

**In The Matter Of:**  
*Public Employees Benefits Program Board*  
*Transcript of Proceedings Zoom / Telephonic Legislative*

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*Update Meeting Notice and Agenda*  
*March 11, 2021*

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*Capitol Reporters*  
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*Carson City, Nevada 89706*  
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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

TRANSCRIPT OF PROCEEDINGS

ZOOM/TELEPHONIC LEGISLATIVE UPDATE MEETING NOTICE AND AGENDA

THURSDAY, MARCH 11, 2020

CARSON CITY AND LAS VEGAS, NEVADA

The Board: LAURA FREED - Chair  
LINDA FOX - Vice Chair  
MARSHA URBAN - Member  
APRIL CAUGHRON - Member  
TOM VERDUCCI - Member  
JENNIFER KRUPP - Member  
TIM LINDLEY - Member  
MICHELLE KELLEY Member

For the Board: BRANDEE MOONEYHAN  
Deputy Attorney General

For Staff: LAURA RICH  
Executive Officer  
WENDI LUNZ  
Executive Assistant  
STEVE MARTIN  
Chief Information Officer  
CARI EATON  
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1 THURSDAY, MARCH 11, 2021, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRWOMAN FREED: Good afternoon everybody. It  
4 is Thursday March 11th at 1:00 p.m., and I'm going to call  
5 this meeting of the Public Employees' Benefits Program Board  
6 to order. If staff would take the roll.

7 MS. LUNZ: Absolutely. Laura Freed?

8 CHAIRWOMAN FREED: Present.

9 MS. LUNZ: Linda Fox?

10 MEMBER FOX: Here.

11 MS. LUNZ: Betsy Aiello is excused.

12 Don Bailey is excused.

13 April Caughron?

14 MEMBER CAUGHRON: Here.

15 MS. LUNZ: Michelle Kelley.

16 MEMBER KELLEY: Here.

17 MS. LUNZ: Jennifer Krupp? Unmute, Jennifer.

18 MEMBER KRUPP: I'm here. I had to double unmute.

19 MS. LUNZ: Tim Lindley?

20 MEMBER LINDLEY: Present.

21 MS. LUNZ: Marsha Urban?

22 MEMBER URBAN: Here.

23 MS. LUNZ: Tom Verducci?

24 MEMBER VERDUCCI: Here.

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1 CHAIRWOMAN FREED: Cool. Thank you very much.

2 All right. Agenda Item Two is public comment,  
3 and I'll limit this to three minutes a person just to keep us  
4 moving on a busy afternoon, and I will turn it over to PEBP  
5 staff.

6 MR. MARTIN: Okay. Those of you joining us for  
7 public comment your name or the last four digits of your  
8 phone number will be announced, and you will be advised that  
9 you may now make your comments. If you're calling in via  
10 telephone please press star six to unmute.

11 As the Chair said, due to time considerations  
12 each call will be limited to three minutes. And getting the  
13 first caller ready. I'll try to get them squared away here.

14 Caller with the last four digits of 2121, please  
15 slowly state and spell your name for the record. Press star  
16 six to unmute and make your comment. Caller with the last  
17 four digits of 2121 please press star six to unmute and make  
18 your comment. Okay. We'll come back around to that caller.

19 Caller Brooke Maylath, you may now make your  
20 comment.

21 MS. MAYLATH: Thank you. For the record my name  
22 is Brooke Maylath. I'm an employee over at the department of  
23 public and behavioral health. I have seen the estimates for  
24 your fiscal notes for SB139, which I must say are rather  
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1 fantastic in number. And by that I mean that the idea that  
2 SB139 would double the cost of what you're currently paying  
3 for gender affirming procedures is just that. It's  
4 fantastical. It is -- it does not bear out in reality.

5 I would urge that you go back and revisit those  
6 numbers to come up with an appropriate fiscal analysis. My  
7 history with this goes back with PEBP to 2014 when I made the  
8 original presentation for inclusion of gender reaffirming  
9 procedures. And at that time the actuarials were coming up  
10 with equally fantastic estimates of it costing the program,  
11 you know, three to \$5,000,000 more than what it had in the  
12 past. And I think we can see that that has not, you know,  
13 borne into reality, that the current budget is approximately  
14 \$500,000.

15 The -- and the programs that were called out, you  
16 know, specifically for SB139, you know, for treatment of  
17 youth, well, youth are already covered. There may be an  
18 individual example once or twice of -- of pulling a surgery  
19 up earlier than -- than 18, but for the most part that is  
20 done rarely. The -- and for voice therapy that is an  
21 extremely inexpensive option for the few people that need it.

22 So we're not changing the system. We're still  
23 saying that there has to be a pathway to declare medical  
24 necessity for any procedure. We're just saying stop

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1 discriminating against people who are paying into the system  
2 and are deserving of compensation that allows access to  
3 medically necessary treatment. Just like other people pay  
4 into a healthcare system so that they can be able to treat --  
5 be treated for medical necessity for their symptoms and their  
6 issues.

7 This is simply an equality issue and your fiscal  
8 notes need to address the reality of the situation and not  
9 just take a worse case scenario that is filtered through, you  
10 know, bias and past discriminatory actions.

11 So thank you for your time, and perhaps you'll be  
12 available tomorrow morning for the presentation on the bill  
13 as I will. Thank you.

14 MR. MARTIN: Caller Kent Ervin, you're now  
15 unmuted and may make your comment.

16 MR. ERVIN: Kent Ervin, K-e-n-t E-r-v-i-n for the  
17 Nevada Faculty Alliance representing NSHE College and  
18 University Faculty statewide. Good afternoon, Chair Freed,  
19 Executive Director Rich and Board members.

20 Regarding the list of bills that PEBP is tracking  
21 for today, NFA recommends that the PEBP Board take a position  
22 in support of AB48, the bill to allow non-state PEBP retirees  
23 to reinstate PEBP coverage once per lifetime as can state  
24 retirees currently.

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1           However, we believe the -- that once in lifetime  
2 re-enrollment provision is unnecessarily restrictive overall.  
3 It was added in statute in 2011 and unfairly restricts  
4 retirees who might go into and out of employment for spousal  
5 coverage from taking advantage of the best healthcare plan  
6 available to them. With the preexisting conditions mandate  
7 in the Affordable Care Act adverse selections should not be a  
8 problem for reinstatements.

9           Regarding SB139, the expansion of services and  
10 the bill for certified medically necessary gender affirmation  
11 procedures, the -- the additional service is -- services are  
12 modest compared to what PEBP already covers. And as noted in  
13 the other public comment we believe the fiscal impact in the  
14 staff report is grossly exaggerated and that needs to be  
15 corrected.

16           For SB171, we share the concerns of our  
17 constituents about being required to use mail delivery for  
18 prescriptions, both because of porch staff security and the  
19 spoilage of drugs needing cold storage, particularly in hot  
20 Southern Nevada summers. Patients should be able to opt for  
21 alternative delivery methods when needed which might include  
22 pick up at a shipping center or pharmacy location.

23           Finally, the Nevada Faculty Alliance is  
24 continuing to advocate at the legislature for the restoration  
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1 of PEBP benefits, including the long-term disability or LTD  
2 benefits, Medicare retiree, HRA contributions and  
3 pre-pandemic employee premiums. We ask that PEBP maintain  
4 the maximum possible flexibility in restoring these benefits  
5 while the legislative budget process progresses as slow as it  
6 may be.

7 And we ask that PEBP staff actively engage with  
8 the Legislative Counsel Bureau and the Governor's Finance  
9 Office to find solutions.

10 Regarding the LTD benefit specifically, the  
11 current contract has not gone out for bid for many years.  
12 That was noted in the legislative audit. Given PEBP's recent  
13 low claims experience it might actually be much cheaper in  
14 the competitive marketplace now than the current contract.

15 Given the continued suppression of claims because  
16 of COVID there is a likely buildup of excess reserves which  
17 could be used to continue the current contract, at least  
18 until an RFP can be done and alternatives can be fully  
19 vetted. These items should be agendized for your March 25th  
20 meeting. It is unconscionable to merely let employees who  
21 may become disabled after July 1st to have no safety net.  
22 Thank you.

23 MR. MARTIN: Caller with the last four digits of  
24 7832, please slowly state and spell your name for the record  
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1 and please press star six to unmute and make your comment.

2 MS. LAIRD: Thank you and good afternoon. My  
3 name for the record is Terri, T-e-r-r-i. Last name Laird,  
4 L-a-i-r-d. I'm the executive director at the Retired Public  
5 Employees of Nevada, RPEN.

6 I would just like to echo most of what Kent Ervin  
7 said previously. We did testify February 26th as well as  
8 March 11th or I'm sorry, March 10th on Assembly Bill 48 in  
9 support. We want there to be equity between both the state  
10 and non-state Medicare Exchange participants because as I  
11 testified in the February 26th meeting we do get lots of  
12 phone calls here at the office when one of the retirees has  
13 made a mistake and accidentally fell out of the Medicare  
14 Exchange for something that they thought would be less  
15 expensive or perhaps better upon the representation of their  
16 doctor in one instance. We just hate to have that happen.  
17 So we are definitely in support of AB48.

18 And as Ken mentioned in regard to the budget cuts  
19 we're hopeful those will not happen, the long-term disability  
20 as well as the HRA cuts from 13 to \$11 and be held in  
21 insurance. We hope that can remain the same and if not down  
22 the road get even better than it is now. So thank you so  
23 much.

24 MR. MARTIN: Caller Amalia Russell, state and  
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1 spell your name for the record. Unmute and make your  
2 comment. Caller Amalia Russell, please slowly state and  
3 spell your name for the record and make your comment. All  
4 right. We'll come back around.

5 Caller Douglas Unger, please slowly state and  
6 spell your name. Unmute and make your comment.

7 MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r, UNLV  
8 Chapter president in Southern Nevada Government Affairs  
9 representative Nevada Faculty Alliance.

10 Though the agenda for this meeting is a  
11 legislative update to determine PEBP Board positions on  
12 several bills for the 81st Nevada Legislature, our states  
13 Higher Education Faculty must express once more our severe  
14 disappointment in the plan design process and its  
15 demoralizing results.

16 We estimate state employees will lose 25,000,000  
17 per year in benefits because of this process. This includes  
18 plan designs that increase deductibles and out-of-pocket  
19 maximums that will burden the sickest and most vulnerable.  
20 An erosion of support for retirees that amounts to a  
21 regressive tax, the cleaving in half of our life insurance,  
22 an elimination of long-term disability insurance we view as  
23 both unnecessary and deliberately cruel to state employees  
24 who will suffer an accident or illness that prevents them  
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1 from working and especially to the terminally ill.

2 We understand that many of you on the Board are  
3 not in favor of these mandates from gov rec nor how this  
4 process happened. We insist this does not have to happen.  
5 That there are other less painful solutions.

6 And now consider how tragic and sadly absurd it  
7 will be that this slow moving but no less runaway  
8 bureaucratic train of a plan design process meant to save  
9 tens of millions from the state budget due to the pandemic  
10 economy will probably continue unstopably even under what is  
11 reported will be a 3.9 billion dollar deluge of cash from the  
12 American Rescue Plan that intends to help fix this very  
13 crisis.

14 We believe federal rescue funds might help the  
15 restoration of benefits to previous levels or at least  
16 mitigation to punishing cuts given enough flexibility and  
17 creativity by PEBP along with our strong petitions to the  
18 legislature.

19 Whenever employee or advocates raise this  
20 possibility the answer we get is something like the calvary  
21 is coming. Too bad it's too late to stop the train. This  
22 can't be true. The fate of the PEBP budget is up to the  
23 legislature now and the Board. We request the Board meet in  
24 an emergency session to determine restoration strategies to  
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1 be shared with employee advocates so we can make the strong  
2 case to legislature.

3 For example, the Board could ask to delay open  
4 enrollment by a month or longer in anticipation of rescue  
5 funds. Open enrollment delay has been done before without  
6 too much disruption. The Board could meanwhile consider how  
7 best to repair our plans by restoring long-term disability  
8 insurance, retiree contributions, life insurance and cutting  
9 premiums, with the high deductibles and out-of-pocket  
10 maximums are now too late in the process to revise. This can  
11 happen. The money will almost sure be there thanks to a  
12 visionary act of congressmen to help us all to emerge and  
13 recover from this God awful pandemic. State employees  
14 deserve this recovery. We've earned it. Few have worked  
15 harder for it, including health professionals and frontline  
16 workers risking their lives in this pandemic everyday.

17 Health insurance and benefits restorations by  
18 PEBP will be essential also for our recovery. Thank you.

19 MR. MARTIN: Madam Chair, the public comment has  
20 concluded.

21 CHAIRWOMAN FREED: Okay. Thank you very much.  
22 And for anybody who didn't get a chance or is joining us late  
23 there is always a second comment period at the end of the  
24 meeting.

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1           So with that we will go to Agenda Item Three,  
2 discussion and possible action regarding legislature bills  
3 that might impact PEBP during the 2021 session and that is  
4 really the focus of this meeting is to talk about bills  
5 pending before the legislature. So with that I will turn it  
6 over to Executive Officer Rich.

7           MS. RICH: Thank you and good afternoon. Please  
8 excuse my voice. I promise it's not COVID. I have a cold  
9 that I got from two nine-year-old twins who went back to  
10 school, so.

11           So the first thing I do want to bring up here is  
12 that there are plenty more bills that we're looking at.  
13 Unfortunately a lot of the language came out within the last  
14 three or four days, and we have been flooded with bills that  
15 we're looking at, and so but because of open meeting laws and  
16 Ms. Mooneyhan can back me on this, we have to stick to the  
17 ones that are in this report. So I'm hoping to update this  
18 report, and for our March 25th meeting we'll have another  
19 agenda item with another update with some of these bills that  
20 have come out recently that need to be brought to the Board.

21           So with that we will start with AB2 which is  
22 basically this bill is regarding boards. If some of you  
23 recall we had -- we had the situation happen to PEBP actually  
24 not too long ago where we had a Board member, at the time it  
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1 was Dr. Packam who had -- he was asked to be on the patient  
2 inspection commission and had to resign his role at PEBP  
3 because he could not be on two boards at the same time per  
4 statute. So this is essentially what is being fixed in this  
5 bill is to, it's to remove that -- that rule.

6 I don't know if this really affects us as a  
7 program. This definitely affects the PEBP Board. For those  
8 of you who are, you know, so eager to get on other boards  
9 and, you know, PEBP doesn't take up all of your time, this  
10 would definitely open the doors to that. So there is no  
11 impact really to the program. This does affect the Board as  
12 far as giving Board members the ability to be on other  
13 governor appointed boards. I don't know if the Board wants  
14 to really take a position on this. There definitely is no  
15 fiscal note.

16 It was presented to the assembly committee,  
17 government affairs and senate government affairs on  
18 February 15th, but it has not been heard since then. So and  
19 I think what I'm going to do is stop at each bill and we can  
20 discuss it if that's -- that's okay. So I'll just stop  
21 there.

22 CHAIRWOMAN FREED: Okay. Board members, do you  
23 have questions for Ms. Rich or wish to share any comments in  
24 your capacity as Board members who might want to serve on  
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1 another board besides the PEBP Board.

2 MEMBER VERDUCCI: Tom Verducci for the record. I  
3 have seen this as kind of a restriction here that we want the  
4 most qualified person to be on a Board. And if -- if they're  
5 serving in another capacity that restricts them from being on  
6 two boards, I think this is a very good thing. We lost  
7 Dr. Packam. I've seen it on another board, and I think just  
8 merely because they are on two boards really is not a  
9 justifiable reason for them not being able to provide the  
10 public service. I'm actually happy to see this bill going  
11 through. It doesn't look like there's any fiscal impact to  
12 the program, and it looks like a good thing that's happening  
13 there.

14 I think from being on these calls in the past,  
15 this would normally be a neutral position since it does not  
16 have a huge impact on PEBP. That concludes my comments  
17 there.

18 CHAIRWOMAN FREED: Thank you, Mr. Verducci. This  
19 is Laura Freed for the record.

20 I would agree. I mean, we don't have to, Board  
21 members, we don't have to take a position on any one of these  
22 things except, of course, the bills that we ourselves  
23 sponsored. So we can just -- we don't need to take a motion  
24 to support, oppose or be neutral, and I would agree with

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1 Mr. Verducci's comments that this -- this helps individuals  
2 who might seek positions on other boards, but it neither  
3 helps nor harms PEBP as an organization. So I feel neutral  
4 about this one myself.

5 MS. RICH: For the record, Laura Rich.

6 Chair Freed, maybe you can -- you can clarify  
7 this, but in my experience usually state agencies typically  
8 don't get up and in, you know, in opposition or, you know, in  
9 either way it's usually a neutral stance. However, we can  
10 provide testimony to, you know, to further the explanation as  
11 to why we, you know --

12 CHAIRWOMAN FREED: Right.

13 MS. RICH: -- where we stand.

14 CHAIRWOMAN FREED: Gotcha.

15 MS. RICH: But typically it would always be in a  
16 neutral position.

17 CHAIRWOMAN FREED: This is Laura Freed.

18 That is absolutely correct. Historically  
19 agencies offer testimony in the neutral position as subject  
20 matter experts and might approach the sponsors or other  
21 stakeholders in a given bill to explain where in this case  
22 PEBP would be coming from. But in this case, I mean, PEBP  
23 doesn't need to come from any particular position on Assembly  
24 Bill 2, so.

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1 MS. RICH: Okay. So if there is no further  
2 comment on that one I will move on to AB39. This bill  
3 revises provisions relating to public records. It is a  
4 public safety bill. Existing law requires that all public  
5 records be available to the public during office hours.

6 Basically what this bill does is it defines what  
7 a public record is. And what does that mean? It's all  
8 recorded information, made or received in connection with the  
9 transaction of public business. I think this bill really  
10 applies to any state agency, you know, where I think every  
11 state agency is probably looking at this and tracking this.

12 I don't see this as affecting PEBP any  
13 differently than it did -- you know, than it does today. We  
14 are obviously subject to public records request and, you  
15 know, and will abide by those, you know, at any time. So,  
16 you know, I don't -- I don't see any issues here with this  
17 one. It was -- it looks like it was -- it has not been  
18 presented yet. So we're just kind of watching it at this  
19 point.

20 CHAIRWOMAN FREED: Thank you.

21 Board members, any questions about this one?

22 MEMBER VERDUCCI: Yeah, Tom Verducci for the  
23 record.

24 Do we see any fiscal impact here in terms of  
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1 additional costs with the records? It's not real clear in  
2 the notes I'm reading at here.

3 MS. RICH: For the record Laura Rich.

4 No, I don't think that this is going to impact.  
5 You know, we're not going to place a fiscal note on this.  
6 It's, you know, we are subject to public records request.  
7 And so we just, we follow those accordingly. We don't  
8 anticipate a major cost to that. You know, some of these  
9 public records are more work than others but there's  
10 always -- there's requirements attached to each of the public  
11 record requests that comes in.

12 MEMBER VERDUCCI: Thank you very much, Executive  
13 Officer Rich. I don't think there's any position we really  
14 should take there unless there's something I'm overlooking.

15 CHAIRWOMAN FREED: This is Laura Freed. I would  
16 agree with that.

17 You know, this somewhat narrows the definition of  
18 public record, but it doesn't change the fact that all of us  
19 are subject to public records request, and then public  
20 records law itself doesn't change that much. So it's just  
21 another one I think that, you know, the Board can safely  
22 remain neutral on.

23 MS. RICH: Okay. So moving on to Assembly Bill  
24 48, this is the PEBP bill and I presented on this on the --  
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1 on February 26th I presented the bill, and it was -- there  
2 was work session on it yesterday. There were no questions  
3 that came up during that work session. However, during the  
4 presentation one of the requests that the committee made was  
5 the fiscal impact on local government. So we know that it  
6 does not have a fiscal impact on.

7 And let me back up just for those Board members  
8 who are not aware of what AB48 is. It was the bill that the  
9 PEBP Board produced to fix the non-state Medicare retirees  
10 situation. So the -- the non-state Medicare retirees today  
11 do not have a one shot chance to come back sort of like the  
12 state retirees do.

13 So for example, if a Medicare retiree is on the  
14 Medicare Exchange and they are approached by another plan,  
15 let's say an ARP plan or, you know, senior -- Senior Plus,  
16 you know, Care Plan or something like that, they -- they are  
17 then asked -- they say, you know, hey, we can save you \$10 on  
18 this plan if you move. And so they are like great, that's  
19 ten bucks that we can save. I will enroll in this new plan.  
20 And what happens is they enroll directly with the carrier and  
21 not through the Medicare Exchange and so they are no longer  
22 on PEBP. And so when this happens they terminate and they  
23 lose their HRA benefits, their life insurance, basically  
24 every -- every long-term benefit that they have worked for.

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1           In the case of a state retiree the statute  
2 specifically gives them one period of time where they are not  
3 covered but they are -- that does not apply for the non-state  
4 retirees. So that being said the -- the committee had asked  
5 for the impact on the non-state or on the local governments  
6 and so thankfully Cari and all of the accounting staff, they  
7 went through and put the hours and hours worth of effort to  
8 go through each one of those potential terminated members,  
9 and there were over 1,000 of them and figured out where they  
10 came from, how many years of service, the average years of  
11 service and we were able to put together an estimated impact.  
12 So we did produce that.

13           And I think there was some concern from those  
14 certain committee members who thought there might be a  
15 potential impact to the local governments, and they had some  
16 concerns with that. So there were some no votes but it did  
17 pass committee.

18           CHAIRWOMAN FREED: Okay. So this is Laura Freed.  
19           So just to recap, Assembly Bill 48 received a due  
20 pass out of Assembly Government Affairs yesterday. It goes  
21 to the full assembly. I do not see any fiscal notes placed  
22 on this bill by local governments. And, again, I mean, LCB  
23 staff is pretty judicious about sending it out to everybody  
24 who might be affected by a bill. And, of course, every  
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1 stakeholder has the ability to put on an unsolicited fiscal  
2 note.

3 So was there any testimony from the locals that  
4 this would have an impact or was this something that came  
5 straight from the Government Affairs members themselves?

6 MS. RICH: So Laura Rich for the record.

7 There was no testimony. This was -- these were  
8 questions that came from the committee members themselves.

9 CHAIRWOMAN FREED: I see.

10 MS. RICH: And, you know, quite honestly, I don't  
11 know these local governments have been following close enough  
12 to even understand what is happening. I mean, the only  
13 public testimony besides, you know, RPEN and some of the  
14 regular followers of PEBP, there was some public testimony  
15 and it was thank you for letting retirees come back on in  
16 opening the floodgates which obviously was not -- it was  
17 incorrect.

18 That is not what we're doing here. We are not --  
19 we are not doing that in this bill. This is only allowing  
20 those that have been terminated to come back, that giving  
21 them that one time opportunity.

22 CHAIRWOMAN FREED: Okay. Laura Freed for the  
23 record again.

24 This is -- Board members, this is our own bill  
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1 which not all of you obviously we're here last year when we  
2 voted to put this forth as a BDR to the Governor's office and  
3 was subsequently approved and then approved for drafting.

4 So in that sense I would like the Board to -- to  
5 take a position on this one. This to me is a fairness bill  
6 that in giving the retirees, the Medicare retirees who make a  
7 mistake by not using the Exchange officially, giving them one  
8 shot the same way that actives would have one shot to come  
9 back as retirees or former actives I guess I should say more  
10 precisely.

11 So with that other questions for Ms. Rich from  
12 the Board?

13 MEMBER VERDUCCI: Well, this is Tom Verducci  
14 again for the record.

15 You know, I wanted to point out that I -- I work  
16 on another plan with the county here in Nevada, and I ran  
17 into this situation just the other day where someone at age  
18 65 went on the Exchange and she really regretted it. She had  
19 to give up her HSA contributions and was understanding about  
20 it. But, you know, this is really our bill. It pertains to  
21 PEBP. And, you know, once in a lifetime could be a bit  
22 restrictive as we heard in the public testimony, but I think  
23 this is our bill. I think we should be supportive by all  
24 means and that's my comment.

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1 CHAIRWOMAN FREED: Okay. Everybody is so quiet  
2 today.

3 MEMBER VERDUCCI: You know, Tom Verducci again.  
4 Sorry to keep chiming in here.

5 But I think as we go through these this should be  
6 one that really the -- I think the Board would -- would  
7 really want to support, and I think this is going to provide  
8 relief to a situation that's been around for a long time that  
9 we needed a legislative change to make it occur. So I am all  
10 for supporting AB48.

11 CHAIRWOMAN FREED: Well, if that's a motion.  
12 I'll second it, Mr. Verducci.

13 MEMBER VERDUCCI: Yes. So moved, Chair Freed, as  
14 a motion.

15 CHAIRWOMAN FREED: Seconded. Okay. So the  
16 motion before the Board is to express its support for  
17 Assembly Bill 48. It's been moved and seconded. All in  
18 favor signify by saying aye or wave your hand in your little  
19 box. Any opposed say no.

20 (The vote was unanimously in favor of the  
21 motion.)

22 CHAIRWOMAN FREED: Great. Motion carries.  
23 Thanks guys.

24 All right. Let's move on to Assembly Bill 178.  
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1 MS. RICH: All right. Laura Rich for the record.  
2 So Assembly Bill 178, this bill requires an  
3 insured to take certain actions relating to the acquisition  
4 of prescription drugs for an insured who resides in an area  
5 where a declared disaster or state of emergency is in effect.  
6 So, you know, when I read this the first thing I did actually  
7 was thank you, Ms. Fox, who, Vice Chair Fox, who is a  
8 pharmacist. She reminded me that this was already in effect  
9 and this was actually a regulation or an emergency regulation  
10 that was passed early on to -- to just adjust for the,  
11 accommodate for the -- the pandemic situation that we were  
12 in.

13 So what it does is it waives restrictions on the  
14 time period which a prescription may be refilled during a  
15 state of emergency. There is no fiscal impact on this.  
16 There's basically no plan rules are, you know, are waived.  
17 So every -- all of the plan rules are applied appropriately.  
18 So in these cases there would not be any fiscal impact to the  
19 program should someone, you know, receive their prescription  
20 ahead of time.

21 So this bill was -- it has not been presented yet  
22 but because there's -- you know, we don't see any concerns  
23 with it. There's no fiscal impact. This has been going on  
24 since -- since the emergency regulation was passed and this  
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1 has already been in effect really and it was just to codify  
2 it.

3 So I think that, you know, it's something we're  
4 watching but it is not something we're super concerned about  
5 at this time.

6 CHAIRWOMAN FREED: Thank you for that.

7 Board members, questions, comments?

8 MS. RICH: All right. So I think we can move on  
9 to --

10 CHAIRWOMAN FREED: Yeah, I think so.

11 MS. RICH: -- AB181. So is Assembly Bill 181, it  
12 revises provisions relating to mental health. Really the  
13 only affect that this has on PEBP is that we are required to  
14 submit a report to the Division of Insurance, so the  
15 Commissioner of the Division of Insurance. There's some  
16 other -- there's some other parts of this bill that proposes  
17 some changes to, you know, facilities and the regulation of  
18 providers and things like that.

19 But as far as PEBP is concerned the only thing  
20 that really affects it is the requirement to produce a report  
21 that includes information relating to mental health  
22 treatments for each health benefit plan that provides  
23 coverage to residents in Nevada.

24 We asked our vendors and it does not look like  
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1 this report is going to -- it's going to come at no cost.  
2 And so, again, we do not have a fiscal note on this. I think  
3 it's a pretty easy requirement to meet. The bill was  
4 presented on March 8th to the Assembly Health and Human  
5 Services Committee. Again, it's something we're watching but  
6 it's not something that we are very concerned about at this  
7 time.

8 CHAIRWOMAN FREED: Okay. Laura Freed for the  
9 record.

10 Board members, questions, comments? Okay. So  
11 just to clarify we're going to have the vendors do this at no  
12 cost to PEBP. It's not a staff duty if this bill passes.

13 MS. RICH: Correct. This would be --

14 CHAIRWOMAN FREED: Okay.

15 MS. RICH: -- a vendor -- we don't have access to  
16 claims. So this would be a vendor responsibility.

17 CHAIRWOMAN FREED: Understood. Thank you.

18 MS. RICH: Okay. So Senate Bill 40, this is a  
19 bill that is -- that was brought forth by the Patient  
20 Protection Commission. It basically establishes in all payer  
21 claims database. And so this is, and I've actually I've  
22 spoken to the executive director of the PPC about this and  
23 have been working with her on it.

24 The goal is to move towards establishing a cost  
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1 transparency database in our state. This is something that  
2 lots of states are doing right now. This is -- a lot of  
3 states are moving towards this model to better understand  
4 healthcare and the cost of healthcare and move towards that  
5 cost transparency that I think everybody is looking for. And  
6 so what this does, SB40 really establishes, you know, the --  
7 the regulations behind establishing that all payer claims  
8 database.

9           So PEBP, I do not feel personally that there's  
10 going to be a fiscal impact on this because we are in the  
11 fortunate situation that we are going out to bid for the  
12 vendors that would be supplying this information. And so we  
13 can easily put this in a solicitation as a requirement of  
14 these vendors that they must produce a claims file that is  
15 shared with the -- you know, this -- whether it's DHHS or  
16 patient protection, however it's established, that it is  
17 shared with that all payer claims database, whoever is  
18 managing that.

19           So in the past I know last session we did, the  
20 reason we had put in a cannot be determined fiscal note is  
21 because in the past we did actually ask our pharmacy benefit  
22 manager and our third party administrator for a cost  
23 analysis, you know, how much this would cost the program  
24 to -- to initiate.

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1           The cost at the time two years ago was \$100,000  
2 and I think it's -- I think that's quite high. I think we  
3 can actually do this at no cost moving forward, but that is  
4 why we put a cannot be determined because we need to  
5 understand what the requirements are of the -- this -- the  
6 system requirements, right.

7           So if it's a very simple claims dump then in the  
8 final layout is a fairly standard final layout that all  
9 payers database is requesting, that's going to be fairly easy  
10 and that's probably a requirement that we can just put in the  
11 solicitation and hold these vendors to. However, if it gets  
12 a lot more complex and somehow, you know, there's a lot more  
13 work that is necessary on the vendor's behalf to meet these  
14 requirements then there's probably going to be some costs  
15 associated with it.

16           So this would need to, so because this is a  
17 medical and pharmacy as well as dental claims database, this  
18 is -- we need all of the claims to come in, and so we would  
19 obviously need our third party administrator and our pharmacy  
20 benefit manager to produce finals for both of those. So I  
21 will stop there for questions.

22           CHAIRWOMAN FREED: Wow, okay. So this is Laura  
23 Freed.

24           I noticed so if we weren't going out to bid and  
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1 we're in a position of previous community requirements  
2 document, in an RFP we would have our vendors all estimate  
3 programming and data migration cost, right. And that seems  
4 like it would be quite a bit more than the \$100,000 estimated  
5 a couple of years ago. Because I noticed that Medicaid put a  
6 really hefty fiscal note on this one and I was wondering --  
7 I'm going to have to sit with that one. I'm sorry. This is  
8 not really a question.

9           It's sort of -- I understand why you put a cannot  
10 be determined but -- okay. I guess my question then is what  
11 have the discussions been that you've had with the Patient  
12 Protection Commission, and are there any amendments in the  
13 offering in this bill that you're aware of?

14           MS. RICH: For the record Laura Rich.

15           So the discussion I had was what -- you know,  
16 what are the requirements because it's fairly easy for us to  
17 get claims dump, it really is, and it's not -- the identified  
18 claims dump is not going to be costly.

19           CHAIRWOMAN FREED: Okay.

20           MS. RICH: It's how they receive that, what are  
21 the requirements and, you know, so that's -- that's where it  
22 all lands is, you know, depends on what those requirements  
23 are. Do they need a direct feed? Is this something that  
24 they just put on an FDP site. You know, how is this data  
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1 collected.

2 And so obviously those requirements have not been  
3 established yet.

4 CHAIRWOMAN FREED: Okay.

5 MS. RICH: And it's way to early in the process.  
6 They really don't want to. There's not a desire to codify  
7 this and to get into the nitty gritty and, you know, into --  
8 you know, they don't want to put that into statute because --

9 CHAIRWOMAN FREED: Sure, no, that's not  
10 necessarily where it belongs.

11 MS. RICH: Right.

12 CHAIRWOMAN FREED: I would concur with that. But  
13 in order to cost it out you're absolutely right, we need to  
14 know, you know, essentially what do you want us to do.

15 MS. RICH: Right. So that's what it all depends  
16 on is, you know, if you want a claims dump that's easy and  
17 that's probably --

18 CHAIRWOMAN FREED: Right.

19 MS. RICH: -- not very costly at all, if  
20 anything. We can get a claims dump fairly simple. But  
21 it's -- it's how do they want to receive it and what format  
22 and how do they need it and are there going to need to be  
23 system requirements, you know, things like that.

24 CHAIRWOMAN FREED: Okay.  
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1                   MEMBER KELLEY: Chairman Freed, I have a  
2 question.

3                   CHAIRWOMAN FREED: Go ahead, Ms. Kelley.

4                   MEMBER KELLEY: So I work in finance, and we do  
5 have a standard format, you know, for finance files.  
6 Executive Officer Rich, so I'm just wondering is there a  
7 standard format for this health information for the claims  
8 information that that's kind of out there? Is there  
9 something that we can recommend putting forward I guess?

10                  MS. RICH: So for the record, Laura Rich.

11                  Yes, this is something that we actually, that I  
12 spoke to the executive director of the PPC about. You know,  
13 Nevada is not trailblazing here. You know, there's other  
14 states that have -- that have already taken steps to  
15 establish this or have one, an all payer database  
16 established. So there's already systems in place, and  
17 there's already other states who have been doing it. There's  
18 already -- you know, there are standards set already.

19                  And so the expectation is that whoever in Nevada,  
20 whatever vendor that Nevada gets will also have very similar  
21 standards on these, you know, filed requirements. And so  
22 this is obviously something that they are going to go out to  
23 RFP for and, you know, will include. So it's not something  
24 that -- it's something that's being considered but they want  
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1 to stay away from, you know, putting it, the requirements or  
2 any kind of language about that in statute.

3 MEMBER KELLEY: Thank you.

4 MEMBER VERDUCCI: Tom Verducci for the record.

5 I have a question for Executive Officer Rich.

6 As far as the required database cost of \$100,000,  
7 am I reading this correctly that that's going to be paid by  
8 the vendors or is that a cost to PEBP?

9 MS. RICH: For the record Laura Rich.

10 That would be a cost to PEBP. So this is  
11 something outside of the scope of, you know, the contract  
12 that we have today. And usually if there's any other  
13 reporting or, you know, required reporting that vendors --  
14 that we ask vendors to do there usually is a cost that is  
15 tacked onto it.

16 Now, this 100,000 was, it came up last session.  
17 So we used the same amount. It was the same, basically the  
18 same bill. Again, it's when we don't know what the  
19 requirements are you have to plan for the worst I guess.

20 But, like I said, if the requirements are here's  
21 a claims dump that's easy and that's probably going to cost  
22 nothing. It's just when it gets more complex and you start  
23 establishing, you know, the requirements of the vendor to  
24 receive that data and how they need the data and if it's, you

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1 know, if it has to be in a certain format and you gotta make  
2 system changes and things like that that's when we get  
3 those -- those costs that come in. So we can't determine  
4 that until those requirements are in.

5 MEMBER VERDUCCI: Therefore, the \$100,000, that  
6 would be something that we did not really previously budget  
7 for. And so, you know, if that's the case where does that  
8 100,000 actually come from? Do we just build into it the  
9 next cycle or how is it paid?

10 MS. RICH: So Laura Rich for the record.

11 That's why we're in the fortunate situation where  
12 we are actually going out to bid on these contracts, and so  
13 we can make them a requirement in the RFP, and so that's -- I  
14 already have a note to myself that, you know, this is  
15 something that we need to make sure to capture in the  
16 solicitations to, you know, so we don't overlook it.

17 MEMBER VERDUCCI: Therefore, after the  
18 solicitation process, this 100,000 will be shifted from PEBP  
19 into the successful provider that's bidding in; is that  
20 correct?

21 MS. RICH: It would be incorporated as a part of  
22 their proposal, and I would assume it would be built into the  
23 overall costs that they are proposing in their cost proposal.

24 MEMBER VERDUCCI: Wonderful. Thank you for  
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1 helping me understand that. I wasn't sure.

2 CHAIRWOMAN FREED: This is Laura Freed.

3 Well, it's going to be interesting to watch this  
4 one roll out. Thank you. I guess we can move on to the next  
5 one.

6 MS. RICH: All right. So the next one is Senate  
7 Bill 139. This is the one that we heard a little bit of  
8 public comment about. It requires certain health insurance  
9 to cover the treatment of certain conditions regarding or  
10 relating to gender dysphoria.

11 You know, there's -- there's a couple of things  
12 on this bill. So PEBP already covers, we provide a lot of  
13 these benefits already. We provide this coverage. I think  
14 we, one of my staff can correct me if I'm wrong, but I think  
15 we put it into place like in 2015, where, you know, we do --  
16 we cover a lot of these benefits.

17 But this adds the requirement that PEBP provide  
18 these benefits or extend these benefits to those under age 18  
19 and also currently cover the benefit of voice therapy which  
20 is, you know, is not current or currently covered today.

21 So, you know, I know there was some discussion  
22 about the fiscal note. We worked with our vendors quite  
23 closely on this and looked at, you know, what could be the  
24 cost of extending the coverage to those under 18. Based on  
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1 the current claims that are in our system today and the  
2 history that, the trend history of the claims we have seen  
3 over the last few years, these types of claims have been  
4 steadily rising.

5 I actually reached out to some of the vendors and  
6 asked the question of, you know, is this -- is this type of  
7 benefit typically covered in the private sector. And the  
8 answer was no. And so there could be the argument that  
9 people come in, work for the state specifically for this type  
10 of coverage, and so that is why there's potentially a or the  
11 potential for a higher cost to the program.

12 Now, I do know that there's -- I have been  
13 working with some other agencies, and I do know that there is  
14 an amendment in place that would -- that's probably going to  
15 be proposed that would change the -- it would eliminate the  
16 voice therapy and reduce the age to 17. So while ours is  
17 coverage at age 18, I believe that the, and I haven't seen  
18 the amendment, this is only, you know, what I heard, that the  
19 amendment changes it to 17.

20 And so we would likely -- if that amendment is  
21 proposed then we would likely remove that fiscal note because  
22 I don't see it becoming -- you know, it would not affect PEBP  
23 at that point. You know changing it from 18 to 17 is not  
24 going to make a big difference. So we would likely remove

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1 our fiscal note on this.

2 So this bill has not been presented yet, and  
3 obviously we are watching this closely. I am working with,  
4 again, like I said, some, you know, other agencies that are  
5 also watching us and -- and working together to ensure that  
6 we can come up with appropriate language for this amendment.

7 MEMBER URBAN: Marsha Urban for the record.

8 I was talking to a friend of mine about this, and  
9 he thought the 500,000 was extremely high. The voice  
10 therapy, he said is not that expensive. And neither --  
11 neither one of them are. So my question is is this estimate  
12 a good estimate or is it a very high estimate? I -- you  
13 know, I'm questioning it.

14 MS. RICH: So the estimate -- Laura Rich for the  
15 record.

16 The estimate is -- we have to rely on our third  
17 party administrator. They look at -- you know, they look at  
18 the claims. They look at who is in process. We also look --  
19 we also have included our utilization management vendor as  
20 well. They, you know, there's typically case management that  
21 goes along with these types of services.

22 We have enlisted, you know, all of the  
23 collaborative support and discussion between all of these  
24 vendors, and it is an estimate because, again, we don't know.

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1 You know, opening -- opening the doors to under 18 what does  
2 that do? What does that do for the plan? Is there -- you  
3 know, is there going to be a high incident of under 18  
4 seeking these services? Is there, you know, possibly -- is  
5 there going to be more frequent occurrence of people seeking  
6 this type of coverage, right?

7           Again, like I said, this is not widely offered in  
8 the private sector. This is not a benefit that is offered  
9 very frequently, very commonly in the private sector, and so  
10 you do get the -- the -- you have the possibility or  
11 probability of people coming to work for the state just to  
12 get this coverage.

13           So there's -- taking all of those things into  
14 account and seeing how those plans have grown through the  
15 years that's where that figure came. Whether it is a good  
16 estimate, you know, I have to -- PEBP has to rely on the  
17 experts for this. And this is -- you know, this is why we  
18 have these vendors to provide this information and their  
19 expertise.

20           CHAIRWOMAN FREED: This is Laura Freed. I have a  
21 question just for my own clarification.

22           So in the various chapters being amended by this  
23 bill it specifies coverage must include without limitation  
24 coverage of medically necessary psychosocial and surgical  
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1 intervention and other medically necessary treatment such  
2 disorders provided by endocrinologists, pediatric  
3 endocrinologists, social workers, psychiatrists,  
4 psychologists, voice therapists, gynecologists, plastic  
5 surgeons and any other providers of medically necessary  
6 services for the treatment of gender dysphoria, gender  
7 incongruence and other disorders of sexual development.

8           So in that list of A through H, the ones that  
9 PEBP currently doesn't cover are basically voice therapists,  
10 okay. And so the -- the sort of actuarial guess comes from  
11 the reassignment. So in other words the services provided by  
12 all of the other specialists named in the bill for folks  
13 under the age of 18; is that right?

14           MS. RICH: That is correct.

15           CHAIRWOMAN FREED: Okay, got it. Okay. And I  
16 notice again looking at NELIS, and for the court reporter's  
17 benefit is the Nevada, wait Nevada -- shoot, Nevada  
18 Electronic Legislative Information Service. It's where we  
19 find all of the bills information.

20           I notice there's no fiscal notes in NELIS and  
21 I -- I have a hard time thinking that there might be, you  
22 know, others -- other fiscal notes like from perhaps Medicaid  
23 for instance. When is your fiscal note due? Is it still in  
24 process by the LCB?

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1 MS. RICH: It is. It's already due.

2 CHAIRWOMAN FREED: Oh.

3 MS. RICH: We've already submitted it and it is  
4 still in process.

5 CHAIRWOMAN FREED: Okay. All right. Thank you.  
6 Board members, other questions?

7 MEMBER KELLEY: Chairman Freed, I have a quick  
8 question for the executive officer.

9 CHAIRWOMAN FREED: Okay.

10 MEMBER KELLEY: Executive Officer Rich, it says  
11 certain health insurance. Can you -- you've reference a  
12 couple of times there's some concern that people would leave  
13 private enterprise jobs to compensate employment. That's  
14 probably a good thing. But my actual question is who does  
15 this -- what entities does this bill apply to if not private  
16 enterprise?

17 MS. RICH: So for the record this bill applies  
18 specifically to, for the state. It would be Medicaid and  
19 PEBP.

20 MEMBER KELLEY: Thank you.

21 CHAIRWOMAN FREED: This is Laura Freed.

22 Hearing no more discussion on Senate Bill 139, I  
23 guess we can move to Senate Bill 171.

24 MS. RICH: All right. Last one. Laura Rich for  
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1 the record.

2           Senate Bill 171 prohibits a pharmacy benefit  
3 manager from requiring a covered person to obtain a drug by  
4 mail.

5           So currently this is a -- this really applies to  
6 specialty medications. In terms of PEBP PEBP uses Express  
7 Scripts who uses Accredo for their specialty med pharmacy.  
8 Typically, you know, with those specialty meds there is a  
9 mail order requirement. This would remove that mail order  
10 requirement and allow those folks to fill out retail or use  
11 that mail order, if they choose to do that.

12           Obviously, there's a -- there's going to be a  
13 fiscal note and it's not in this report. However, about an  
14 hour before -- before this Board meeting I actually spoke to  
15 the folks at ESI who had been working on coming together with  
16 a potential impact of this bill, and they were able to  
17 unofficially tell me that the fiscal impact will be about  
18 318,000. It's expected to be about \$318,000 annually which  
19 is quite honestly much less than I was expecting because when  
20 you fill out retail we would -- so the discounts and the  
21 rebates are much much lower than those discounts and rebates  
22 that the exclusive specialty pharmacy would provide us.

23           And so my thought was that, you know, these --  
24 the fiscal impact would have been a lot higher. So I was  
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1 pleased to see that. I think the thought behind this is that  
2 those who are currently using the specialty pharmacy are  
3 happy with it. This is what they do. This is how they --  
4 they have been used to it. They get very individual service  
5 and personalized service from the specialty pharmacy. Those  
6 moving forward in the future might choose to fill that retail  
7 instead of that pharmacy, and so you're going see in the  
8 future people move towards that. But those who are using the  
9 special pharmacy are probably going to stick with the  
10 specialty pharmacy.

11 So the fiscal impact is not quite as high as I  
12 think PEBP staff were expecting, and it does provide some  
13 choice to members. And like you heard at public comment that  
14 there is some concern with mail order and, you know,  
15 especially in the south where it's very very hot during the  
16 summer and things can -- you know, medications can be  
17 affected if they are sitting on your doorstep for a couple of  
18 hours. So, you know, it's -- it does come at a cost, but I  
19 think you're also bringing forth some options to members.

20 MEMBER URBAN: Marsha Urban for the record.

21 I think in the past year we've seen how difficult  
22 sometimes getting mail is. Many of us have been home for  
23 some of those months so that we were able to get it. But, I  
24 mean, I had packages from mail, from FedEx from UPS. All of  
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1    them had changed and they continue to change.  The recent  
2    weather on the East Coast, in the Midwest had changed things.  
3    So I think this is a good thing because we can't always rely  
4    on it.  And giving people that option when you have a  
5    specialty medication is extremely important, especially  
6    something that has to be at a set temperature.

7                    I mean, you know, I'm lucky I don't have to take  
8    any of that.  I don't have to worry, but for those that do I  
9    think they should have the option to be able to go into a  
10   retail outfit.

11                   MEMBER VERDUCCI:  Tom Verducci for the record.

12                   We heard testimony on porch theft, spoilage of  
13   drugs and, you know, I think we want to make prescriptions as  
14   easy as we can available to the membership.  And if there's  
15   not a huge fiscal impact on the program, you know, so be it.  
16   Let's, you know, make access where we can to the  
17   prescriptions that our members need.

18                   I still think this is a no position, a bill in  
19   terms of the direction, you know, that the Board should take.  
20   But I do think wherever we can make it more flexible for our  
21   members to get their prescriptions and get them to them in  
22   the safe manner that works for them, it's going to be good  
23   for everybody and that's my comment there.

24                   CHAIRWOMAN FREED:  This is Laura Freed.  
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1 Any other comments or questions, Board members?

2 I see Mr. Lindley shaking his head, nope. I'm  
3 good.

4 All right. Well, with that we have I think  
5 finished Agenda Item Number Three. And we can return to the  
6 second public comment period under Agenda Item Four.

7 MR. MARTIN: For those who have joined for public  
8 comment your name or the last four digits of your phone  
9 number will be announced and you will be advised that you can  
10 make your comments. If you're calling in via telephone  
11 please press star six to unmute. Due to time considerations  
12 each caller will be limited to three minutes.

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

16 MS. MALONEY: Good afternoon to the Board and  
17 Chair Freed. This is Priscilla Maloney, P-r-i-s-c-i-l-l-a  
18 M-a-l-o-n-e-y. Can you all hear me properly?

19 CHAIRWOMAN FREED: We can.

20 MS. MALONEY: Great. I apologize. I wanted to  
21 jump on in the beginning just to echo the comments that were  
22 made by Dr. Ervin, Dr. Unger and Ms. Laird as members of our  
23 public employee coalition that we often support each others  
24 positions in our comments.

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1 I would like to inform the Board though at the  
2 initial opening screen the public dial in number was correct  
3 but they had a different, and I'm looking right at it now.  
4 It's, the one I'm using, but there was a different number.  
5 So this is something maybe for broadcasting for the meeting  
6 ID so going forward on YouTube on the YouTube channel. Just  
7 be aware that's why I wasn't there in the beginning, but I'm  
8 here now.

9 So thank you for all of the comments and energy  
10 around these positions. It does sound like the only  
11 particular bill that today is having a formal position sort  
12 of recorded for the PEBP Board and that's AB48. And, again,  
13 like Dr. Ervin and Dr. Unger and Ms. Laird said, we all  
14 testified in support of AB48. And as it moved through each  
15 house, you know, we will be continuing to do that.

16 But thank you for all your time and energy  
17 putting together this helpful -- helpful sheet that helps us  
18 with our bill tracking activities as well. So thank you.

19 MR. MARTIN: Caller with the last four digits of  
20 7832, please slowly state and spell your name for the record.  
21 Please remember to press star six to unmute.

22 Caller with the last four digits of 8673, please  
23 slowly state and spell your name for the record, and please  
24 press star six to unmute.

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1 MS. MAYLATH: Hello. My name is Brooke Maylath  
2 calling in again in reference to SB139. A few minutes ago  
3 Ms. Rich gave representation only applies to PEBP and to  
4 Medicaid. That is not true.

5 There's -- I can't understand why this bias is  
6 being publicly displayed that there is a fear of transgender  
7 people coming to state employment just to be able to get a  
8 medical benefit. That could be a very positive thing because  
9 we have many many skills and assets that can be able to  
10 contribute to our state government.

11 But note that the bill affects every single type  
12 of health plan and health coverage in the entire state,  
13 including private employment and even privately purchased  
14 insurance. So there is no motivational factor of having  
15 these benefits in the state plan versus any other plan, but  
16 it does represent that this -- this unprovoked fear that  
17 these benefits are a bad thing.

18 So I suggest that we look very very closely at  
19 how we are treating transgender -- transgender employees that  
20 are currently in the employ of the state and making sure that  
21 they are not being, you know, harmed by this kind of display  
22 bias. So I thank you for your time. And, please, I ask the  
23 Board to closely examine, you know, the effects of  
24 discrimination and bias as evidenced in today's hearing.

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1 Thank you.

2 MR. MARTIN: Caller Amalia Russell, please state  
3 your full name for the record and make sure to unmute.

4 Caller with the last four digits of 7832, please  
5 slowly state and spell your name for the record and press  
6 star six to unmute.

7 Madam Chair, that concludes the public comment.

8 CHAIRWOMAN FREED: Okay. Thank you very much.

9 And with that I will just say thank you, Board  
10 members, for your time this afternoon. This was our shortest  
11 meeting in memory, but brace yourselves my friends. Our next  
12 meeting is March 25th and it is a big one. So get ready.  
13 It's going to probably be a fat meeting packet too. So I  
14 look forward to seeing that from the PEBP staff.

15 And at 2:13 p.m. I will adjourn the meeting.

16 Thanks everybody.

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1 STATE OF NEVADA, )  
2 CARSON CITY. ) ss.

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I, KATHY JACKSON, Official Court Reporter for the State of Nevada, Public Employees' Benefits Program Board, do hereby certify:

That on Thursday, the 11th day of March, 2021, I was present on a teleconference for the Public Employees' Benefits Program, Carson City, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 1 through 47, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 12th day of March, 2021.

KATHY JACKSON, CCR  
Nevada CCR #402

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