded information, regardless of form or characteristics, made or received by a governmental entity under law or in connection with the transaction of public business and</li> <li>• preserved or appropriate for preservation by the governmental entity or its successor as evidence of the organization, functions, policies, decisions, procedures, operations or other activities of the governmental entity or because of the information value of data in the recorded information.</li> <li>• Does not include, without limitation: A record that reflects the internal predecisional deliberations of a governmental entity or its officers or employees or predecisional deliberations between officers and employees of one governmental entity and another governmental entity, including, without limitation, any research, memoranda or other documents used in predecisional deliberations.</li> <li>• Notes and working papers prepared by or for a public officer or employee used solely for that officers of employee’s own personal use and other materials that do not have an official purpose, including, without limitation, text and electronic mail messages sent or received for personal purposes.</li> </ul> <p>Effective Date: Upon passage and approval.</p>	<p>Changes the definition of public record and may expand the scope of records requests received.</p> <p><b>Board Position</b></p> <p>3/11/2021: Neutral</p> <p><b>Fiscal Note</b></p> <p>No Fiscal Note Requested or Submitted.</p>	<p>11/18/20: Prefiled. Referred to Committee on Government Affairs. To Printer</p> <p>12/22/20: from Printer 02/01/21: Read first time.</p> <p>02/04/21: To Committee</p> <p>04/10/21: (Pursuant to joint Standing Rule No. 14.3.1, no further action allowed.)</p>
<p><b><u>AB39 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Assembly Committee on Government Affairs</li> </ul>		

**PEBP Legislative Tracking  
81<sup>st</sup> Legislative Session**

Bill Number & Description	Impact to PEBP	Bill Status
<p><a href="#">AB48 (BDR 23-321)</a>            Authorizes certain retired public officers and employees to reinstate insurance under the Public Employees' Benefit Program (PEBP)            This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>Pursuant to NRS 1A.350 or 1A.480, or 286.510 or 286.620, from employment with a county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency at the time of the request for reinstatement and:              Was enrolled in the Program as a retired public officer or employee on November 30, 2008; and is enrolled in Medicare A provided pursuant to Part A of Title XVIII of Social Security Act, 42 U.S.C. 1395c et seq., and Medicare Part B provided pursuant to Part B of Title XVIII of the Social Security Act, 42 U.S.C 1395j et seq., at the time of the request for reinstatement.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p>	<p>Will allow Non-State Retirees a one-time comeback for reinstatement like State retirees currently have.</p> <p><b>Board Position</b></p> <p>3/11/2021: Support</p> <p><b>Fiscal Note</b></p> <p>No Fiscal Note Requested or Submitted.</p>	<p>11/18/20: Prefiled.            Referred to Committee on Government Affairs. To Printer</p> <p>12/22/20: from Printer</p> <p>02/01/21: Read first time</p> <p>02/04/21: To committee</p> <p>02/26/21: Bill presented to Committee on Government Affairs</p> <p>03/10/21: Work Session Assembly Committee on Government Affairs            Recommendation: Do pass</p> <p>03/11/21: Read Second time</p> <p>03/12/21: Read third time. Passed (Yeas: 39, Nays: 3. To Senate</p> <p>03/15/21: In Senate. Read first time. Referred to Committee on</p>

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		<p>Government Affairs. To committee.</p> <p>04/21/21: Bill presented to Senate Government Affairs, heard no action.</p> <p>05/12/21: Work Session Senate Government Affairs, Do pass.</p> <p>05/13/21: From Committee: Do pass</p>
<p><b><u>AB48 Primary Bill Sponsor</u></b></p> <ul style="list-style-type: none"> <li>• Assembly Committee on Government Affairs</li> </ul>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>AB164 (BDR 40-239)</u></a></p> <ul style="list-style-type: none"> <li>• Requires the Chief Medical Officer to issue a standing order authorizing a pharmacist to dispense a self-administered hormonal contraceptive to any patient.</li> <li>• Prohibits certain providers of health care from requiring a screening for cervical cancer more frequently than recommended to receive a prescription for a self-administered hormonal contraceptive.</li> <li>• Authorizes a pharmacist to dispense a self-administered hormonal contraceptive to any patient.</li> <li>•</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1,2021</p>	<p>The ACA already requires contraceptive coverage at 100% so PEBP does not expect an impact to the program.</p> <p><b>Board Position</b></p> <p><b>Fiscal Note</b></p> <p>PEBP has reviewed the bill and has determined there will be no impact.</p>	<p>2/22/21: Read first time. Referred to Committee on Health and Human Services to Printer</p> <p>02/23/21: From printer. To Committee</p> <p>04/10/21: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)</p>
<p><b><u>AB164 Primary Bill Sponsor</u></b></p> <ul style="list-style-type: none"> <li>• Assemblyman Flores</li> </ul>	<p><b><u>Co-Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Assemblywoman Venicia Considine</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Assemblywoman Bea Duran</li> <li>• Assemblywoman Cecelia Gonzalez</li> <li>• Assemblywoman Michelle Gorelow</li> <li>• Assemblywoman Elaine Marzola</li> <li>• Assemblywoman Selena Torres</li> </ul>
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Bill Number & Description	Impact to PEBP	Bill Status	
<p><a href="#"><u>AB178 (BDR 57-71)</u></a> Requires an insurer to take certain actions relating to the acquisition of prescription drugs for an insured who resides in an area for which a declared disaster or state of emergency is in effect.</p> <ul style="list-style-type: none"> <li>• Authorizes a pharmacist to dispense a prescription drug to a patient who resides in such an area in an amount greater than is authorized by the prescribing practitioner under certain conditions.</li> <li>• Waives any restrictions on the time period within which a prescription may be refilled for an insured who resides in the area to which a state of emergency or declaration of disaster applies if the insured requests the refill within a certain time.</li> <li>• Authorizes payment for a supply of a covered prescription drug for up to 30 days.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1,2021</p>	Requires PEBP to waive restrictions on the time period which a prescription may be refilled during a state of emergency.	<p>2/25/21: Read first time. Referred to Committee on Commerce and Labor To Printer.</p> <p>02/26/21: From printer. To Committee</p> <p>03/10/21: Bill presented to Assembly Commerce and Labor</p>	
	<b>Board Position</b>	3/11/2021: Neutral	04/09/21: Work Session Assembly Commerce and Labor, do pass
	<b>Fiscal Note</b>	PEBP has reviewed the bill and has determined there will be no impact.	04/15/21: From committee: Do pass. Placed on Second Reading File. Read second time.
			04/16/21: Read third time. Passed. Title approved. (Yeas: 40 Nays:

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		<p>None, Excused: 2.) To Senate.</p> <p>04/19/21: In Senate. Read first time. Referred to Committee on Health and Human Services. To committee.</p> <p>04/29/21: Bill presented to Senate Health and Human Services, heard no action.</p> <p>05/13/21: Work Session, Senate Health and Human Services, Do pass</p>
<p><b><u>AB178 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Assemblywoman Melissa Hardy</li> <li>• Assemblywoman Robin Titus</li> <li>• Senator Joseph Hardy</li> </ul>	<p><b><u>Co-Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Assemblywoman Jill Tolles</li> <li>• Senator Carrie Buck</li> <li>• Senator Scott Hammond</li> </ul>	

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>AB181 (BDR 40-522)</u></a> Revises provisions relating to mental health.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• The State Board of Health shall adopt regulations requiring medical facilities, facilities for the dependent and facilities which are required by the regulations adopted by the Board pursuant to NRS 449.0303 to be</li> </ul>	<p>On or before July 1 of each year, a report shall be submitted to the Commissioner of Insurance which includes information relating to mental health treatments for each health benefit plan that provides coverage to residents of Nevada.</p>	<p>02/26/21: Read first time. Referred to Committee on Health and Human Services. To printer.</p> <p>03/01/21: From Printer. To Committee.</p>



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<p>licensed to report information relating to suicide to the Chief Medical Officer or his or her designee.</p> <ul style="list-style-type: none"> <li>• The regulations must prescribe:</li> <li>• The facilities that are required to make reports.</li> <li>• The information that must be reported; and</li> <li>• The time within which such a report must be made.</li> </ul> <p><b>Effective Date:</b> Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and on January 1, 2022, for all other purposes.</p> <p><b>Amendment:</b></p> <ul style="list-style-type: none"> <li>• Changes reporting requirements language from facilities to providers of health care.</li> <li>• Adds reporting requirement of CMO to report certain information annually to the Patient Protection Commission and Governor’s Office.</li> </ul>	<b>Board Position</b>	03/08/21: Bill Presented to Assembly Health and Human Services
	3/11/2021: Neutral	03/11/21: Notice of eligibility for exemption.
	<b>Fiscal Note</b>	03/17/21: Work Session Assembly Health and Human Services
	PEBP has reviewed the bill and has determined there will be no impact.	03/24/21: Work Session Assembly Health and Human Services, amend and do pass as amended
		04/16/21: From Committee: Amend and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend No. 455.) To printer.
		04/19/21: From Printer To engrossment. Engrossed. First reprint. Read third time. Passed, as amended. Title approved, as amended. (Yeas: 26, Nays: 16.) To Senate.

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		<p>04/20/21: In Senate. Read first time. Referred to Committee on Health and Human Services. To committee.</p> <p>04/29/21: Bill presentation to Assembly Health and Human Services, heard no action.</p> <p>05/11/21: Work Session Senate Health and Human Services, Amend, and do pass as amended. (Amend 520)</p>
<p><b><u>AB181 Bill Sponsors</u></b> Assemblywoman Sarah Peters</p>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>AB244 (BDR 57-654)</u></a> Revises provisions relating to insurance which provides for the payment of expenses not covered by Medicare.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>An insurer that issues a policy of insurance which provides for the payment of expenses which are not covered by Medicare shall offer to a person currently insured under any such policy an annual open enrollment period commencing with the first day of the birthday month of the person and remaining open for at least 60 days thereafter, during which the person may enroll in any policy of insurance which</li> </ul>	<p>None to PEBP. However, this could be a benefit for Medicare Exchange members.</p> <p><b>Board Position</b></p> <p>3/11/2021: Neutral</p> <p><b>Fiscal Note</b></p> <p>PEBP has reviewed the bill and has determined there will be no impact.</p>	<p>03/12/21: Read first time. Referred to Committee on Commerce and Labor To printer</p> <p>03/15/21: From Printer. To Committee</p> <p>04/10/21: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)</p>

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<p>provides for the payment of expenses which are not covered by Medicare made available by the insurer in this State.</p> <ul style="list-style-type: none"><li>• During the open enrollment period offered pursuant to subsection 1, an insurer shall not deny or condition the issuance of effectiveness, or discriminate in the price of coverage, of a policy of insurance which provides for the payment of expenses which are not covered by Medicare based on the health status, claims experience, receipt of health care or medical condition of a person described in subsection 1.</li><li>• At least 30 days before the beginning of the open enrollment period offered pursuant to subsection 1 but not more than 60 days before the beginning of that period, an insurer that issues a policy of insurance which provides for the payment of expenses which are not covered by Medicare shall notify each person to whom the open enrollment period applies of:<ul style="list-style-type: none"><li>• The dates on which the open enrollment period begins and ends, and the rights of the person established by the provisions of this section.</li><li>• Any modification to the benefits provided by the policy under which the person is currently insured or adjustment to the premiums charged for that policy.</li></ul></li><li>• <b>Effective Date:</b> This act becomes effective on July 1, 2021.</li></ul>		
<p><b><u>AB244 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"><li>• Assemblywoman Melissa Hardy</li><li>• Senator Keith Pickard</li><li>• Senator Joseph Hardy</li></ul>		

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Bill Number & Description	Impact to PEBP	Bill Status
<p><a href="#">AB250 (BDR 57-142)</a> Revises provisions relating to insurance which provides for the payment of expenses not covered by Medicare. This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• An insurer that issues a policy of insurance which provides for the payment of expenses which are not covered by Medicare shall offer to a person currently insured under any such policy an annual open enrollment period commencing with the first day of the birthday month of the person and remaining open for at least 60 days thereafter, during which the person may enroll in any policy of insurance which provides for the payment of expenses which are not covered by Medicare made available by the insurer in this State.</li> <li>• During the open enrollment period offered pursuant to subsection 1, an insurer shall not deny or condition the issuance of effectiveness, or discriminate in the price of coverage, of a policy of insurance which provides for the payment of expenses which are not covered by Medicare based on the health status, claims experience, receipt of health care or medical condition of a person described in subsection 1.</li> <li>• At least 30 days before the beginning of the open enrollment period offered pursuant to subsection 1 but not more than 60 days before the beginning of that period, an insurer that issues a policy of insurance which provides for the payment of expenses which are not covered by Medicare shall notify each person to whom the open enrollment period applies of:</li> </ul>	<p>This has no impact to PEBP, however could be a benefit to Medicare Exchange members.</p>	<p>03/12/21: Read first time. Referred to Committee on Commerce and Labor. To printer</p>
	<p><b>Board Position</b></p>	
	<p><b>Fiscal Note</b></p>	
	<p>PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<p>03/15/21: From Printer. To Committee</p> <p>03/24/21: Bill presented to Assembly Commerce and Labor</p> <p>03/31/21: Work Session Assembly Commerce and Labor, amended, do pass as amended.</p> <p>04/13/21: From committee: Amend and do pass as amended. Placed on Second Reading File. Taken from Second Reading File. Placed on Second Reading File for next legislative day.</p> <p>04/14/21: Read second time. Amended. (Amend. No. 126) To Printer.</p>

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<ul style="list-style-type: none"> <li>The dates on which the open enrollment period begins and ends, and the rights of the person established by the provisions of this section.</li> <li>Any modification to the benefits provided by the policy under which the person is currently insured or adjustment to the premiums charged for that policy.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Amendment 126:</b></p> <ul style="list-style-type: none"> <li>Specifies “Medicare Supplemental Policy”</li> <li>Specifies that a person may purchase a Medicare supplemental policy made available by any insurer with the same or lesser benefits during OE.</li> <li>Changes the effective date to January 1, 2022.</li> </ul> <p><b>Amendment 624:</b></p> <ul style="list-style-type: none"> <li>States innovative benefits must not be considered when determining whether a Medicare supplemental policy includes the same benefits as or lesser benefits than another such policy.</li> </ul>		<p>04/15/21: From printer. To engrossment. Engrossed. First reprint. Read third time. Passed, as amended. Title approved, as amended. (Yeas: 41, Nays: 1.) To Senate.</p> <p>04/16/21: In Senate. Read first time. Referred to Committee on Commerce and Labor. To committee.</p> <p>04/28/21: Bill presented to Senate Commerce and Labor, heard no action</p> <p>05/14/21: Work Session Senate Commerce and Labor, Amend and do pass as amended</p>
<p><b><u>AB250 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>Assemblywoman Sandra Jauregui</li> </ul>	<p><b><u>Co-Sponsors</u></b></p> <ul style="list-style-type: none"> <li>Assemblywoman Melissa Hardy</li> </ul>	

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>AB274 (BDR 57-482)</u></a> Requires certain health plan to cover fertility preservation services.</p> <p>This bill proposes the following changes:</p>	<p>Mandates certain fertility services currently not covered under the plan.</p> <p><b>Board Position</b> 4/8/2021</p>	<p>03/15/21: Read first time. Referred to Committee on Commerce and Labor. To printer.</p>

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<ul style="list-style-type: none"> <li>• An insurer that issues a policy of health insurance shall include in the policy coverage for standard services for fertility preservation that are medically necessary to preserve fertility because the insured:</li> <li>• Has been diagnosed with a medical or genetic condition that may directly or indirectly cause infertility, as determined pursuant to paragraph (a) of subsection 2.</li> <li>• “Network Plan” means a policy of health insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, though a defined set of providers under contract with the insurer. The term does not include an arrangement for the financing of premiums.</li> <li>• An insurer that issues a policy of group health insurance shall include in the policy coverage for standard services for fertility preservation that are medically necessary to preserve fertility because the insured.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>*Conceptual Amendment:</b></p> <ul style="list-style-type: none"> <li>• Changes the effective date to January 1, 2022.</li> <li>• Allows self-funded plans to opt in</li> </ul>	<p align="center"><b>Fiscal Note</b></p> <p><b><u>Impact: \$71,040</u></b> PEBP has reviewed this bill and believes there is a potential impact due to mandated coverage for services that are not currently covered on the plan today. Although utilization of fertility benefits in the PEBP plan has been relatively low, actual utilization moving forward will vary and it is likely to have an impact on the overall utilization of these types of benefits. Healthscope Benefits and Aon Counseling, Inc. have provided an estimated cost based on the current rate of utilization and the expected member count at an annualized rate.</p> <p>*conceptual amendment will remove the fiscal note.</p>	<p>03/16/21: From printer. To committee</p> <p>03/24/21: Bill presented to Assembly Commerce and Labor, heard.</p> <p>03/29/21: Notice of eligibility of exemption.</p> <p>04/10/21: (Pursuant to Joint Standing Rule No. 14.3.1, no future action allowed.)</p>
<p><b><u>AB274 Primary Bill Sponsors</u></b> Assemblywoman Michelle Gorelow</p>		

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Bill Number & Description	Impact to PEBP	Bill Status
<p><a href="#">AB337 (BDR 23-710)</a> Requires the Board of the Public Employees’ Benefits Program to create a certain pilot program in certain circumstances.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>To the extent that the PEBP Board determines money is available. The Board shall create a pilot program to establish one or more clinics to provide primary care services to person who participate in the Program.</li> <li>The Board shall solicit feedback regarding the pilot program from persons who use the services provided at such a clinic.</li> <li>Within one year after the creation of the pilot program, and annually thereafter, the Board shall submit to the Director of the Legislative Council Bureau for transmittal to the Legislature, if the Legislature is in session, or to the Interim Finance Committee, if the Legislature is not in session, a report concerning the pilot program. The report must include, without limitation: <ul style="list-style-type: none"> <li>A description of the status and results of the pilot program.</li> <li>The costs of carrying out the pilot program.</li> <li>A summary of the feedback provided pursuant to subsection 2.</li> <li>Recommendations for legislation to improve or expand the pilot program.</li> </ul> </li> </ul> <p><b>Effective Date:</b> This act becomes effective upon passage and approval.</p>	<p>If the board determines funding is available, PEBP will need to take steps to implement a pilot program for a near-site clinic.</p>	<p>03/18/21: Read first time. Referred to Committee on Government Affairs. To printer.</p>
	<p><b>Board Position</b></p>	
	<p>4/8/2021: Opposed</p>	<p>03/19/21: From printer. To Committee.</p>
	<p><b>Fiscal Note</b> <b>Impact: \$7,540,000</b> PEBP has determined this bill will likely have a fiscal impact on the program. In 2017, PEBP conducted a solicitation for a near-site clinic, similar to the one being proposed in this bill. Of the three responses PEBP received, only one of the proposals was able to agree to PEBP’s requirement of return on investments (ROI). The associated cost proposal submitted by the winning vendor included \$1.3M in implementation start up costs (physical space, furnishings, fixtures, staffing, etc.) and on-going operating expenses of \$3.56M in year 1, \$3.67M un year 2, \$3.78M in year 3 and \$3.98M in year 4. The solicitation was canceled after</p>	<p>03/26/21: Bill presented to Assembly Government Affairs, mentioned not agendized.</p> <p>03/29//21: Bill presented to Assembly on Government Affairs, heard</p> <p>04/09/21: Work Session Assembly Government Affairs, not considered</p> <p>04/10/21: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)</p>

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	<p>unsuccessful negotiations stemming from PEBP's inability to identify savings from the project due to high start up costs and unreliable guarantees. In addition to the costs described above, PEBP will likely require at least 1 additional staff of a grade 37 or above to oversee a project of this magnitude.</p>	
<p><b><u>AB337 Primary Bill Sponsors</u></b> Assemblywoman Michelle Gorelow</p>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>		
<p><a href="#">AB348 (BDR 140-497)</a> Revises provisions relating to the Patient Protection Commission. This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• Transfers the Patient Protection Commission from the Office of the Governor to the Office of the Director of the Department of Health and Human Services Transfers the Patient Protection Commission (PPC) from the Office of the Governor to the Office of the Director of the Department of Health and Human Services</li> <li>• Revises the membership and duties of the Commission.</li> <li>• Requiring the Commission to establish an all-payer claim database.</li> <li>• Requires certain insurers to submit data to the database.</li> <li>• Provides for the release of data in the database under certain circumstances.</li> <li>• Requires the Commission to compile certain reports relating to the database.</li> </ul>	<p>PEBP will be required to submit claims data. The PEBP EO is added to the Commission as a non-voting ex officio member.</p> <table border="1" data-bbox="1094 917 1549 1104"> <tr> <th data-bbox="1094 917 1549 956"><b>Board Position</b></th> </tr> <tr> <td data-bbox="1094 956 1549 1104">TBD</td> </tr> </table> <p><b>Fiscal Note</b> PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<b>Board Position</b>	TBD	<p>03/22/21: Read first time. Referred to Committee on Health and Human Services. To printer.</p> <p>03/23/21: From printer. To committee</p> <p>04/05/21: Bill presented Assembly Health and Human Services, heard.</p> <p>04/07/21: Work Session Assembly Health and Human Services, amend and do pass as amended 04/08/21: Bill presented Senate Finance, mentioned no jurisdiction</p>
<b>Board Position</b>				
TBD				



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<p><b>Effective Date:</b> This act becomes effective upon passage and approval.</p> <p><b>Amendment:</b> Remove the establishment of the PPC and the all-payer claims database.</p>		<p>04/19/21: From committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend No. 210.) Referred to Committee on Ways and Means. Exemption effective. To printer.</p> <p>04/21/21: From Printer. To engrossment. Engrossed. First reprint. To committee.</p> <p>04/26/21: Bill presented to Assembly Committee on Ways and Means, heard.</p> <p>04/28/21: Bill presented to Assembly Ways and Means, mentioned not agendized</p> <p>05/06/21: Work Session Assembly Ways and Means, do pass as amended.</p>
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		<p>05/10/21: From Committee: Do pass, as amended.</p> <p>05/13/21: In Senate. Read first time. Referred to Committee on Health and Human Services. To Committee.</p> <p>5/19/2021: Committee: Do Pass.</p>
<p><b><u>AB348 Primary Bill Sponsors</u></b> Assemblywoman Maggie Carlton</p>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>AB436 (BDR 57-808)</u></a> Revises provisions relating to vision insurance.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• An insurer shall not enter into a contract with a provider of vision care that:</li> <li>• Authorizes the insurer to set or limit the amount that the provider of vision care may charge for vision care that is not reimbursed under the contract;</li> <li>• Requires the provider of vision care to participate in the network of providers of vision care of the insurer or any other insurer as a condition of including that provider of vision care in the network of providers of medical services of the insurer;</li> </ul>	<p>None.</p> <p><b>Board Position</b></p> <p><b>Fiscal Note</b> PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<p>03/26/21: Read first time. Referred to Committee on Commerce and Labor. To printer.</p> <p>03/26/21: Assembly Commerce and Labor. Floor meetings do not have agendas. Discussed as BDR.</p> <p>03/29/21: From printer. To committee.</p> <p>04/07/21: Bill presented to Assembly Commerce and Labor, heard</p>

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<ul style="list-style-type: none"> <li>• Requires the provider of vision care to use a specific laboratory as the manufacturer of ophthalmic devices or materials provided to covered persons;</li> <li>• Conditions any rate of reimbursement for vision care on the provider of vision care prescribing ophthalmic devices or materials in which the insurer has an ownership or other pecuniary interest or increases the rate of reimbursement if the provider of vision care prescribes such ophthalmic devices or materials; or</li> <li>• Provides for unreasonably low or nominal rates of reimbursement for vision care.</li> <li>• An insurer shall disclose in any policy of insurance that covers vision care or any description of benefits covered by such a policy, whether written or electronic, any ownership or other pecuniary interest of the insurer in a supplier of ophthalmic devices or materials or a provider of vision care.</li> </ul> <p><b>Effective Date:</b> Does not become effective unless approved by the Commissioner.</p> <p><b>Proposed Amendment:</b> Removes the requirement that the provider of vision care to participate in the network of providers. Adds conditions any rate of reimbursement for vision care on the provider of vision care prescribing ophthalmic devices. An insurer that does not provide reimbursement for specific vision care shall not claim in any advertisement or other material that the insurer covers.</p>		<p>04/09/21: Work Session Assembly Committee on Commerce and Labor</p> <p>04/19/21: From committee: Amend and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 374.) Dispensed with reprinting.</p> <p>04/21/21: From Printer. To engrossment. Engrossed. First reprint. To Senate.</p> <p>04/22/21: In Senate. Read first time. Referred co Committee on Commerce and Labor. To committee.</p> <p>05/07/21: Bill Presentation Senate Committee on Commerce and Labor, heard no action</p> <p>05/14/21: Work Session Senate Commerce and</p>
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		Labor. Amend and do pass as amended.
<b><u>AB436 Bill Sponsors</u></b>		
Senate Committee on Commerce and Labor		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>	
<p><a href="#">SB40 (BDR 40-415)</a> Provides for the collection of certain data relating to health care. This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>DHHS shall establish an all-payer claims database of information relating to health insurance claims resulting from medical, dental or pharmacy benefits provided in this State that will integrate with other state agencies.</li> </ul> <p><b>Effective Date:</b> Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and on January 1, 2022, for all other purposes.</p> <p><b>Proposed Amendment:</b> There are several proposed amendments related to confidentiality, data usage, privacy and further defining language.</p>	Requires PEBP to provide claims data.	11/18/20: Prefiled. Referred to Committee on Health and Human Services. To Printer	
	<b>Board Position</b>	3/11/2021: Neutral	12/15/20: From Printer 02/01/21: Read first time. To Committee
	<b>Fiscal Note</b>	<b>Impact: Cannot Be Determined</b>	02/17/21: Bill presented to Assembly Health and Human Services
		PEBP has reviewed this bill and believes there is a potential fiscal impact. PEBP reached out to our TPA and PBM vendors to determine a cost to submit data to an all-payer claims database on behalf of PEBP. Because the formatting requirements for the claims database is unknown and this is not currently a requirement of PEBP's current contract, the total estimated cost between both vendors to develop a process to submit data to this required database is \$100,000. PEBP will be soliciting for TPA and PBM vendors in the next year and would be able to	03/05/21: Bill presented to Senate on Finance. 03/09/21: Bill presented to Senate Health and Human Services 04/05/21: Bill presented to Assembly Health and Human Services, mentioned no jurisdiction.

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	<p>include a requirement to submit data to an all-payer claims database in the solicitation. This requirement would likely only come at no additional cost if an industry standard format for submitting data could be guaranteed. Because it is unknown what vendors PEBP will be contracted with and if there will be an industry standard format, PEBP cannot determine a fiscal impact.</p>	<p>04/06/21: Work Session Senate Health and Human Services, amend, and do pass as amended.</p> <p>04/08/21: Notice of eligibility for exemption.</p> <p>04/16/21: From Committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 175.) Taken from General File. Re-referred to Committee on Finance. To printer.</p> <p>04/19/21: From printer. To engrossment. Engrossed. First reprint. To committee. Exemption effective</p> <p>04/23/21: Bill presented to Senate Finance. Heard, no Action.</p>
<p><b><u>SB40 Bill Sponsors</u></b>          Senate Committee on Health and Human Services          Julia Ratti – Chair          Pat Spearman – Vice Chair          Dallas Harris</p>		

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Joseph P. Hardy Ben Kieckhefer			
<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>	
<p><a href="#">SB139 (BDR 57-54)</a> Requires certain health insurance to cover treatment of certain conditions relating to gender dysphoria.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• An insurer that issues a policy of health insurance shall include in the policy coverage for the medically necessary treatment of conditions relating to gender dysphoria, gender incongruence and other disorders of sexual development.</li> <li>• “Network plan” means a policy of health insurance offered by an insurance offered by an insurer under which the financing and delivery of medical care, including items and services paid for a medical care, are provided, in whole or in part, through a defined set of providers under contract with the insurer.</li> <li>• The term does not include an arrangement for the financing of premiums.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Amendment:</b> Senator Schieble proposes elimination of voice therapy, adds requirements for individuals under 17, and requires insurers to make reasonable efforts to secure in-network providers.</p>	<p>Requires coverage for the following services not covered under PEBP today:</p> <ul style="list-style-type: none"> <li>• Voice Therapy</li> <li>• Gender reassignment benefits for members under 18</li> </ul>	<p>02/22/21: Read first time. Referred to Committee on Commerce and Labor To printer.</p> <p>02/23/21: From printer. To committee.</p>	
	<b>Board Position</b>	<p>3/11/2021: Neutral</p>	<p>03/12/21: Bill presented to Senate Commerce and Labor, heard no action</p>
	<b>Fiscal Note</b>	<p><b><u>Impact: \$1,000,000</u></b> The Public Employees' Benefits Program (PEBP) has reviewed this bill and believes there is a fiscal impact. This bill would require medically necessary services/procedures relating to gender dysphoria, gender incongruence, etc. While PEBP currently provides coverage for most services identified in the bill, there are some noticeable gaps in coverage including providing coverage for those under 18 and voice therapy services. PEBP's Actuary and TPA are estimating an annual</p>	<p>04/02/21: Work Sessions, Senate Commerce and Labor, amend, and do pass as amended.</p> <p>04/08/21: Notice of eligibility for exemption.</p>
			<p>04/16/21: From committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 149.) Taken from General File.</p>

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	cost of up to \$500,000 to meet the requirements in this bill.	Re-referred to Committee on Finance. To printer.  04/19/21: From printer. To engrossment. Engrossed. First reprint. To committee. Exemption effective
<b>SB139 Bill Sponsors</b> Senator Melanie Scheible Senator Dallas Harris		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB171 (BDR 57-848)</u></a>            Prohibits a pharmacy benefit manager from requiring a covered person to obtain a drug by mail.            This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• Requires a covered person to obtain any drug by mail.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Conceptual Amendment:</b>            This proposed conceptual amendment submitted by Senator Hardy would provide that, for medications for which there is no generic alternative, pharmacy benefit managers and insurers may not implement programs commonly known as copayment accumulator programs. A copayment accumulator program is a program which prevents a payment made using a drug manufacturer’s copay assistance coupon from counting toward the covered person’s deductible or the covered person’s maximum out-of-pocket spending.</p>	<p>The program could see reduced rebates and discounts for specialty drugs.</p> <p><b>Board Position</b></p> <p><b>Fiscal Note</b>  <u><b>Impact: \$637,006*</b></u>            PEBP has reviewed bill and has identified a potential fiscal impact PEBP’s Pharmacy Benefit Manager (PBM) vendor, Express Scripts has determined that the elimination of the mail order requirement, which at this time only affects specialty medications, would result in reduced discounts and rebates to</p>	<p>03/04/21: Read first time. Referred to Committee on Commerce and Labor. To printer.</p> <p>3/5/21: From printer. To committee.</p> <p>03/26/21: Bill presented to Senate Commerce and Labor</p> <p>04/08/21: Work Session: Senate Committee on Commerce and Labor, amend, and do pass as amended. Notice of eligibility for exemption.</p>

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<p>*The conceptual amendment will significantly increase the fiscal note. The elimination of the Saveon program would cause the plan to lose out on approximately \$2.5M per year and patients would lose out on \$1.6M of patient assistance.</p> <p><b>Proposed Amendment:</b> Implementing a copayment accumulator program for any drug for which there is no a less expensive alternative or generic drug, additionally provides that these new prohibitions do not apply to PEBP.</p>	<p>the plan since drug pricing and rebates are not as favorable through retail pharmacies. The potential shift to retail fills modeled by ESI, estimates a \$318,503 annual cost impact to PEBP. As the effective date of this bill is July 1, 2021, PEBP will already have established rates and employer subsidies on March 25, 2021. PEBP may be underfunded by the estimate \$318,503 the first year with no mechanism to offset the additional unexpected cost.</p>	<p>04/19/21: From Committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 410.) Take from General File. Re-referred to Committee on Finance. To printer.</p> <p>04/20/21: From Printer. To grossment. Engrossed. First reprint. To committee. Exemption effective.</p>
<p><b><u>SB171 Primary Bill Sponsors</u></b> Senator Joseph Hardy Assemblywoman Melissa Hardy</p>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>				
<p><a href="#"><u>SB190 (BDR 54-3)</u></a> Provides for the dispensing of self-administered hormonal contraceptives.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>Requires the Chief Medical Officer to issue a standing order authorizing a pharmacist to dispense self-administered hormonal contraceptives to any patient.</li> </ul> <p><b>Effective Date:</b> Upon passage and approval for the purposes of adopting any regulations and performing any other preparatory</p>	<p>No impact as contraceptives are covered at 100% regardless of the prescriber.</p> <table border="1" data-bbox="1094 1101 1549 1424"> <tr> <th data-bbox="1094 1101 1549 1138"><b>Board Position</b></th> <td data-bbox="1094 1138 1549 1214"></td> </tr> <tr> <th data-bbox="1094 1214 1549 1252"><b>Fiscal Note</b></th> <td data-bbox="1094 1252 1549 1424">PEBP has reviewed the bill and determined there is not fiscal impact</td> </tr> </table>	<b>Board Position</b>		<b>Fiscal Note</b>	PEBP has reviewed the bill and determined there is not fiscal impact	<p>03/08/21: Read first time. Referred to Committee on Commerce and Labor. To printer.</p> <p>3/09/21: From printer. To committee.</p> <p>03/24/21: Bill presented to Senate Commerce and Labor, heard, no action</p>
<b>Board Position</b>						
<b>Fiscal Note</b>	PEBP has reviewed the bill and determined there is not fiscal impact					



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<p>administrative tasks that are necessary to carry out the provisions of this act; and on January 1, 2022, for all other purposes.</p> <p><b>Amendment:</b></p> <ul style="list-style-type: none"> <li>• A pharmacist may dispense a self-administered hormonal contraceptive under the standing order issued pursuant to section 8, regardless of whether the patient has obtained a prescription from a practitioner.</li> <li>• A pharmacist must provide the risk assessment questionnaire prescribed by the State Board of Health Self-administered hormonal contraceptives dispensed by a pharmacist.</li> </ul>		<p>04/02/21 Work Session Senate Commerce and Labor, do pass 04/05/21: From committee: Do pass</p> <p>04/06/21: Read second time.</p> <p>04/07/21: Taken from General File. Placed on General File for next legislative day. 04/12/21: Taken from General File. Placed on General File for next legislative day.</p> <p>04/13/21: Taken from General File. Placed pm General File for next legislative day.</p> <p>04/14/21: Taken from General File. Placed on Secretary's desk.</p> <p>04/19/21: Taken from Secretary's desk. Placed on General File. Read third time. Amended. (Amend. No. 451.) Reprinting dispensed</p>
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		<p>with. Read third time. Passed, as amended. Title approved. (Yeas:21, Nays: None.) To printer.</p> <p>04/20/21: From printer. To engrossment. Engrossed. First reprint. To committee. Exemption effective.</p> <p>05/10/21: Bill Presentation Assembly Committee on Commerce and Labor, heard</p> <p>05/14/21: Work Session Assembly Commerce and Labor</p>
<p><b><u>SB190 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator Nicole Cannizzaro</li> <li>• Senator Julia Ratti</li> <li>• Senator Roberta Lange</li> <li>• Senator Marilyn Dondero Loop</li> <li>• Senator Melanie Scheible</li> <li>• Assemblywoman Selena Torres</li> <li>• Assemblywoman Rochelle Nguyen</li> <li>• Assemblywoman Michelle Gorelow</li> <li>• Assemblywoman Elaine Marzola</li> <li>• Assemblyman Edgar Flores</li> </ul>	<p><b><u>Co-Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator Chris Brooks</li> <li>• Senator Fabian Donate</li> <li>• Senator Dallas Harris</li> <li>• Senator James Ohrenschall</li> <li>• Assemblywoman Shannon Bilbray-Axelrod</li> <li>• Assemblywoman Cecelia Gonzalez</li> </ul>	

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<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB206 (BDR 57-556)</u></a> Revises provisions relating to insurance which provides for the payment of not covered by Medicare.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• An insurer that issues a policy of insurance which provides for the payment of expenses which are not covered by Medicare shall offer to a person currently insured under any such policy an annual open enrollment period commencing with the first day of the birthday month of that person and remaining open for at least 30 days thereafter, during which the person may enroll in any policy of insurance which provides for the payment of expenses which are not covered by Medicare made available by the insurer in this State.</li> <li>• During the open enrollment period offered pursuant to subsection 1, an insurer shall not deny or condition the issuance of effectiveness, or discriminate in the price of coverage, of a policy of insurance which provides for the payment of expenses which are not covered by Medicare based on the health status, claims experience, receipt of health care or medical condition of a person described in subsection 1.</li> <li>• At least 30 days before the beginning of the open enrollment period offered pursuant to subsection 1 but not more than 60 days before the beginning of that period, an insurer that issues a policy of insurance which provides for the payment of expenses which are not covered by Medicare shall notify each person to whom the open enrollment period applies of:</li> </ul>	None to PEBP, however this may benefit some Medicare Exchange Members	03/11/21: Read first time. Referred to Committee on Commerce and Labor. To printer.
	<b>Board Position</b>	03/12/21: From printer. To Committee
	<b>Fiscal Note</b>	04/10/21: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)
	PEBP has reviewed the bill and determined there is not fiscal impact	

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<ul style="list-style-type: none"> <li>• The dates on which the open enrollment period begins and ends, and the rights of the person established by the provisions of this section; and</li> <li>• Any modification to the benefits provided by the policy under which the person is currently insured or adjustment to the premiums charged for that policy.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p>		
<p><b><u>SB206 Bill Sponsors</u></b> <u>Primary Sponsors</u></p> <ul style="list-style-type: none"> <li>• Senator Keith Pickard</li> <li>• Senator Joseph Hardy</li> <li>• Senator James Settelmeyer</li> <li>• Assemblywoman Melissa Hardy</li> <li>• Assemblyman Jim Wheeler</li> </ul>	<p><u>Co-Sponsors</u></p> <ul style="list-style-type: none"> <li>• Senator Pete Goicoechea</li> <li>• Senator Scott Hammond</li> <li>• Senator Ira Hansen</li> <li>• Senator Ben Kieckhefer</li> <li>• Senator Heidi Seevers Gansert</li> </ul>	

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>				
<p><a href="#"><u>SB251 (BDR 40-478)</u></a> Revises provisions relating to genetic counseling and testing.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• A primary care provider shall screen each adult woman to whom he or she provides care to determine whether the family history of the woman indicates an increased risk for a harmful mutation in the BRCA gene.</li> <li>• If such a screening indicates that a woman is at risk of a harmful mutation in the BRCA gene, the primary care provider must:</li> </ul>	<p>PEBP plans provide such coverage, however the noticing requirement in this bill may lead to increased utilization.</p> <table border="1" data-bbox="1094 1097 1549 1247"> <tr> <th data-bbox="1094 1097 1549 1135"><b>Board Position</b></th> </tr> <tr> <td data-bbox="1094 1135 1549 1205"></td> </tr> <tr> <th data-bbox="1094 1205 1549 1247"><b>Fiscal Note</b></th> </tr> <tr> <td data-bbox="1094 1247 1549 1422">PEBP has reviewed the bill and determined there is not fiscal impact.</td> </tr> </table>	<b>Board Position</b>		<b>Fiscal Note</b>	PEBP has reviewed the bill and determined there is not fiscal impact.	<p>03/15/21: Read first time. Referred to committee on Health and Human Services. To printer</p> <p>03/16/21: From printer. To Committee.</p> <p>03/18/21: Bill presented to Senate Health and Human Services, heard, no action.</p>
<b>Board Position</b>						
<b>Fiscal Note</b>						
PEBP has reviewed the bill and determined there is not fiscal impact.						

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<ul style="list-style-type: none"> <li>• Provide the woman with written notice of the need to discuss genetic counseling and testing with the provider;</li> <li>• Administer a genetic test for harmful mutation in the BRCA gene to the woman or refer the woman for such testing.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Conceptual Amendment:</b> Senator Seevers Gansert proposes amendments to the bill as follows:</p> <ul style="list-style-type: none"> <li>• Adds assessment requirements on providers Attempt to</li> <li>• Requires Medicaid, other public insurance plans, and private insurance plans to cover screening, genetic counseling, and genetic testing under the specific conditions described above in item 1.</li> </ul>		<p>04/06/21: Work Session Senate Health and Human Services, amend, and do pass as amended</p> <p>04/16/21: From Committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 183.) To printer.</p> <p>04/19/21: From printer. To engrossment. Engrossed. First reprint. Read third time. Passed, as amended. Title approved. (Yeas: 21, Nays: None.) To Assembly</p> <p>04/20/21: In Assembly, Read first time. Referred to committee on Health and Human Services. To Committee.</p> <p>04/23/21: Bill presentation, Assembly Health and Human Services, Heard</p>
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		<p>05/05/21: Work Session Assembly Health and Human Services, do pass</p> <p>05/06/21: From Committee, do pass</p>
<p><b><u>SB251 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator Heidi Seevers Gansert</li> </ul>	<p><b><u>Co-Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator Carrie Buck</li> <li>• Senator Nicole Cannizzaro</li> <li>• Senator Marilyn Dondero Loop</li> <li>• Senator Dallas Harris</li> <li>• Senator Roberta Lange</li> <li>• Senator Dina Neal</li> <li>• Senator Pat Spearman</li> <li>• Assemblywoman Jill Tolles</li> </ul>	

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>			
<p><a href="#"><u>SB269 (BDR 57-817)</u></a> Revises provisions relating to dental insurance.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• Imposes requirements governing the recovery of overpayments under a plan that provides dental coverage;</li> </ul>	<p>Although PEBP is exempt in this bill, PEBP current overpayment process does already comply.</p> <table border="1" data-bbox="1094 1219 1549 1365"> <tr> <th data-bbox="1094 1219 1549 1256"><b>Board Position</b></th> </tr> <tr> <td data-bbox="1094 1256 1549 1328">TBD</td> </tr> <tr> <th data-bbox="1094 1328 1549 1365"><b>Fiscal Note</b></th> </tr> </table>	<b>Board Position</b>	TBD	<b>Fiscal Note</b>	<p>03/17/21: Read first time. Referred to Committee on Commerce and Labor. To printer.</p> <p>03/18/21: From printer. To committee.</p>
<b>Board Position</b>					
TBD					
<b>Fiscal Note</b>					

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<ul style="list-style-type: none"> <li>Prohibits a dental insurer or the administrator of a plan that provides dental coverage from denying a claim for which prior authorization has been granted except in certain circumstances;</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Amendment:</b></p> <ul style="list-style-type: none"> <li>Amend subsection 1(g) of Section 5 and subsection 1(g) of Section 11 to delete the requirement that, in order to deny a claim for which prior authorization was granted.</li> </ul>	<p>PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<p>04/02/21: Work Session Senate Commerce and Labor</p> <p>04/08/21: Work Session Senate Committee on Commerce and Labor, do pass</p> <p>04/12/21: From committee: Do pass. Placed on Second Reading File. Read second time. Assembly: Not discussed Senate: Journal</p> <p>04/13/21: Taken from General File. Placed on Secretary's desk.</p> <p>04/20/21: Taken from Secretary's desk Placed on General File. Read third time. Passed. Title approved. (Yeas:21, Nays: None.) To Assembly</p> <p>04/22/21: In Assembly, Read first time. Referred to Committee on</p>
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		<p>Commerce and Labor. To Committee.</p> <p>05/03/21: Bill presentation Assembly Commerce &amp; Labor, heard</p> <p>05/14/21: Work Session Assembly Commerce and Labor. Amend and do pass as amended.</p>
<p><b><u>SB269 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator Ben Kieckhefer</li> </ul>	<p><b><u>Co-Sponsor</u></b></p> <ul style="list-style-type: none"> <li>• Senator Heidi Seevers Gansert</li> </ul>	

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB289 (BDR 53-713)</u></a> Revises provisions relating to worker’s compensation. This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• If a rating evaluation was completed for a previous disability involving a condition, occupational disease, organ, anatomical structure or other part of the body that is identical to the condition occupational disease, organ, anatomical structure or other part of the body being evaluated for the present disability, the percentage of disability for a subsequent injury must be determined by deducting the percentage of the previous disability for the percentage of the present disability, regardless of the edition of the American Medical Association’s Guide to the Evaluation of Permanent Impairment.</li> </ul>	<p>TBD sb</p> <p><b>Board Position</b></p> <p>TBD</p> <p><b>Fiscal Note</b></p> <p>No Fiscal Note Requested or Submitted.</p>	<p>03/22/21: Read first time. Referred to Committee on Commerce and Labor. To printer.</p> <p>03/24/21: From printer. To committee</p> <p>04/07/21: Work Session Senate Commerce and Labor, Amend, and do pass as amended. 04/19/21: From committee: Amend, and do pass as amended. Placed on Second</p>



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<p><b>Effective Date:</b> This act becomes effective upon passage and approval.</p> <p><b>Amendment:</b> Section 1; if there is physical evidence of a prior surgery to the same body part but no medical records can be obtained, the rating doctor may apportion the rating provided the doctor can meet the requirements of subsection 2.</p>		<p>Reading File Read second time.</p> <p>04/20/21: Read third time. Amended. (Amend No. 408) Reprinting dispensed with. Read third time. Passed, as amended. Title approved, as amended. (Yeas: 21, Nays: None.) To printer.</p> <p>04/21/21: From printer. To engrossment. Engrossed. First reprint. To Assembly.</p> <p>04/22/21: In Assembly. Read first time. Referred to Committee on Commerce and Labor. To Committee.</p> <p>05/07/21: Bill Presentation; Committee on Commerce &amp; Labor, heard</p> <p>05/14/21: Work Session Assembly Commerce and Labor. Do pass.</p>
<p><b><u>SB289 Primary Bill Sponsors</u></b> Senator Dallas Harris</p>		

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Bill Number & Description	Impact to PEBP	Bill Status
<p><a href="#">SB290 (BDR 57-973)</a> Enacts provisions relating to prescription drugs for the treatment of cancer.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>An insurer that offers or issues a policy of health insurance which provides coverage of a prescription drug for the treatment of cancer or any symptom of cancer that is part of a step therapy protocol shall allow an insured who has been diagnosed with stage 3 or 4 cancer or the attending practitioner of the insured to apply for an exemption from the step therapy protocol.</li> </ul> <p><b>Effective Date:</b> <del>This act becomes effective on October 1, 2021</del></p> <p><b>Amendments:</b></p> <ul style="list-style-type: none"> <li>Removing “an” insurer to “certain” insurers.</li> <li>Sections 9 and 11.5 of this bill exempt from the provisions of section 8 and 11, respectively, a health maintenance organization or other managed care organization that provides health care services.</li> <li>Changes effective date to January 1, 2022</li> </ul>	<p>Removes the step therapy requirement which could lead to increased utilization of more costly drugs.</p> <p><b>Board Position</b></p> <p><b>Fiscal Note</b></p> <p>Section 9 amended removes the fiscal note for PEBP</p> <p><b>Impact: \$1,426,000</b></p> <p>PEBP has reviewed this bill and believes there is a fiscal impact. Because it is not possible for PEBP to determine how many PEBP members are currently in stage 3/4, or how many will be in the future, there is no mechanism to calculate the true fiscal impact, however, PEBP’s Pharmacy Benefit Manager was able to use existing data on the approval rate and utilization of cancer drugs to approximate an annual fiscal impact of \$713K per plan year. PEBP currently uses step therapy rules to ensure less costly drugs are utilized first before member move to</p>	<p>03/22/21: Read first time. Referred to Committee on Commerce and Labor. To printer.</p> <p>03/23/21: From printer. To committee</p> <p>04/01/21: Bill presented to Senate Commerce and Labor.</p> <p>04/07/21: Work Session Senate Commerce and Labor, Amend, and do pass as amended. Notice of eligibility for exemption.</p> <p>04/16/21: From committee. Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 409.) To printer.</p> <p>04/19/21: From printer. To grossment.</p>

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	<p>expensive alternatives. This assures that costs to the plan are managed, while continuing to make the drugs available to patients.</p>	<p>Engrossed. First reprint. Read third time. Amended. (Amend. No. 442.) Reprinting dispensed with. Read third time. Passed, as amended. Title approved, as amended. (Yeas: 21, Nays: None.) To printer.</p> <p>04/20/21: From printer. To re-engrossment. Re-engrossed. Second reprint. To Assembly.</p> <p>04/30/21: Bill presentation, Assembly Commerce &amp; Labor, heard</p> <p>05/12/21: Work Session Assembly Commerce and Labor, amend and do pass as amended</p>
<p><b><u>SB290 Bill Sponsors</u></b> Senator Roberta Lange</p>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>		
<p><a href="#">SB302 (BDR 18-171)</a> Revises provisions relating to governmental administration.</p> <p>This bill proposes the following changes:</p>	<p>TBD</p> <table border="1" data-bbox="1094 1320 1549 1390"> <tr> <th><b>Board Position</b></th> </tr> <tr> <td> </td> </tr> </table>	<b>Board Position</b>		<p>03/22/21: Read first time. Referred to Committee on</p>
<b>Board Position</b>				

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<ul style="list-style-type: none"> <li>The Minority Health and Equity Account is hereby created in the State General Fund. The Account must be administered by the Manager, if appointed, of the Director. The Manager or Director, as applicable, shall deposit in the Account:</li> <li>Any legislative appropriations made to the Office; and any other money received by the Office pursuant to NRS 232.476.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p>	TBD	Government Affairs. To printer.
	<p><b>Fiscal Note</b></p> <p>PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<p>03/24/21: From printer. To Committee</p> <p>04/07/21: Work Session Senate Government Affairs, do pass</p> <p>04/12/21: From committee: Do pass. Placed on Second Reading File. Read second time. Taken from General File. Re-referred to Committee on Finance. To committee. Exemption effective.</p>
<p><b><u>SB302 Primary Bill Sponsor</u></b></p> <ul style="list-style-type: none"> <li>Senator Pat Spearman</li> </ul>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#">SB305 (BDR 40-40)</a> Makes various changes to relating to access to organ transplant for persons with disabilities.</p> <p>This bill proposes the following changes:</p>	None.	<p>03/22/21: Read first time. Referred to Committee on Health and Human Services. To printer.</p>
	<b>Board Position</b>	

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<ul style="list-style-type: none"> <li>• A managed care organization that offers or issued a health care plan that includes coverage for anatomical gifts, organ transplants or treatments or services related to an organ transplant shall not:</li> <li>• Deny, limit or seek reimbursement from an insured for care related to an organ transplant because the insured is a person with a disability;</li> <li>• Deny a person with a disability eligibility or continued eligibility to enroll or renew coverage to avoid providing coverage in accordance with this section.</li> <li>• A provider of medical or related services shall not, solely based on a person’s disability:</li> <li>• Determine that the person is ineligible to receive an anatomical gift;</li> <li>• Refuse to perform any medical service or other service related to an organ transplant, including, without limitation:</li> <li>• Referral to an organ transplant center;</li> <li>• Diagnostic tests;</li> <li>• Evaluation of eligibility for an organ transplant;</li> <li>• Surgery; and</li> <li>• Other services required for the care of a transplant patient.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Proposed Amendment:</b></p>	<p align="center"><b>Fiscal Note</b></p> <p>PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<p>03/24/21: From printer. To Committee</p> <p>03/30/21: Bill presented to Senate Health and Human Services.</p> <p>04/06/21: Work Session Senate Health and Human Services, Amend, and do pass as amended.</p> <p>04/19/21: From Committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 469.) To printer.</p> <p>04/20/21: From printer. To engrossment. Engrossed. First reprint.</p> <p>04/22/21: In Assembly. Read first time. Referred to Committee on Health and Human Services. To Committee.</p>
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		<p>05/03/21: Bill Presentation, Assembly Health and Human Services, heard</p> <p>05/12/21: Work Session Assembly Health and Human Services, heard</p> <p>05/13/21: From committee, do pass</p>
<p><b><u>SB305 Primary Bill Sponsors</u></b> Senator Scott Hammond</p>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB318 (BDR 40-955)</u></a> Makes various changes relating to improving access to governmental services for persons with limited English proficiency. Requires each agency to develop a language access plan.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• Division of Public and Behavioral Health of the Department of Health and Human Services shall:</li> <li>• Maintain a record of the preferred language of each person who receives any services for the Division that is intended to help restrain the spread of COVID-19, including without limitations, guidance, testing, contact tracing and immunization.</li> <li>• Provide notice of the availability of such services, to the extent practicable, in the languages identified and at a literacy level and format that is likely to be understood by such recipients.</li> </ul>	<p>May require PEBP to develop a language access plan.</p> <p><b>Board Position</b></p> <p><b>Fiscal Note</b> PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<p>03/22/21: Read first time. Referred to Committee on Health and Human Services. To printer.</p> <p>03/24/21: From Printer. To committee.</p> <p>03/30/21: Bill presented to Senate Health and Human Services, heard no action.</p> <p>04/08/21: Work Session Senate Health and Human Services, Amend, and do pass as amended.</p>

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<p><b>Effective Date:</b> This section, sections 1 to 7, inclusive, 9 and 10 of this act become effective upon passage and approval.</p> <p><b>Proposed Amendment:</b> Add the following as Language Services:</p> <ul style="list-style-type: none"> <li>• “Translation Services” means services used to provide written information to persons served or eligible to be served by an agency of the Executive Department. Translation services shall not include online translation tools such as Google Translate, Yahoo!, Babel, and comparable services.</li> <li>• “Bilingual Employee” means an employee who is a proficient speaker of two languages and who may provide direct services in both languages but who has received no formal interpretation training nor certification.</li> <li>• “Dual-Role Interpreter” means a bilingual employee who has been tested for language skills and trained as an interpreter and who assumes the task of part-time interpreting as a component of their formal duties.</li> <li>• Providing notice of the availability of such services, in the languages identified and at a literacy level and format that is likely to be understood by such recipients.</li> </ul>		<p>Notice of eligibility for exemption.</p> <p>04/19/21: From committee: Amend and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 265.) Taken from General File. Re-referred to Committee on Finance. To printer.</p> <p>04/20/21: From printer. To engrossment. Engrossed. First reprint. To committee Exemption effective.</p> <p>05/18/21: From Committee: Do pass as amended.</p> <p>05/19/21: Read third time. Passed as amended. To Assembly.</p>
<p><b><u>SB318 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator Fabian Donate</li> <li>• Senator James Ohrenschall</li> <li>• Senator Moises Denis</li> <li>• Assemblyman Edgar Flores</li> <li>• Assemblywoman Selena Torres</li> </ul>	<p><b><u>Co-Sponsor Bill Sponsor</u></b></p> <ul style="list-style-type: none"> <li>• Senator Roberta Lange</li> </ul>	

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<ul style="list-style-type: none"> <li>• Assemblywoman Teresa Benitez-Thompson</li> </ul>	
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<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>				
<p><a href="#">SB321 (BDR 34-905)</a> Creates the Nevada System of Community College.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• The State Board of Community College shall establish for the student governments within the Nevada System of Community College requirements equivalent to those of this chapter and shall provide for their enforcement.</li> <li>• As used in this chapter, unless the context otherwise requires, the words and terms defined in sections 3 to 6, inclusive, of this act have the meaning ascribed to them in those sections.</li> </ul> <p><b>Effective Date:</b> Upon passage and approval for the purposes of adopting regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act; and on July 1, 2022, for all other purposes.</p>	<p>PEBP will need to make significant changes within the Eligibility and Enrollment System.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;"><b>Board Position</b></th> </tr> <tr> <td style="height: 20px;"></td> </tr> <tr> <th style="text-align: left;"><b>Fiscal Note</b></th> </tr> <tr> <td> <p><b>Impact: Approx. \$235,000</b> PEBP has reviewed this bill and believes there is a fiscal impact. As a participating PEBP employer, PEBP has established enrollment and payroll integrations with NSHE through its enrollment and eligibility system vendor. Assuming the Community College System would operate under separate payroll, Human Resources, and fiscal systems, this would require PEBP to establish the community college system as a separate employer and require system integrations with the PEBP Enrollment and Eligibility System. This change request, including data conversion,</p> </td> </tr> </table>	<b>Board Position</b>		<b>Fiscal Note</b>	<p><b>Impact: Approx. \$235,000</b> PEBP has reviewed this bill and believes there is a fiscal impact. As a participating PEBP employer, PEBP has established enrollment and payroll integrations with NSHE through its enrollment and eligibility system vendor. Assuming the Community College System would operate under separate payroll, Human Resources, and fiscal systems, this would require PEBP to establish the community college system as a separate employer and require system integrations with the PEBP Enrollment and Eligibility System. This change request, including data conversion,</p>	<p>03/22/21: Read first time. Referred to Committee on Education. To printer.</p> <p>03/24/21: From printer. To Committee.</p> <p>04/10/21: (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)</p>
<b>Board Position</b>						
<b>Fiscal Note</b>						
<p><b>Impact: Approx. \$235,000</b> PEBP has reviewed this bill and believes there is a fiscal impact. As a participating PEBP employer, PEBP has established enrollment and payroll integrations with NSHE through its enrollment and eligibility system vendor. Assuming the Community College System would operate under separate payroll, Human Resources, and fiscal systems, this would require PEBP to establish the community college system as a separate employer and require system integrations with the PEBP Enrollment and Eligibility System. This change request, including data conversion,</p>						



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	outbound file development and testing, and payroll integrations.	
<b><u>SB321 Primary Bill Sponsors</u></b>		
<ul style="list-style-type: none"> <li>• Senator James Settlemeyer</li> <li>• Senator Scott Hammond</li> <li>• Senator Ira Hansen</li> </ul>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB325 (BDR 54-632)</u></a> Establishes provisions relating to preventing the acquisition of human immunodeficiency virus.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• The State Board of Pharmacy shall adopt regulations requiring a pharmacist who takes the actions authorized by this section to be covered by adequate liability insurance, as determined by the State Board of Pharmacy.</li> <li>• Allows a Pharmacist to dispense of drugs for preventing the acquisition of human immunodeficiency virus and order/conduct laboratory tests necessary for therapy that uses such drugs pursuant to the standing order issued pursuant to section 10 of this act.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Proposed Amendment:</b> Services provided by a pharmacist who participates in the network plan of the insurer. An insurer that offers or issues a policy of health insurance shall reimburse a pharmacist who participates in the network. An insurer shall not require an insured to undergo step therapy or receive prior authorization in order to receive the benefits.</p>	<p>PEBP does not anticipate an impact to the plan. PrEP drugs are considered preventive under the ACA. Additionally, associated lab costs would not change whether ordered by a physician or pharmacist.</p> <p><b>Board Position</b></p> <p></p> <p><b>Fiscal Note</b> PEBP has reviewed the bill and determined there is not fiscal impact.</p>	<p>03/22/21: Read first time. Referred to Committee on Health and Human Services. To printer.</p> <p>03/24/21: From printer. To committee.</p> <p>04/08/21: Bill presented to Senate Health and Human Services, Amend, and do pass as amended.</p> <p>04/19/21: From committee: amend and do pass as amended. Placed on Second Reading File. Notice of eligibility for exemption. Read second time. Amended. (Amend. No. 282.) Taken from General File. Re-referred</p>

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		<p>to Committee on Finance. To printer.</p> <p>04/20/21: From printer. To engrossment. Engrossed. First reprint. To committee. Exemption effective.</p> <p>05/03/21: Bill presented to Assembly Health and Human Services, Mentioned no jurisdiction.</p>
<p><b><u>SB325 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator James Settlemeyer</li> </ul>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>					
<p><a href="#">SB329 (BDR 40-998)</a> Revises provisions relating to competition in health care markets.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• A hospital or physician group practice shall notify the Department of Health and Human Services of any merger, acquisition or joint venture to which the hospital or physician group practice is a party or any contract for the management of the hospital or physician group practice not later than 60 days after the finalization of the merger or acquisition, commencement of the joint venture or execution of the contract, as applicable.</li> </ul>	<table border="1"> <tr> <td data-bbox="1094 886 1549 959"></td> </tr> <tr> <td data-bbox="1094 959 1549 1000"><b>Board Position</b></td> </tr> <tr> <td data-bbox="1094 1000 1549 1109"></td> </tr> <tr> <td data-bbox="1094 1109 1549 1149"><b>Fiscal Note</b></td> </tr> <tr> <td data-bbox="1094 1149 1549 1391">PEBP has reviewed the bill and determined there is not fiscal impact.</td> </tr> </table>		<b>Board Position</b>		<b>Fiscal Note</b>	PEBP has reviewed the bill and determined there is not fiscal impact.	<p>03/22/21: Read first time. Referred to Committee on Health and Human Services. To printer.</p> <p>03/24/21: From printer. To committee.</p> <p>03/30/21: Bill present to Senate Health and Human Services,</p>
<b>Board Position</b>							
<b>Fiscal Note</b>							
PEBP has reviewed the bill and determined there is not fiscal impact.							

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<p><b>Effective Date:</b> Upon passage and approval for the purposes of adopting any regulations and performing any other preparatory administrative tasks that are <sup>necessary</sup> to carry out the provisions of this act; and on October 1, 2021, for all other purposes.</p> <p><b>Amendment:</b> No Provider of health care may offer, solicit, request, amend, renew, or enter into a Health Care Contract that would directly or indirectly:</p> <ul style="list-style-type: none"> <li>• Restrict any Insurer or Health Plan from steering or offering incentives to a covered person to utilize specific providers of health care</li> <li>• Restrict the ability of any Insurer or Health Plan to introduce or modify a tiered network plan or assign health care providers into tiers</li> <li>• Require any Insurer or Health Plan to place all members of a health care provider in the same tier of a tiered network plan.</li> <li>• Require any Insurer or Health Plan to contract with any additional affiliated business entity of the health care provider as a condition of entering into a contract with such health care provider</li> <li>• Prohibit any Insurer or Health Plan from contracting with a provider of health care that is not a party to the contract or penalizes the insurer for entering into such a contract.</li> </ul>		<p>04/08/21: Work Session Senate Health and Human Services, Amend, and do pass as amended</p> <p>04/19/21: From Committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time.</p> <p>04/20/21: Read third time. Amended. (Amend. No. 447.) Reprinting dispensed with. Read third time. Passed, as amended. Title approved, as amended. (Yeas: 12, Nays: 9.) To printer.</p> <p>04/21/21: From printer. To grossment. First reprint. To Assembly.</p> <p>04/22/21: In Assembly. Read first time. Referred to Committee on Health and Human Services. To Committee.</p>
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		05/18/21: From Committee: Amend and do pass as amended. Read second time. Amended.
<b><u>SB329 Primary Bill Sponsors</u></b> <ul style="list-style-type: none"> <li>• Senator Roberta Lange</li> <li>• Senator Fabian Donate</li> </ul>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB360 (BDR 23-1011)</u></a> Revises appointment to the Public Employees' Benefits Program and Public Employees' Retirement System Boards.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• Adds appointment requirements for the two Board members who are employees in the classified service of the State to be appointed by the Governor from a list of nominations made up of 10 classified state employees submitted by the labor organization representing the largest number of classified state employees participating in the Public Employees' Benefits Program.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021.</p> <p><b>Proposed Conceptual Amendment:</b> Removed from the bill PERS for providing benefits for retirement. Adding that of the PEBP Board, two members who are professional employees of NSHE, appointed by the Governor and two members who are retired from public employment.</p>	<p>Will impact the two classified employee positions on the PEBP Board currently occupied by Tim Lindley and April Caughron</p> <p><b>Board Position</b> 4/8/2021: An approved motion to propose an amendment to allow an 11<sup>th</sup> Board Member, while removing the mandatory requirements list of this bill as it currently stands.</p> <p><b>Fiscal Note</b> No Fiscal Impact</p>	<p>03/26/21: Read first time. Referred to Committee on Government Affairs. To printer.</p> <p>03/29/21: From printer. To committee.</p> <p>04/05/21: Bill presented, Senate Government Affairs, heard, no action</p> <p>04/07/21: Work Session, Senate Government Affairs. Amend, and do pass as amended.</p> <p>04/15/21: From Committee: Amend and do pass as amended. Placed on Second</p>

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<p>Removed from the bill PERS for providing benefits for retirement. Adding that of the PEBP Board, two members who are professional employees of NSHE, appointed by the Governor and two members who are retired from public employment.</p>		<p>Reading File. Read second time. Amended. (Amend. No. 251.) To printer.</p> <p>04/16/21: From Printer. To engrossment. Engrossed. First reprint. Read third time. Passed, as amended. Title approved. (Yeas:12, Nays: 9.) To Assembly</p> <p>04/19/21: In Assembly. Read first time. Referred to Committee on Government Affairs. To Committee.</p> <p>04/23/21: Bill present to Assembly Government Affairs, Heard</p> <p>05/12/21: Work Session, Assembly Government Affairs, Amend and do pass as amended.</p>
<p><b><u>SB360 Bill Sponsors</u></b> Senate Committee on Government Affairs</p>		

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<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#">SB373 (BDR 23-675)</a> Provides for collective bargaining by certain state employees.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>Section 32, Collective bargaining entails a mutual obligation between a state professional employer and an exclusive representative to meet at reasonable times and to bargain in good faith with respect to: subsection (g) insurance and healthcare benefits provided by the state professional employer.</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021</p>	<p>PEBP has identified several impacts, including increased vendor fees, increased staffing needs and potential conflicts with NRS 287.043.</p>	<p>03/26/2021: Read first time. Referred to Committee on Government Affairs. To printer.</p>
	<p><b>Board Position</b></p>	
	<p><b>Fiscal Note</b></p>	<p>03/29/21: From printer. To committee.</p>
	<p><b>Impact: \$2,092,000</b> The actual fiscal impact will be largely dependent on the number of bargaining groups and negotiated outcomes. The real costs could be significantly higher, however PEBP has provided cost estimates from vendors based on expected needs that will arise should this legislative pass. In order to properly oversee and coordinate benefit negotiations between the various bargaining units, PEBP will need to hire three dedicated staff (1 executive level and 2 mid level) at a cost of approximately \$300K per year. Additionally, PEBP anticipates an increased use of actuarial and consulting services, \$296k/yr. Variations in plan design will</p>	<p>04/07/21: Bill presented to Senate Government Affairs. Heard, no action.</p> <p>04/09/21: Work Session Senate Committee on Government Affairs, do pass</p> <p>04/12/21: From committee: Do pass. Placed on Second Reading File. Notice of eligibility for exemption. Read second time. Taken from General File. Re-referred to committee on Finance. To committee. Exemption effective.</p> <p>05/05/21: Bill presentation, Assembly</p>

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	<p>also result in increased claims administration costs associated with system changes and consulting for PEBP's Third Party Administrator and Pharmacy Benefits Manager. This is estimated to cost the program approx. \$450k/yr. One time system changes will also be segmented members. This one-time necessary for PEBP's Enrollment and Eligibility system to capture and properly display specific information for segmented members. This one-time cost is estimated to be \$150,000. Lastly, health insurance benefits are subsidized by the state at a higher rate, therefore it is likely any negotiations resulting in richer benefits will product increased costs to the state. Although, not identified in the fiscal note, many PEBP contracts are built off population assumptions. PEBP is able to leverage its entire population, which may not be the case if bargaining units were to negotiate different services from different vendors. There is the potential existing contract pricing could be subject</p>	<p>Committee on Government Affairs, mentioned no jurisdiction.</p>
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	to change if bargaining units were to be removed or receive services from another vendor.	
<b><u>SB373 Primary Bill Sponsors</u></b> Senate Committee on Government Affairs		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB378 (BDR 57-442)</u></a> Imposes certain requirements relating to insurance coverage of prescription drugs. Requiring certain insurers that provide coverage for prescription drugs to include in half of the plans that provide such coverage certain limitation on costs to an insured for prescription drugs.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• At least half of the policies of insurance offered by an insurer for sale in this State that provide coverage for prescription drugs; Must not require the insured to pay a deductible for coverage of prescription drugs, beginning on the day on which the insured is first enrolled in the policy; Must establish a copayment for each prescription drug covered by the policy in a fixed dollar amount that is not based on a percentage of the total cost of the prescription drug;</li> <li>• Must limit the total amount of the copayments that an insured pays for prescription drugs in a year to not more than one twelfth of the maximum total amount that the insured may be required to pay for services covered under the policy during that year.</li> </ul>	<p>This would require PEBP to revamp plan design completely. Additionally, there would be significant increased costs associated with specialty medication spend.</p>	<p>03/26/2021: Read first time. Referred to Committee on Health and Human Services. To printer.</p>
	<b>Board Position</b>	03/29/21: From printer. To committee.
	<b>Fiscal Note</b>	04/10/21: (Pursuant to joint Standing Rule No. 14.3.1, no further action allowed.)
	PEBP is in the process of developing a fiscal note.	



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<ul style="list-style-type: none"> <li>At least half of the policies of group health insurance offered by and insurer for sale in this State that provide coverage for prescription drugs:</li> </ul> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021</p>		
<p><b><u>SB378 Primary Bill Sponsors</u></b> Senate Committee on Health and Human Services</p>		

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#">SB380 (BDR 40-445)</a> Revises provisions governing the reporting of data concerning the prices of prescription drugs. Relating to prescription drugs; requiring certain entities that report information under the program for tracking and reporting of information concerning the pricing of prescription drugs to register with the Department of Health and Human Services and pay a registration fee.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>A health benefit plan, as that term is defined in NRS 687B.470, for employees which provides coverage for prescription drugs;</li> <li>The Public Employees' Benefits Program established pursuant to subsection 1 of NRS 287.043;</li> <li>A governing body of a county, school district, municipal corporation, political agency that provides health coverage to employees through a self-insurance reserve fund pursuant to NRS 287.010;</li> <li>Except as otherwise provided in subsection 2, on or before February 1 of each year, each manufacturer or wholesaler that sells prescription drugs for distribution in this State, each pharmacy benefit manager that manages prescription</li> </ul>	<p>PEBP would be required to report information on prescription drug claims.</p>	<p>03/26/2021: Read first time. Referred to Committee on Health and Human Services. To printer.</p>
	<p><b>Board Position</b></p>	
	<p><b>Fiscal Note</b></p>	<p>04/06/21: Bill presented to Senate Health and Human Services</p>
	<p>No fiscal impact.</p>	

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<p>drug coverage for covered persons in this State and each third party that provides coverage of prescription drugs to persons in this State shall register with the Department.</p> <p><b>Effective Date:</b> This act becomes effective on July 1, 2021</p> <p><b>Amendment:</b> Expanding the information that is reported for prescription drugs. Removes the requirement that the Department compile a list of essential asthma and diabetes drugs and instead require the Department to compile a list of prescription drugs with a wholesale acquisition cost that exceeds \$40 for a course of therapy.</p>		<p>Reading File. Read second time.</p> <p>04/20/21: Notice of eligibility for exemption. Read third time. Amended. (Amend.no. 426.) Taken from General File. Re-referred to Committee on Finance. To printer.</p> <p>04/22/21: From printer. To Engrossment. Engrossed. First reprint. To committee. Exemption effective.</p> <p>05/18/21: From committee: Do pass as amended.</p>
<p><b><u>SB380 Primary Bill Sponsors</u></b> Senate Committee on Health and Human Services</p>		

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Bill Number & Description	Impact to PEBP	Bill Status
<p><a href="#">SB420 (BDR 57-251)</a> Revises provisions relating to health insurance.</p> <p>This bill proposes the following changes:</p> <ul style="list-style-type: none"> <li>• Providing for the establishment of a public health benefit plan.</li> <li>• Leverage the combined purchasing power of the State to lower premiums and costs relating to health insurance for residents of this State.</li> <li>• Improve access to high-quality, affordable health care for residents of this State, including residents of this State who are employed by small businesses.</li> </ul> <p><b>Amendments:</b> Requiring the Executive Director of the Silver State Health Insurance Exchange to apply for a federal waiver to allow certain policies to be offered on the Exchange.</p> <p>Requires the Director, Commissioner, and the Executive Director of the Exchange to contract for the performance of an actuarial study before submitting the waiver application. This must include an analysis whether the provisions of subsection 1 section 13 as they apply to providers of health care who participate in PEBP.</p> <p><b>Effective Date:</b> Upon passage and approval for the purposes of procurement and any other preparatory administrative tasks necessary to carry out the provisions of those sections. On January 1, 2025 for all other purposes.</p>	<p>Potential impact to provider availability and questionable enforcement capabilities.</p>	<p>04/28/21: Read first time. Referred to Committee on Health and Human Services. To printer. Waiver granted effective: April, 28 2021</p> <p>04/29/21: From printer. To Committee</p> <p>05/04/21: Bill presented to Senate Health and Human Services, heard no action.</p> <p>05/11/21: Work Session, Senate Health and Human Services, Amend and do pass as amended</p> <p>05/17/21: From committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 519.) Taken from General File. Re-referred to</p>
	<p><b>Board Position</b></p> <p>TBD</p>	
	<p><b>Fiscal Note</b></p>	
	<p>No fiscal note has been submitted as of 5/20/21, however PEBP has requested further review from vendors as more information and clarification is received.</p>	

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		Committee on Finance. To printer.  05/18/21: From printer. To engrossment. Engrossed. First reprint. To committee.
<p><b><u>SB420 Primary Bill Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Senator Nicole Cannizzaro</li> <li>• Senator Fabian Donate</li> <li>• Senator Roberta Lange</li> <li>• Senator Pat Spearman</li> <li>• Assemblywoman Teresa Benitez-Thompson</li> <li>• Assemblyman Jason Frierson</li> </ul>	<p><b><u>Co-Sponsors</u></b></p> <ul style="list-style-type: none"> <li>• Chris Brooks</li> <li>• Senator Moises Denis</li> <li>• Senator Marilyn Dondero Loop</li> <li>• Senator Dallas Harris</li> <li>• Senator James Ohrenschall</li> <li>• Senator Julia Ratti</li> <li>• Senator Melanie Scheible</li> </ul>	

<b>Bill Number &amp; Description</b>	<b>Impact to PEBP</b>	<b>Bill Status</b>
<p><a href="#"><u>SB451 (BDR S-1160)</u></a></p> <p>Establishes for the 2021-2023 biennium the subsidies to be paid to the Public Employees' Benefits Program for insurance for certain active and retired public officers and employees.</p> <p><b>Effective Date:</b> July 1, 2021.</p>	<p>Establishes the amount of the State's share of the costs of premiums or contributions for group insurance for active and retired state officers and employees who participate the Public Employees' Benefits Program.</p>	<p>05/17/21: Read first time. Referred to Committee on Finance. To Printer.</p> <p>05/18/21: From printer. To Committee</p>
	<p><b>Board Position</b></p>	
	<p><b>Fiscal Note</b></p>	

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<b><u>SB451 Primary Bill Sponsors</u></b> <ul style="list-style-type: none"><li>• Senate Committee on Finance</li></ul>		

# 9.

9. Discussion and possible action regarding the implementation of Assembly Bill 48, including the option of a special enrollment period for certain retirees. (Laura Rich, Executive Officer) **(For Possible Action)**



LAURA RICH  
Executive Officer

STEVE SISOLAK  
Governor

STATE OF NEVADA  
**PUBLIC EMPLOYEES' BENEFITS PROGRAM**  
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701  
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028  
www.pebp.state.nv.us

LAURA FREED  
Board Chair

**AGENDA ITEM**

Action Item

Information Only

**Date:** June 11, 2021

**Item Number:** IX

**Title:** Discussion and possible action regarding the implementation of Assembly Bill 48

**BACKGROUND**

NRS 287.0475 addresses the reinstatement of insurance by a retired public officer, employee or surviving spouse. The statute as it currently reads allows retirees from a participating state agency or local government to reinstate coverage if they have no more than one period not covered under the program. This allows retirees from the state and participating local governments one opportunity to return to the program as “late enrollees” during open enrollment should they disenroll. It does not, however provide the same opportunity to non-state retirees since they do not fall under a participating local government agency.

Since 2011, numerous state and non-state Medicare Exchange retirees have been affected by this rule and many non-state retirees have permanently lost their benefits. Retirees enrolled through Via Benefits have the opportunity every year to change plans during the Medicare Open Enrollment period. It is usually during this period that retirees mistakenly enroll directly through the carrier which results in an agent of record change. Once the agent of record is altered, the retiree is no longer covered in a medical plan through Via Benefits. In other cases, Medicare plans are discontinued, and retirees are required to choose a new plan. In some cases, carriers are authorized to “crosswalk” members on a discontinued plan to a comparable plan should the member not actively choose a new one. However, in some cases there is no comparable plan available, and the member is required to actively select and enroll in a new option. If a retiree fails to actively choose another plan, then they are disenrolled.

In both of the cases described retirees are no longer considered enrolled in a medical plan through Via Benefits and are subsequently disenrolled from the program and terminated by

PEBP because statute requires participation in a plan. It is not until they receive termination notices from PEBP that they begin to realize the consequences of their actions. Because PEBP anticipates this, PEBP includes language stressing the importance of making any plan changes through Via Benefits in all retiree guides, resources, and trainings. We also make sure to send reminder notices prior to each Medicare open enrollment period and have also engaged in aggressive communications to those who have been identified as participating in a plan which is set to expire. Unfortunately, there are always retirees who disenroll and end up losing their HRA subsidy. State retirees have the ability to mitigate the damage by using their one-time opportunity allowed in statute to reinstate during PEBP Open Enrollment, but non-state retirees lose their ability to participate in the program, and lose their HRA subsidies, permanently.

Based on enrollment data, PEBP estimates that over 1100 non-state retirees have disenrolled from the plan in this manner and lost their HRA subsidies since 2011.

To address this problem, PEBP submitted a Bill Draft Request in early 2020 which was later introduced as Assembly Bill 48. The bill has passed in both the Assembly and, in the Senate, and is expected to become effective July 1, 2021.

### **REPORT**

Historically, state retirees who have opted to use their one-time reinstatement opportunity per plan rules, have been required to wait until Open Enrollment to reinstate their benefits. If the standard rules are applied in the case of AB48, the affected non-state retirees who wish to use their newly approved one-time reinstatement, will be required to wait until Open Enrollment in May 2022 and will not be able to have their benefits reinstated until July 2022.

In order to be able to provide adequate opportunity to those that would be eligible to reinstate, PEBP staff recommend allowing a special enrollment period for non-state retirees on the Exchange who are eligible to reinstate benefits as a result of AB48 from July 1, 2021 through May 31, 2022. This not only allows for advocacy groups and the agency to communicate the legislative changes, but also eliminates an unnecessary one-year waiting period that would come as a result of the unfortunate timing of OE and the effective date of the legislation. Moreover, allowing an extended time period will likely smooth out the workload on staff and vendors by decreasing the changes of a “wave” of reinstatement in a short period of time.

PEBP will also be coordinating with RPEN and AFSCME to ensure these changes and processes are communicated to retirees.

***Recommendation: Allow a special enrollment period from July 1, 2021 to May 31, 2022 for non-state retirees who are eligible for reinstatement of benefits as a result of AB48.***



# 10.

10. Discussion and possible action on remote participation options for PEBP Board meeting after June 1, 2021. (Laura Rich, Executive Officer)  
**( For Possible Action)**



LAURA RICH  
Executive Officer

STEVE SISOLAK  
Governor

STATE OF NEVADA  
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www.pebp.state.nv.us

LAURA FREED  
Board Chair

**AGENDA ITEM**

Action Item

Information Only

**Date:** June 11, 2021

**Item Number:** X

**Title:** Remote Participation Options at PEBP Board meetings after June 1, 2021

**BACKGROUND**

Prior to the pandemic, PEBP Board meetings were typically held in Carson City and teleconferenced to an additional location in Las Vegas. PEBP would normally send a staff member to the southern location to facilitate the meeting. In some instances when this was not possible, Board members attending in Las Vegas would be asked to facilitate.

In March 2020, Governor Sisolak issued directives temporarily suspending the requirement contained in NRS 241.023(1)(b) requiring a physical location designated for meetings of public bodies where members of the public are permitted to attend. As a result, most public meetings transitioned to virtual environments and while technical challenges continue to exist, most organizations have adapted and are quickly mastering the technology of these platforms.

**REPORT**

Effective June 1, 2021, Open Meeting Law requirements will no longer be waived and in-person public meetings will resume. Assembly Bill 253, however, if passed would allow the use of remote technology and permit agencies to hold public meetings in a virtual setting similarly to how meetings have been run during the pandemic. As of May 19<sup>th</sup>, AB253 has been heard and passed in the Assembly and had a hearing, but has not had a vote in the Senate.

Fortunately, PEBP has the ability to adapt, and IT staff have indicated that PEBP can accommodate almost any variation or option the Board chooses to implement moving forward. However, in order to locate and schedule meeting sites that will accommodate meeting needs,

PEBP staff must be able to plan accordingly. Most importantly, this discussion also provides an opportunity for public input.

Outlined below is a series of three options:

- Option 1: PEBP returns to in-person meetings. Board members, vendors and members of the public attend meetings in one of two physical locations.
- Option 2: Contingent on the passage of AB253, PEBP continues using remote technology and continues holding meetings virtually, similar to how meetings have been held during the pandemic.
- Option 3: Implement a hybrid approach. Board members, vendors and members of the public are given the choice to participate in-person in a Carson City and/or Las Vegas location or virtually using remote technology.

It is important to emphasize that the Board can elect to make changes to how meetings will be held at any time. This discussion is solely for planning purposes and does not prevent the Board from electing a different option in the future.

***Recommendation: Option 3 provides the most flexibility and allows for the most participation.***

# 11.

## 11. Public Comment

# 12.

## 12. Adjournment