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In The Matter Of:

*PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA*

April 21, 2023

*Capitol Reporters
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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA
FRIDAY, APRIL 21, 2023
CARSON CITY AND LAS VEGAS, NEVADA

The Board: JACK ROBB - Chair
JIM BARNES - Vice Chair
LINDA FOX - Member
LESLIE BITTLESTON - Member
TOM VERDUCCI - Member
MICHELLE KELLEY - Member
BETSY AIELLO - Member
JANELLE WOODWARD - Member

For the Board: RADHIKA KUNNEL
Deputy Attorney General

For Staff: LAURA RICH
Executive Officer
WENDI LUNZ
Executive Assistant
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1 FRIDAY, APRIL 21, 2023, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRMAN ROBB: Thank you. It is 1:00 o'clock,
4 April 21st, and we're doing this meeting via Zoom. We will
5 open the meeting. And please do roll call. You're on mute.

6 MS. LUNZ: Sorry, about that. Chair Robb?

7 CHAIRMAN ROBB: Here.

8 MS. LUNZ: Linda Fox?

9 MEMBER FOX: Here.

10 MS. LUNZ: Betsy Aiello?

11 MEMBER AIELLO: Here.

12 CHAIRMAN ROBB: Jim Barnes?

13 MEMBER BARNES: Here.

14 MS. LUNZ: April Coughron is excused.

15 Leslie Bittleston?

16 MS. BITTLESTON: Here.

17 MS. LUNZ: Jennifer McClendon is also excused.

18 Tom Verducci?

19 MEMBER VERDUCCI: Here.

20 MS. LUNZ: Janelle Woodward?

21 MEMBER WOODWARD: Here.

22 MS. LUNZ: Michelle Kelley?

23 MEMBER KELLEY: Here.

24 MS. LUNZ: Thank you. And we have a quorum.
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1 CHAIRMAN ROBB: Thank you.

2 We will move on to Agenda Item Number 2. Those
3 wishing to participate via the telephone, please dial
4 669-900-6833. The meeting ID number is 83755123403. And
5 when you get through that and ask for meeting ID, please
6 enter the pound sign. That information can also be found on
7 page one of the agenda that should be posted on-line.

8 Do we have any public comment?

9 MR. HOPKINS: Yes, we do, Chair Robb. I'm
10 getting this lined up right now. We have a decent amount
11 right now, so one moment everyone.

12 CHAIRMAN ROBB: Okay. While we're waiting for
13 that, I will give a reminder that public comment will be
14 limited to three minutes, and please state and spell your
15 name for the record when you get going.

16 MR. HOPKINS: As a reminder, the Zoom is used for
17 public comment only. This meeting is streaming live on the
18 PEBP YouTube channel, if you wish to watch the PEBP Board
19 meeting there. The YouTube link is located on the agenda.

20 For those who have joined for public comment,
21 your name or last four digits of the phone number will be
22 announced. You will be advised that you have been unmuted.
23 As a reminder for those on the phone, please press star six
24 to unmute. Please, slowly state and spell your name for
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1 record and proceed with your comments.

2 Kent Ervin, you have permission to speak.
3 Please, slowly state and spell your name for the record.

4 MR. ERVIN: Hi. This is Kent Ervin, K-e-n-t
5 E-r-v-i-n, for the Nevada Faculty Alliance. Good afternoon,
6 Chair Robb, and Board Members. So we had pretty good news at
7 the budget closing for PEBP last week with restoration of the
8 life insurance to pre-pandemic levels, as well as additional
9 increments to the health saving accounts and health
10 reimbursement accounts, so that's all good news.

11 We were, of course, disappointed that the
12 legislature did not restore long-term disability insurance,
13 which we believe is an essential safety net for our State
14 employees. We hope that that issue can still be worked on,
15 either during this session or in the future.

16 And in general, as far as the legislative
17 process, we really need to figure out how the legislature can
18 do what it wants to do when it has good ideas about restoring
19 benefits within the scheduling difficulties that the PEBP
20 fiscal year and plan year presents. Thank you.

21 MR. HOPKINS: Thank you. Robin V. Reedy, you
22 have permission to speak. Please, slowly state and spell
23 your name for the record.

24 MS. REEDY: My name is Robin Reedy, R-o-b-i-n
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1 R-e-e-d, as in dog, y. Members of the Board, I am the
2 executive director of NAMI Nevada, the National Alliance of
3 Mental Illness here in Nevada. I'm also a retiree of the
4 State utilizing the benefits I have earned over 20 years
5 working as both classified and in unclassified service for
6 the State of Nevada, and I was primarily in the finance, so
7 numbers are my friends.

8 In testimony given on SB 167, it was stated that
9 40 percent of those forced to go through a step therapy
10 process for medications were successful. It was touted as it
11 was a good thing. 40 percent is only good if you are one of
12 the 40 percent and it works for you.

13 If you are in the majority of people for which it
14 fails, you have wasted six months to two years of your life
15 following step therapy and not getting well. It's even worse
16 when it's psychiatric medications. The fact is, a
17 psychotropic drug will map your brain so that a drug that
18 might have worked if you took it first may not work after
19 taking the different drug first.

20 40 percent of medicine does not work when it's
21 your granddaughter needing medication. Because of step
22 therapy she does not graduate from high school. A change in
23 meds is the most dangerous time for an individual and they
24 ultimately go through a crisis sending them to a higher cost
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1 care. It could mean a 72-hour hold or law enforcement
2 intervention. And believe me, that cost of care for one
3 individual in crisis could cost far more than the fiscal note
4 presented.

5 Anyone been to an ER lately and seen the bill?
6 Imagine being stuck there because there are no beds in the
7 mental health facility. I know of one dependent stuck for
8 weeks during a mental health crisis in an ER because he lived
9 with hemophilia, as well and no facility would or could take
10 him, definitely a higher cost than the fiscal note.

11 I would like to gently remind everyone that PEBP
12 is the Public Employees' Benefit System and should put the
13 wants and needs of the employees above the pharmacy benefit
14 managers that advise them. They will profit, and we all want
15 to improve and save lives. Please support the cost of the
16 fiscal note and do what is right for the employees of the
17 State of Nevada. Thank you.

18 MR. HOPKINS: Thank you.

19 Will Barry Cole, you have been unmuted. Please,
20 state and slowly spell your name for the record.

21 MR. COLE: Good day. My name is Barry, B-a-r-r-y
22 Cole, C-o-l-e. I've been a psychiatrist for about 40 years.
23 When I look at step therapy, what I understand is months go
24 by while we try to guess what medicine might work.

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1 It turns out the FDA actually tells us based on
2 science what medicines do work and for what conditions. I
3 understand that a pharmacy benefits manager might hope that a
4 patient will respond 40 percent of the time to a generic
5 medication. 60 percent of the time they don't.

6 And here's the sad part of this is that we know
7 that with early intervention in psychotic illness, things
8 like schizophrenia, severe bipolar, the sooner we can
9 intervene effectively the greater the probability of
10 restoration. Each psychotic break presumably lowers one's
11 recovery potential by ten percent, ten breaks, no chance of
12 full recovery.

13 So what we're looking for is using the right
14 medications for the right patients at the right times. We're
15 not saying everyone has to go on the most expensive medicine
16 just because it's the newest. It's the shiniest. What we're
17 saying is use published literature when there isn't a clear
18 FDA indication to see what medications have been tried, what
19 the affects have been.

20 When the FDA has actually received trial data and
21 that's based on two independent studies that establish
22 efficacy, we probably should get to these meds sooner rather
23 than later and not withhold them.

24 So I agree with many of the things Ms. Reedy just
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1 said, NAMI, the Nevada Psychiatric Association, the American
2 psychiatric Association. We all work for the betterment of
3 people who suffer and live with mental illness. I hope that
4 you'll support 167. I think it's the right legislation.

5 Thank you.

6 MR. HOPKINS: Thank you.

7 CHAIRMAN ROBB: Thank you.

8 MR. HOPKINS: Lea Case, you have been unmuted.
9 Please, slowly state and spell your name for the record.

10 MS. CASE: Good afternoon and thank you. Lea
11 Case, L-e-a C-a-s-e. I'm here today on behalf of the Nevada
12 Psychiatric Association. First, I would just like to say
13 ditto to Ms. Reedy from the NAMI Nevada and to Dr. Barry
14 Cole. I think both of them made very salient points that are
15 important to this discussion.

16 The Nevada Psychiatric Association urges the PEBP
17 Board to reconsider the fiscal note on SB 167. Just in
18 looking at some of the supporting information in the bill
19 tracking document for this meeting today, that impact to PEBP
20 states that there's 6,805 members that are currently taking
21 at least one of the impacted drugs. And that in 37 percent
22 of cases, patients found the less expensive alternative was
23 effective, which means in 63 percent of the cases, patients
24 had to try. They had to get another doctor's appointment and
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1 get another medication.

2 So 2,578 people were fine with the first
3 medication or the less effective or the less expensive
4 medication the first time. 4,287 patients, on the other
5 hand, paid their 50 dollar co-pay for that first doctor's
6 visit, a 20 dollar co-pay for the medication and found it
7 didn't work, and then had to go back to the doctor, which
8 required scheduling. And as Robin said, you know, this can
9 take six months to two years to get in to see your doctor.

10 So then they had to pay another 50 dollar co-pay
11 and then 20 or over 150 dollar co-pay for an additional
12 medication, depending on where it is on the list. And
13 patients are going back two and three times or maybe they're
14 not going back to their doctor and are instead ending up in
15 the emergency department. Perhaps they need an ambulance
16 ride because they're now in a mental health crisis.

17 So we would just, we as the Nevada Psychiatric
18 Association, would urge the PEBP Board to take another look
19 at the fiscal note submitted on SB 167 and just see if that
20 impact is not offset by having folks on the right medication
21 that first time. Thank you.

22 CHAIRMAN ROBB: Thank you.

23 Next, please.

24 MR. HOPKINS: Kate, Kate Kruk, apologies if I
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1 mispronounce that. Please, slowly state and spell your name
2 for the record.

3 MS. KRUK: Good afternoon. My name is Kathleen
4 Kruk, K-a-t-h-l-e-e-e-n K-r-u-k. And I have been an employee
5 for the State of Nevada for nine years. I'm here on my own
6 time and with my own interests. I'm urging PEBP to
7 reconsider their fiscal note for SB 167. I understand that
8 PEBP is concerned about the potential cost that might happen.

9 What is being missed here is the amount that can
10 honestly save PEBP in the long run. I'm the mother of an
11 amazing 17-year-old trans son. When he turned 13, his health
12 started -- his mental health started declining and we had
13 multiple suicide attempts. Max was hospitalized for the
14 first time in December of 2018.

15 His doctor prescribed him multiple medications
16 that our pharmacy couldn't fill and told me to contact our
17 benefits manager. After many hours and multiple phone calls,
18 I was told that to get this med prescribed and paid for, he
19 would have to try two to three other drugs first. Meds that
20 treat psychosis take four to eight weeks to hit a therapeutic
21 level. If you did the math, trying three meds at eight weeks
22 per med, that's a 24-week delay of treatment.

23 In that time, Max had two more stays at RBH and a
24 stay for six weeks at a residential facility. I don't know

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1 the daily cost of treatment at RBH or Evolve but I cannot
2 imagine it to be less than treating the illness with the
3 medications that were originally prescribed.

4 Max is lucky to have family like us, who will
5 place him in the hospital when it is needed. There are
6 people in Nevada that do not have the same support, who while
7 waiting 24 weeks for their meds to work could have taken
8 their own life.

9 I personally have suffered from depression the
10 majority of my life. And in my early 20s I was diagnosed
11 with bipolar type two. During a particular low point, my
12 doctor prescribed a new anti-depressant for me called
13 Trintellix. The first three months of this went great. The
14 med was working wonders and my doctor was able to provide
15 samples for me, but the samples ran out. As I went to the
16 pharmacy to have it filled, I was told to contact the
17 insurance company again, at which time I was told that I was
18 going to try two other anti-depressants before them approving
19 Trintellix.

20 At this point I opted to pay out-of-pocket for
21 the medication because I was not willing to go on a med that
22 I did not know would work when I was already on one that was
23 currently working. The cost of this med out-of-pocket at the
24 time was \$476 a month. That's more than my car payment.

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1 Mental health medications is the key component in
2 life or death game here, but other things were also at risk.
3 My family's whole well-being could have been in jeopardy
4 here. I was able to take FMLA to be able to leave and go to
5 the extra doctors appointments with my son and spend hours on
6 the phone with an insurance company advocating for my child.
7 I was able to do this without losing my job, not all Nevadans
8 have that luxury.

9 If FMLA would not have been an option for me, I
10 would have lost my job, my insurance and my housing,
11 resulting in my son and I having to be on public benefits in
12 order to be able to survive. So while you're worried about
13 the cost of one medication for one patient, the bigger cost
14 without those medications is much, much larger. I urge you
15 to reconsider the fiscal note on SB 167. Thank you.

16 CHAIRMAN ROBB: Thank you.

17 Next, please.

18 MR. HOPKINS: Carter Bundy, you have been
19 unmuted. Please, slowly state and spell your name for the
20 record, if you wish to make public comment.

21 MR. BUNDY: Carter Bundy, C-a-r-t-e-r B-u-n-d-y
22 with AFSCME. I first want to thank the Board and Director
23 Rich. We know how much time and how much effort you put into
24 trying to get and maintain the best healthcare for State
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1 employees and we're grateful for that.

2 We seem to be in a chicken and egg situation
3 where RFP's are put out based on what we think the
4 legislature will find and the administration. And then we
5 get to the legislative session and because those RFP's are
6 set, there's not a lot we can do to change the plan design,
7 really nothing we can do. There's some standalone things
8 that we're grateful for the legislature acting on, including
9 life insurance and HSA's and HRA's.

10 We do -- to echo Dr. Ervin's point, we do think
11 that long-term disability should be restored as well, but
12 those are standalone things and they can also help with
13 premiums and subsidies. But at the end of the day, what
14 we're finding is that we're constantly now in this trap where
15 the RFP has been sent out. The plan has been designed and
16 our members can't afford to use what should be good
17 healthcare, what is good healthcare in a lot of ways.

18 But when the deductibles, co-pays and
19 co-insurance are so high, it makes it difficult for our
20 members to use the very healthcare when they need it the most
21 and when earlier treatment would have prevented higher cost
22 down the road.

23 So what we hope we can do is start to have a
24 24-month engagement with PEBP, with the administration and
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1 with the legislature so that PEBP can start to explore
2 restoring lower deductibles, restoring lower co-pays,
3 restoring lower co-insurance in their RFP's, that we can do
4 some costing out so that when we -- when it comes time to
5 send out the RFP's, which is well before the session, we're
6 not in a position where we're -- we're essentially enacting
7 unusable healthcare.

8 We want to be your partner with this. We want
9 the legislature and the administration to be partners with
10 PEBP as well. And we hope that by doing this, this next
11 24-month period, we can finally break this cycle and make
12 healthcare affordable again with Nevada State employees.
13 Thank you.

14 CHAIRMAN ROBB: Thank you.

15 MR. HOPKINS: Brady Easterling, you have been
16 unmuted. Please, slowly state and spell your name for the
17 record if you wish to make public comment.

18 MR. EASTERLING: Hey there. Brady Easterling,
19 B-r-a-d-y E-a-s-t-e-r-l-i-n-g. I just want to say ditto to
20 what Carter Bundy just shared.

21 CHAIRMAN ROBB: Thank you.

22 MR. HOPKINS: Thank you. One moment. We have a
23 couple of more.

24 Caller with the last four digits 6403, you have
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1 been unmuted. Please press star six to unmute if you wish to
2 make public comment. Caller with the last 6403, you have
3 permission to speak if you wish to make public comment.

4 Caller with the last four 1662, you have
5 permission to speak. Please, press star six to unmute your
6 phone and please slowly state and spell your name for the
7 record if you wish to make public comment. Caller with the
8 last four 1662, please press star six if you wish to make
9 public comment.

10 Chair Robb, that is everybody. That concludes
11 public comment. Chair Robb, you're on mute right now.

12 CHAIRMAN ROBB: Sorry about that. We all do it
13 at one point.

14 We will move on to Agenda Item Number 3, Budget
15 Closing Update, Laura Rich, for discussion.

16 MS. RICH: Thank you. Laura Rich for the record.
17 And I apologize, this would normally come in the form of a
18 Board report, but our budget closing was on Wednesday, and we
19 had to get these items posted by Thursday. So this is just a
20 verbal update.

21 As you heard, we -- PEBP had our budget closing
22 on Wednesday morning and there's some good news. We did get
23 some additional HSA and HRA funding for all active employees.
24 This is all done through general fund so it is not through
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1 the PEBP budget. This is through the biennium funded by the
2 legislature through general funds.

3 It was tiered so the tiers are in three, four and
4 500 dollar increments. So \$300 for employees, \$400 for
5 employee plus spouse and employee plus children. And then
6 \$500 for employee plus family, so that's in addition to on
7 the CDHP there's already a base amount. And then the PEBP
8 Board approved \$300 additional for all plans, and so this is
9 in addition to that \$300 for all plans. We're adding that
10 three, four, 500 dollar tiered based on, you know, what --
11 what plan and what -- what tier that person is in, so that is
12 good news.

13 Additionally, we have, as you heard through
14 public comment, life insurance was restored again through
15 general fund, and so this is not through our budget. So this
16 is done for the biennium without the promise that this is
17 going to be continued in the next two years when the
18 subsequent gov rec comes out for the next biennium. So this
19 is done through the legislative process outside of our
20 budget. The restoration of life insurance was, it was
21 restored to the \$12,500 per retirees and 25,000 for actives.

22 Another good piece of good news, we did get the
23 lead insurance counsel position approved, so that's the --
24 currently we have a CIO position that has gone unfilled for
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1 quite some time now, and we asked to switch it and to
2 reclassify it to a lead insurance counsel position, and so
3 that has been approved. I'm really excited about that. That
4 position would begin on or after July 1st.

5 And the last piece of this is our subsidies. So
6 our AEGIS and REGI as was submitted in our budget, they were
7 approved. And so while this is not the -- not guaranteed
8 because they are projections based on our current trend
9 today, the subsidies are set with the expectation of keeping
10 rates flat or relatively flat throughout the biennium. So we
11 are glad that those -- those rates, those subsidies as
12 submitted were approved as well.

13 So I think that really captures it in a nutshell.
14 And if the Board has any questions, I'm willing to answer
15 them.

16 CHAIRMAN ROBB: I don't see anybody raising their
17 hands with questions. I don't see any questions. We can
18 move on to Agenda Item Number 4, discussion and possible
19 action regarding 2023 Legislative Bills that may impact the
20 Public Employee Benefit Program, including the following.
21 We'll start with assembly bills then move to senate, then
22 move to bill draft requests. Laura Rich, executive officer.
23 So we'll start with assembly bills and then we'll take
24 questions.

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1 MS. RICH: Laura Rich for the record again. In
2 the interest of time, I know it's a Friday afternoon. A lot
3 of us have our brains basically shutting down. So I'm not
4 going to go through every bill here. I don't think it's
5 necessary to go through every bill. I have some of the bills
6 that I'm going to go through that I think are important to
7 cover. But if there's any Board Members that have any bills
8 outside of this that would like to -- they would like to pull
9 out, I'm happy to go over those.

10 So the first one, I could not remember if at the
11 Board meeting or -- I can't talk today. If at the last Board
12 meeting, we discussed on page three, AB 6. So this is a --
13 as part of my position at PEBP, I am a nonvoting member on
14 the patient protection commission. So PEBP has been
15 participating in providing data, claims data and doing cost
16 analysis with the patient protection commission, with the
17 intent of potentially the patient protection commission
18 wanted to look at establishing a benchmark, a growth cost
19 benchmark.

20 This is not being supported by the Governor's
21 Office, the new administration. And so although this bill is
22 continuing through the legislative process and -- and was
23 passed out of the committee, it's something that the -- the
24 administration has come out publicly and said that they do

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1 not -- do not support moving forward.

2 And I couldn't remember if I had said that at the
3 last Board meeting or not, so I just wanted to touch on that.

4 The next one, if you turn to page six of the
5 report, this is AB 85. We did go over this last time but it
6 has since been amended. This is a bill that establishes
7 fixed rates on facility charges and establishes an
8 independent commission to oversee those rates.

9 So when that commission looks at what is fair and
10 reasonable for facilities to charge, they can look at things
11 like what is the going market rate? What is -- what is
12 reasonable profit, things like that to establish those rates.

13 Originally this was going to be done statewide
14 but the amendment narrows the scope to basically PEBP. So
15 PEBP, it's somewhat of a pilot program in this -- in this
16 bill. At the time, it's really we're unable to determine
17 what that impact would be. Originally we had thought that it
18 would likely reduce rates assuming that we are -- that
19 there's room for those rates to drop and that hospitals are
20 over charging.

21 However, there's also the thought that, you know,
22 if you hear the hospital associations, they have had plenty
23 of presentations that they have -- you know, that they have
24 made publicly. A lot of hospitals are claiming that they are
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1 in the red right now and they are not making sufficient --
2 they are not bringing in sufficient revenue in order to cover
3 their costs. So if that is true, the opposite could be true
4 where we would be paying higher rates, right. So it's
5 really -- we're unable to determine what this is going to
6 look like. But that is -- that's essentially, you know, what
7 that bill boils down to.

8 It was passed out of committee and is now in the
9 senate, so we'll be watching this. But as of the last Board
10 meeting, the Board position was neutral. So if there's any
11 thoughts or changes on that, this is the time to speak up.

12 CHAIRMAN ROBB: Do we have any -- oh, yes,
13 Ms. Aiello.

14 MEMBER AIELLO: Just a quick question. Is the
15 hospital association in favor of this?

16 MS. RICH: Absolutely not.

17 MEMBER AIELLO: Then my thought would be that
18 they don't think it would increase their rates but that's
19 just a thought.

20 MS. RICH: I think there's a lot of -- Laura Rich
21 for the record. There's some complexities to this, right.
22 So we -- there's -- there's a commission that would have to
23 be established that would look into those rates, and what
24 does that look like? I mean, you really have to look at, you

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1 know, the hospitals and figure out, dig into their -- into
2 their, you know, finances, really, that's what I would
3 assume. You would have to look into their finances and
4 figure out what are they charging versus what are they -- you
5 know, what is a reasonable profit, right?

6 So I don't know if anybody really understands,
7 you know, what that would look like, including the hospital
8 association. So I don't think that there's sufficient
9 information. It's always good, you know, to get this data
10 and to really understand what is, you know, happening in
11 terms of, you know, what charges are -- what claims are
12 looking like and what's -- we were doing this through the
13 patient protection commission is collecting that data and
14 we're also doing this through price transparency and things
15 like that, you know, and all claims databases. So there's a
16 lot of efforts being made to get the data, but we just don't
17 have that data yet. So it's really difficult to say whether
18 this is something that's good for PEBP or bad for PEBP.

19 MEMBER AIELLO: And then that's -- that would be
20 a good point if people, including the hospital association
21 really don't know the impact of this that seems a bit early
22 to institute it but just a thought?

23 CHAIRMAN ROBB: Board Member Kelley.

24 MEMBER KELLEY: Michelle Kelley for the record.
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1 Thank you, Chair Robb. You know, I'm a big fan of remaining
2 neutral on these legislative bills, but I'm really concerned
3 that this one has been amended to only focus on PEBP. And I
4 think we should be used as a guinea pig group, we or our
5 employees firstly because as Executive Officer Rich has
6 pointed out, there's so much unknown about this.

7 You know, I mean, I think that so much money and
8 lobbying money goes into the medical care in this country,
9 honestly, you know, it probably will reduce prices. But if
10 PEBP is not staffed to do this, you know, and now it's only
11 PEBP, I kind of think that we probably should take a
12 position.

13 And also I think that just a small group like
14 PEBP, how are you going to impact? You know, I don't think
15 we're a good group for the experiment, if you will, because
16 it is a closed group. We already have our negotiated rates.
17 And how will that impact our contracts with our networks and
18 things. I think that -- I actually think that it could be
19 just very burdensome to do this.

20 And so I would make a motion to -- to actually
21 position ourselves in the negative on this one, if anyone
22 else was interested in seconding it.

23 CHAIRMAN ROBB: I have a motion by Board Member
24 Kelley. Do we have a second? Tom Verducci, you're on mute.
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1 Do you second?

2 MEMBER VERDUCCI: Yes, Tom Verducci, and I will
3 second that.

4 CHAIRMAN ROBB: Okay, thank you.

5 Any further discussion on the motion? Seeing
6 none, all those in favor signify by raising your hand and
7 saying yes.

8 (The vote was unanimously in favor of the
9 motion.)

10 CHAIRMAN ROBB: Okay. All those opposed, please
11 signify by raising your hand and saying no, okay. Motion
12 passes.

13 MS. RICH: All right. Laura Rich for the record.
14 If you turn to page 11, you'll see Assembly Bill 250. This
15 bill establishes provisions governing prescription drugs.
16 And so what this is is it's really -- it's tying the
17 Medicare -- the Medicare pricing, right, to -- you know, the
18 moves that Medicare has made to drug pricing. Again, this is
19 one of these that it's difficult to determine how this would
20 impact PEBP because it could overall lead to net savings
21 depending on what those negotiated prices are because CMS
22 hasn't done that yet, right.

23 CMS is -- we're still -- we're still some time
24 out before that, you know, that happens, you know, on the CMS
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1 front. So we don't know what those negotiated prices are or
2 which net savings because CMS, we're still some time out
3 before that. So we don't know what those negotiated prices
4 are or which drugs they are. We have a pretty good idea
5 which drugs they are but we don't know exactly which drugs.
6 And so depending on what those negotiated prices are compared
7 to what we are actually paying through our PBM, you know, we
8 could see a cost savings or not.

9 The other thing too is that this bill could
10 result in less favorable discounts, right. So you lower the
11 cost for some drugs and they are going to make up their cost
12 somewhere else, right. And so other drugs that are not on
13 that list will get -- will increase on price. So you'll see
14 other drugs go up in price. So in the end, would we really
15 save anything or not, we don't know.

16 The last piece of this is that there's downstream
17 considerations as well, such as if other states that are not
18 doing this, you know, versus the states that are doing this,
19 potentially access to those drugs would go be directed and
20 much easier to access through states that don't have it
21 versus states that do. Whether that would happen or not, who
22 knows, but it's something that we have to take into
23 consideration.

24 So this was passed, and so and there was an
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1 amendment, some small amendments but overall that's the gist
2 of this bill. So we don't have a Board position on this. If
3 the Board would like to take a position on this bill, this is
4 the time.

5 CHAIRMAN ROBB: Any comment amongst the Board
6 Members? Ms. Aiello?

7 MEMBER AIELLO: Sorry, I keep jumping in. But,
8 again, it's hard for me to jump onboard on these so early
9 that we don't know what the impact is. If CMS hasn't come
10 together yet and established these pricing and see what's
11 going on, it seems like we're, I don't know, jumping into a
12 hole before we know what it is, but maybe I just worry about
13 those kind of things.

14 CHAIRMAN ROBB: Any further discussion? Seeing
15 none, I think we can move on.

16 MS. RICH: All right. Turning to page 15 of your
17 packet is AD -- Assembly Bill AD 83. This bill expands
18 health insurance coverage to include voluntary sterilization
19 for men, clinical services related to contraceptions and
20 language translation services that facilitate the provision
21 of contraceptives.

22 There's a lot of contraceptives pills out there
23 right now. This is just one of them. This does not affect
24 PEBP because, one, there was an amendment, which really
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1 eliminates all health insurance coverage, so we would be
2 exempt from this. But for the most part, we're already
3 providing these services anyway.

4 Language translation, probably not. I don't
5 think that's covered in our plan, but for the most part we do
6 cover the sterilization for men and some of these other
7 contraceptive coverages that are discussed in this bill. So
8 there should be not any fiscal impact or, you know, really
9 impact whatsoever to PEBP on this one.

10 CHAIRMAN ROBB: Any Board discussion? Hearing
11 none, we can move on.

12 MS. RICH: All right. Senate Bill 163, this is
13 on page 21 of your Board packet. This requires certain
14 health insurance to cover treatment of certain conditions
15 related to gender dysphoria, gender and congruence and other
16 disorders of sexual development.

17 Really there were some changes in here that there
18 was an amendment in here that I just wanted to bring to the
19 Board's attention because for the most part I think we've
20 already, you know, discussed all of this, that we do provide
21 most of the coverage that is included in this bill with some
22 minor -- minor benefits that would be really insignificant in
23 terms of, you know, nominal to the plan.

24 The only update that I want to bring to the
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1 Board's attention is that PEBP currently uses utilization
2 management which takes into account the WPATH guidelines, but
3 that's just one piece of how they make the determination for
4 gender dysphoria coverage.

5 What this does, this bill does, the amendment
6 actually now requires insurers to use WPATH. Whether that
7 means that they only use WPATH or they use it as part, it's
8 not quite determined yet. I haven't figured that out quite
9 yet. The amendment was just adopted on the 13th, and so this
10 is probably something that needs to be clarified. But I just
11 wanted to make sure to bring that to the Board's attention
12 because that's not currently the way PEBP does it today. We
13 take WPATH standards into consideration, but we do not --
14 that's not the only guideline that we use.

15 CHAIRMAN ROBB: Any further discussion or
16 questions? Seeing none, we can move on.

17 MS. RICH: All right. The next one is on page
18 22, which is Senate Bill 67. This is the bill that you heard
19 some public comment about earlier today. This bill requires
20 a plan to allow members prescribe certain psychiatric drugs
21 to bypass step therapy. We discussed this last time. The
22 Board was in a neutral position.

23 Our fiscal note at the time was fairly minimal,
24 and it was \$20,000 a year or 40,000 per biennium. There was
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1 an amendment to this that removes therapy requirements for
2 any FDA approved drug. So this means that it is now not
3 limited to just our formulary drugs, right. It's any FDA
4 approved drug, and so it does kind of open the doors a little
5 bit and definitely has a larger impact than that 20,000 to
6 40,000 or 20,000 a year or 40,000 biennium. That's now
7 increased to about 150,000 a year of an impact.

8 Now, I did have discussions with the stakeholders
9 that are involved in this bill, and there were some comments
10 made about potentially what you heard through public comment,
11 right. You through step therapy, you potentially, if you
12 provide someone access to the drug that was originally
13 prescribed, you may end up preventing hospitalization,
14 whether it's an ER visit, whether it is, you know, another
15 type of event, you know, it does provide -- you can make the
16 argument that it does provide the or it does reduce
17 potentially those types of incidents.

18 Now, I did actually reach out to our utilization
19 management team and ask them, again, you know, we've only
20 been using United Healthcare for our utilization management
21 for, since July 1st, right. So there's not a long period of
22 time to look at this. But I did ask them to look into this
23 and see if there was any type of situations or scenarios
24 where they could think of where they have someone on case

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1 management undergoing behavioral health type services. And
2 because of step therapy, they were not on the right drug
3 which landed them either in the ER or hospitalized for any
4 other reason. They didn't have anything that they could
5 provide to me in terms of, you know, data that could prove
6 that. Not to say that's not -- you know, it's a logical
7 argument, but I don't have data to prove that.

8 What I do have though is that, you know, those
9 drugs, definitely the expansion of those drugs would
10 definitely come at a cost. So with that I'll take any
11 questions.

12 CHAIRMAN ROBB: Mr. Verducci?

13 MEMBER VERDUCCI: Yes, Tom Verducci for the
14 record. You know, I've personally had to help somebody for
15 the last five years that has come down with a severe case of
16 schizophrenia, and this individual has tried to take his life
17 seven times, 60 days in the Reno Behavioral Center. From
18 hands-on experience, I can tell you if they're not taking the
19 right medication and they have an episode, it gets really,
20 really severe.

21 And I think that in general, mental health is
22 something that does get ignored a little bit. I do think
23 that we should be taking some position to give them the very
24 best access that they have to their medications. And I do

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1 believe that we've heard compelling public testimony that I
2 do think this would be in the best interest of the members
3 for us to support this.

4 CHAIRMAN ROBB: Board Member Aiello.

5 MEMBER AIELLO: I just have a question how this
6 relates to SB 194 because when I read that, it talks about
7 step therapy. And then down in the impact to PEBP, it talks
8 about drug costs also, and that has a huge fiscal note of
9 1.5 million, and I'm just curious because if we -- and I kind
10 of agree with what I just heard from Mr. Verducci. But I'm
11 just trying to -- if you could explain how these two bills
12 relate and what doing something to one impacts the other and
13 that's just so I can better understand. Thank you.

14 MS. RICH: Sure. Laura Rich for the record. So
15 SB 167 is limited to psychiatric conditions. Whereas, the I
16 think 194, if I'm right, is much more of a broad scope, so
17 this is much more limited. 194, we are -- I just want --
18 we'll go over it but we are exempt from that. PEBP has been
19 exempt from that one, so that one no longer applies.
20 However, that bill in general does have a much broader scope
21 while this one is limited to just psychiatric conditions so
22 there's only a certain type of drug that would be -- that
23 would not be subject to step therapy.

24 MEMBER AIELLO: Then I'm just a little confused
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1 about that amendment adopted on April 5 that says remove step
2 therapy requirements for -- oh, for any FDA drugs, so it
3 removed it for all and just made it to psychiatric drugs; is
4 that correct?

5 MS. RICH: Correct. So originally the way the
6 bill was originally written was it was the covered drugs,
7 right. It was covered psychiatric drugs that we offer on the
8 plan, so formulary drugs. Now this is kind of increasing the
9 scope to even non-formulary drugs.

10 So we were neutral on this bill, if that's where
11 we want to remain or if we want to change that to support,
12 that's something that the Board needs to decide.

13 CHAIRMAN ROBB: Board Member Verducci.

14 MEMBER VERDUCCI: Yes, I would like to make a
15 motion that we support SB 167.

16 CHAIRMAN ROBB: Ms. Woodward, second?

17 MEMBER WOODWARD: I'll second that.

18 CHAIRMAN ROBB: We have a motion and second. Any
19 further discussion? Seeing none, all those in favor, signify
20 by saying aye.

21 (The majority of vote was in favor of the
22 motion.)

23 CHAIRMAN ROBB: All those opposed?

24 MEMBER FOX: I'm opposed.

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1 CHAIRMAN ROBB: The motion passes, with Board
2 Member Fox opposed. Okay, if we can move on.

3 MS. RICH: The next one is Senate Bill 184, which
4 we just covered so I will just briefly go over it. Really
5 it's the amendment on April 12th explicitly removes PEBP from
6 this bill. I don't think that the senator had any intention
7 of including PEBP. But the way it was written was not -- not
8 clear, and so the amendment specifically excludes PEBP and
9 removes them from being the requirements of this bill.

10 CHAIRMAN ROBB: Okay. Any further discussion?
11 Seeing none, we can move on.

12 MEMBER VERDUCCI: All right. The next one is
13 Senate Bill 320. So State legislators right now do have
14 access to -- to PEBP coverage. However, they do not get a
15 subsidy so they are footing the entire bill, which can be
16 pricey. So Senator Harris has proposed this piece of
17 legislation, which does basically make a legislator have
18 coverage similar to an employee. They would get that same
19 subsidy that any other employee would get and -- and have the
20 same plans, et cetera, et cetera, right, so no change other
21 than they get that subsidy.

22 There is no cost impact to PEBP because the
23 employer, in this case being the legislative counsel bureau
24 would pick up that cost. They are the ones who are paying
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1 for the AEGIS and REGI, which is the subsidy. So there is no
2 impact to PEBP.

3 And I just realized right now, it looks like the
4 Board already took a position on this. So I must have
5 already gone through this last time. There was an amendment
6 that was proposed on the 14th, and basically it's just so
7 it's constitutionally sound where an elected official has to
8 be reelected before they can actually take advantage of this.
9 So someone can't vote on a law that's gonna benefit them,
10 right. So this just changes it so they have to be elected
11 starting November 5th of 2024 moving forward. So that's the
12 only change to that one.

13 CHAIRMAN ROBB: Any discussion? Seeing none,
14 move on.

15 MS. RICH: This is -- the next one is on page 29,
16 which is Senate Bill 330. I just wanted to bring up that
17 there is an update. So, again, some of these bills are
18 written kind of -- they are a little convoluted as to whether
19 it applies to PEBP or not, and so we were able to clarify
20 that section eight of this bill and this is the -- the
21 mammogram bill that we discussed last time. It extends
22 coverage to all members and removes cost sharing.

23 So section eight of this bill specifically does
24 exclude PEBP. We were in support of this and so if this bill
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1 should pass, we might want to discuss whether or not this is
2 something that we want to adhere to in the future or take
3 advantage of the exemptions. So this is just something to
4 keep on the radar.

5 CHAIRMAN ROBB: Okay. Any discussion? Seeing
6 none, we can move on. Oh, go ahead, Board Member Woodward.

7 MEMBER WOODWARD: Sorry, I just -- Janelle
8 Woodward for the record. You said this excluded PEBP from
9 this one. That's too bad. I hope we consider it in the
10 future.

11 MS. RICH: The next one is on page 30. That's
12 Senate Bill 352. There's quite a few PBM bills out there
13 right now as well. This one really -- we already adhere to
14 much of what's in this bill already. They -- there's some
15 provisions regarding the direct coverage and contraception
16 and things like that.

17 But there's -- there's definitely -- there's an
18 amendment that now there's a noticing requirement through
19 this amendment. I was -- since this was posted, I was able
20 to get confirmation from our pharmacy benefit manager that
21 there will be, you know, some minor complexities with the
22 noticing requirement but it should be fairly minimal and we
23 should be able to adhere to it just fine. So we don't have
24 any real concerns with this one.

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1 CHAIRMAN ROBB: Any discussion? Okay, seeing
2 none, we can move on.

3 MS. RICH: On page 31, Senate Bill 377, this is a
4 bill that require the executive department, so all agencies
5 to designate certain information and documents as vital
6 documents, and those documents would then need to be
7 translated and made available in certain languages. This
8 means that PEBP would have to actively translate all
9 significant documents, which is those are in our master plan
10 documents, our SPD's, our benefit guides, things like that in
11 the top 12 languages spoken in Nevada.

12 We were able to do some quick math based on the
13 contracts that the State currently has available for
14 translation services and we're looking at a pretty hefty
15 dollar figure here. It's about 1.5 million dollars per year
16 because we would have to have it translated every year. So
17 this is one that we have not taken a Board position on. If
18 this is something that the Board would like to take a
19 position on, I'm happy to hear it.

20 CHAIRMAN ROBB: Any questions or comments? Board
21 Member Aiello. And then we'll go to Board Member Bittleston.

22 MEMBER AIELLO: Just really quick, and I
23 appreciate the work you did coming up on this dollar amount.
24 But if it was translated once, all of the documents for
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1 1.5 million, then wouldn't only the updates and changes in
2 the documents need to be translated. So if there's only a
3 few paragraphs in the future, would it be the whole -- just
4 wondering because that sounds like a lot yearly.

5 MS. RICH: Laura Rich for the record.

6 Potentially, yes, you know, you want to cover your basis when
7 you translate something. I know I speak Spanish fluently and
8 I know you can't translate things word by word -- word for
9 word. Sometimes if you switch certain things up, you have to
10 translate the whole phrase.

11 And so there's -- there's potential to just, you
12 know, say here's our master plan document, translate it, in
13 years that maybe we have a lot of changes. But in years
14 where we don't have a lot of changes and we're just changing
15 maybe the date and things like that then that would make
16 sense. But you have to present kind of, not really a worst
17 case scenario but, you know, what a realistic expectation.

18 And I definitely think, you know, PEBP has some
19 vital documents, but I think our fiscal note compared to what
20 other agencies might be providing is probably minimal.
21 Because I think other agencies have quite a few other
22 documents they have to translate that do have to change year
23 by year.

24 CHAIRMAN ROBB: Okay. Board Member Bittleston?
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1 MEMBER BITTLESTON: Thank you. Thank you. Just
2 a couple of questions. So what is PEBP doing already around
3 translation? Are we translating documents into Spanish or
4 are we doing that already?

5 My second question is, does a vendor do this? Is
6 there a vendor that does into all 12 spoken languages. I'm
7 just asking to see if that's even possible.

8 MS. RICH: Laura Rich for the record. So by law
9 we do have to have it available. So if someone asks for a --
10 for a significant -- so it's got to be a vital document, a
11 significant document, so that's our master plan document,
12 SBD's, benefit guides, things that are major. We do -- we
13 are required to translate them, to have them translated if
14 the request is made.

15 I don't know and maybe, I see Mr. Lindley who has
16 unmuted himself. I don't know if we've gotten any of those
17 requests. But, Tim, do you want to speak on that?

18 MR. LINDLEY: Tim Lindley for the record. We
19 haven't received any request to date. But the difference
20 between current requirements and this legislation is this
21 legislature requires proactive translation of documents.
22 Whereas, today they just submit a request. We get it
23 translated right away and provide that to them.

24 We do use the State contracts for document
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1 translation services. So we don't have someone in-house
2 manually doing it. We do have to go through the contract
3 route.

4 CHAIRMAN ROBB: Okay. Mr. Verducci, do you have
5 an additional question?

6 MEMBER VERDUCCI: Yes, I do have a question.
7 This is Tom Verducci for the record. I think I'll maybe
8 point this to Tim. I think Tim might be able to answer this.
9 But I am kind of wondering where the one and a half biennium
10 cost comes from. Is this generated from work on PEBP staff,
11 and I have concern about additional work on the PEBP staff.

12 I believe our statewide vacancy rate is around
13 25 percent and I just don't know if it's creating more work
14 and expense that is really necessary. I know when I need to
15 translate something, I just go to Google translate but I
16 understand the concerns on the various translations, how many
17 requests really come in for the 12 languages.

18 MR. LINDLEY: Tim Lindley for the record. To
19 answer your question, as mentioned earlier, we would go
20 through a state contracted vendor. So we wouldn't really
21 have much work per se. Once we have the plan documents
22 finalized, we would then send it off to the vendor for
23 translation and provide a final document and those get posted
24 on-line accordingly.

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1 MEMBER VERDUCCI: So does that appear accurate,
2 one and a half million dollar cost to the plan biennium?

3 MS. RICH: Laura Rich for the record, yes.
4 Mr. Lindley actually did the math. He counted the words and
5 all of the documents and it is per word translation and so we
6 did the math and that's where that number comes from.

7 MEMBER VERDUCCI: Do we have any idea in the last
8 two years, just on the average how many requests have come in
9 for those translation?

10 MS. RICH: Laura Rich for the record. I don't
11 know any that have come in for the last couple of years. I
12 can't think of one in the -- in the seven years I've been at
13 PEBP.

14 CHAIRMAN ROBB: It almost seems like a little red
15 tape here and it's a pretty big price tag, one and a half
16 million dollars, and I'm trying to see where it's going to
17 benefit somebody unless it's an issue out there that is
18 creating problems.

19 MS. RICH: I think -- Laura Rich for the record.
20 I think the intent for this legislation is to ensure that
21 government in general is able to communicate with non-English
22 speakers. You know, whether it's Spanish, whether it's
23 Chinese, Mandarin, you know, whatever it is. The thing is
24 with PEBP, we don't really -- you know, that's -- we're not
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1 really dealing with the general public, right. We're dealing
2 with State employees and retirees.

3 And for the most part I would say you might have
4 some non-English speakers, but I think for the most part
5 State employees have a pretty good grasp of the English
6 language.

7 MEMBER VERDUCCI: Okay. It was the one and a
8 half million fiscal or biennium impact here that was
9 disturbing but it really doesn't seem like this is going to
10 be a really big impact on PEBP, but I'm leaning towards us
11 remaining neutral, just my thought.

12 MS. RICH: Laura Rich. It would be a
13 requirement. If this bill passes, it would be a requirement
14 on PEBP. It doesn't mean that we don't have -- because we
15 would have to proactively do it. Right now we have to react
16 to it. If there's a request, we translate, but this is a --
17 a requirement that we would have to do proactively.

18 CHAIRMAN ROBB: Board Member Aiello.

19 MEMBER AIELLO: So, Laura, right now the law is
20 that you have to do it if someone asks. But to PEBP's
21 knowledge, nobody has asked for seven years. So if this were
22 to pass, PEBP would maybe be -- I still don't think it would
23 be 1.5 every year, but PEBP would be at least taking on
24 1.5 million in the first year and then whatever amount every

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1 year to update it afterwards.

2 And I don't know with idea that PEBP is pretty
3 much for people that have worked for the State. Now maybe
4 some family members don't speak English that are enrolled in
5 the plan, but there should be someone linking them I would
6 think that would speak English and maybe that's why you
7 haven't gotten any request.

8 Is there a potential for PEBP to be amended so it
9 didn't require for PEBP, I don't know, or if they think that
10 would just look bad. But here we're looking at actual
11 medical services that we're sometimes not asking for because
12 of that cost and this is something that we will do if someone
13 asks. I don't know.

14 CHAIRMAN ROBB: Board Member Kelley.

15 MEMBER KELLEY: Michelle Kelley for the record.
16 Thank you, Chair Robb. So I'm -- I think I'm as challenged
17 by this bill as, you know, everyone else who's made a
18 comment. I think just because PEBP hasn't had a request for
19 it doesn't mean that there's not the need out there. That's
20 -- I think, you know, some of our lower level jobs,
21 custodians and things like that, they don't rely on their
22 language skills to actually do the job. So I do agree that
23 there's probably family out there, you know, for those people
24 who do have challenges who have been helping them.

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1 So in saying that, Executive Officer Rich, is
2 this, the 1.5 fiscal note, is that attached to the bill
3 already so you've already provided that to the legislature?

4 MS. RICH: Correct.

5 MEMBER KELLEY: Yeah, you know, personally I
6 think I'm comfortable staying in the neutral position on
7 this. I think the fiscal notes let the bill sponsors know
8 the cost of, you know, the idea that they have got. It would
9 be great I think if PEBP would get exempted.

10 But at the same time I think that just because
11 there hasn't been a request doesn't mean the need is there.
12 I just don't know. You know, I'm the same as everyone else
13 so that's my thoughts.

14 CHAIRMAN ROBB: Any further discussion? Seeing
15 none, we can move on.

16 MS. RICH: Okay. Moving on to page 34, this is
17 Senate Bill 431. This is the Governor's bill. For those of
18 you who are not aware of what is included in this bill, I
19 know Chair Robb definitely is since he's very intimately
20 involved in all of this.

21 There is a lot of HR changes that would affect
22 not just PEBP but the State in general that are included in
23 this bill. So, first of all, the legislation creates five
24 cabinet level positions, each one overseeing certain areas of
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1 State government. The PEBP oversight would fall under the
2 secretary of commerce and administration.

3 Just so the Board is aware, today we have, today
4 and historically, the agency heads have been appointed a
5 liaison at the Governor's Office, whether that's the chief of
6 staff, the deputy chief of staff or anybody else, you know,
7 in that Governor's Office.

8 So the problem with that is that those positions
9 are there to govern and they're really instead focusing on
10 putting out fires within the State government within State
11 agencies. You know, from a director perspective, and you
12 mentioned this to the Governor's Office too have been very
13 forthcoming. I think this helps because from a director's
14 perspective, sometimes you need guidance. You want to make
15 sure that you're aligning with the goals and direction of the
16 Governor's Office and that you're not going against as an
17 executive branch agency against what the Governor's Office
18 is, their intentions.

19 And so when the Governor's Office staff is so
20 bogged down that it is difficult to really, you know, to get
21 their time and attention, you know, it's difficult on
22 directors as well. They do their best but there's a whole
23 lot going on in that Governor's Office. And so I think that
24 these five cabinet level positions would be a great addition.

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1 I don't know if they're going to get them or not.

2 The other part of this is it makes a lot of HR
3 changes that do expand on the authority that agencies have.
4 So right now, for lack of better words, there's a lot of red
5 tape. Any time agencies want to do something, there's a lot
6 of steps and there's -- you have to go through a lot of
7 different places before you can actually get the final okay.
8 So this actually takes away a lot of that bureaucracy and
9 puts it on the agency. And so things like for example,
10 including having the ability to start employees at a higher
11 pay range. So instead of step one, let's say someone,
12 there's an employee who comes in with more education, more
13 experience and you think that they -- they qualify for step
14 five and you can bring them in a little bit higher than entry
15 level.

16 And so in the past, there's been a whole lot of
17 steps that you have to take before you get that approved.
18 And I will be honest, most people don't even bother going
19 through that process because it's such a headache and half
20 the time it's denied. This would change it so that if your
21 agency has the money and the appointing authority thinks it
22 is -- it is worth bringing in that employee at a step five
23 instead of at a step one, that -- it leaves it up to the
24 appointing authority, and so there's a lot of that, the

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1 decision making gets pushed to the actual agency versus
2 others at other agencies.

3 So I'm very excited about this. And, I don't
4 know, Director Robb, or, Chair Robb, do you want to expand on
5 anything I didn't include or didn't touch on on this bill?

6 CHAIRMAN ROBB: No. But I truly believe that the
7 changes in 431 are going to make government more efficient
8 and make the hiring process more efficient. And I think
9 everybody is aware that Smart 21 was cancelled and with
10 cancellations of Smart 21, the rollback, I can tell you Smart
11 21 is a variable to State employment also.

12 So we're trying to simplify the process, trying
13 to put the decision maker -- the decisions back to people
14 that know what they need, instead of running through HR that
15 has this matrix they have to work in. We're hoping our to
16 change our 24 percent vacancy rate and get that down
17 considerably.

18 Board Member Kelley, do you have any comments?
19 Oh, you're on mute.

20 MEMBER KELLEY: No, I'm sorry, I don't. My hand
21 is still up from the last time.

22 I'm sorry, I don't have any comments. I
23 apologize.

24 CHAIRMAN ROBB: Sorry about that. My -- I was
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1 pulled again. Board Member Verducci.

2 MEMBER VERDUCCI: Thank you, Chair Robb. You
3 know, I would like to throw a motion out there to support
4 this one. I like what I just heard and I think it's
5 beneficial for the State and I just want to put my name
6 behind supporting this. That's a motion.

7 CHAIRMAN ROBB: We have a motion. Do we have a
8 second?

9 MEMBER AIELLO: This is Betsy Aiello. I'll
10 second it.

11 CHAIRMAN ROBB: Okay. We have a motion, second.
12 Any further discussion? Seeing none, I'll call for the vote.
13 All those this favor, signify by saying aye.

14 (The vote was unanimously in favor of the
15 motion.)

16 CHAIRMAN ROBB: All those opposed? Motion
17 passes.

18 MS. RICH: And the last one that we're going to
19 look at, Laura Rich for the record, is on page 38. This
20 proposes to amend as SJR 7, proposes to amend the Nevada
21 Constitution to establish certain rights to reproductive
22 health.

23 This is sponsored by Senator Cannizzaro and it
24 proposes to amend to guarantee a fundamental right to
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1 reproductive freedom and protection to providers from
2 prosecution.

3 Overall, this bill does not impact PEBP. It's
4 not a direct impact on PEBP. However, I think it might have
5 some positive affects on access and provider availability
6 within the State. I do know that there are in the states
7 where abortion has become illegal, there's a critical
8 shortage or there's quickly becoming a critical shortage of
9 providers that of OBGYN providers, and we already have a
10 shortage of that to begin with. And so I think that this
11 move could potentially impact the provider availability
12 within Nevada should this bill pass because it does provide
13 protections to providers, but it won't have any direct --
14 direct impact on PEBP.

15 CHAIRMAN ROBB: Okay. Any discussion on SJR 7.
16 Seeing none, we can move on.

17 MS. RICH: That is it. That was the last one.

18 CHAIRMAN ROBB: There is no BDR's. Everything
19 died from not moving out of the first house, so we're good.

20 With that, we'll close Agenda Item 4 and move on
21 to Agenda Item 5. Public comment?

22 MR. HOPKINS: One moment, Chair Robb. I'll get
23 the slide up. For those who have joined for public comment,
24 your name and last four digits of your phone number will be
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1 announced and you'll be advised you've been unmuted. As a
2 reminder for those on the phone, please press star six to
3 unmute. Please, slowly spell -- I'm sorry, please slowly
4 state and spell your name for the record and proceed with
5 your comments. Due to time consideration, each caller will
6 be limited to three minutes.

7 Brady Easterling, you have permission to speak.
8 Please, slowly state and spell your name for the record if
9 you wish to make public comment.

10 MR. EASTERLING: No wish to make public comment
11 at this time.

12 MR. HOPKINS: Thank you.

13 MR. EASTERLING: Thank you.

14 MR. HOPKINS: Chair Robb, that's the only one we
15 have for public comment right now. If you want to give it
16 about a minute in case someone else wants to jump in.

17 CHAIRMAN ROBB: Yes, we'll give it just a minute.

18 MR. HOPKINS: Thank you.

19 CHAIRMAN ROBB: All right. I don't think the
20 delay is that long on YouTube. It's been getting closer. So
21 with that, I'll close public comment and we can move on to
22 adjournment and we will adjourn. Thank you very much
23 everyone for your time.

24

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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 Friday, the 21st day of April, 2023, 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 50, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 2nd day of May, 2023.

KATHY JACKSON, CCR
Nevada CCR #402

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**PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA**

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ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA**

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