

February 15, 2023

Dear Sir and Madame:

This insurance company is the worst I have dealt with. Even Medicare is faster. If you aim was to slow everything down to a crawl by increasing paperwork and doctor patient frustration, then United Health Care is your company! After being diagnosed with [REDACTED], I have found them needing a prior authorization in order to let me take an old widely used medication for treatment absolutely burdensome, frustrating and time consuming. I saw the doctor on December 30. It is now February 15 and my doctors office just now received approval from the prior authorization process! Did I wake up in a nightmare where I have been sent to Nevada Medicaid? For the money we spend on our premium EPO, they should be delivering this medication to my door in a Cadillac! Are these people doctors? Do they understand my medical history? Are they making this process better for me as a patient? Since I have now been without medication to treat my Osteoporosis for more than six weeks, I'd say this borders on medical neglect. Get rid of these useless paperpushers!

Sincerely,

Sandra Coyle

1359 Kim Place

Minden, Nevada 89423

DATE: 3/1/2023  
TO: PEBP board  
FROM: Mandi Collins  
SUBJECT: IUI coverage

It has come to my attention that PEBP plans to remove IUI (Intrauterine insemination) coverage from this upcoming plan year. Their reasoning being:

*"IUI clinically leads to multiple births and many local OBGYN's perform IUI without having a member evaluated by a reproductive endocrinologist. There could be other underlying medical conditions that go unaddressed with this pathway. This is not typically covered by health plans due to its high risk and low success rate."*

The reasoning provided is factually inaccurate and an oversimplification of a complicated process. It is not IUI itself that leads to multiple births, but rather, the use of the medications (clomid, letrozole, gonadotropins) that are typically prescribed to patients who are undergoing an IUI cycle. These medications are also prescribed to patients who are undergoing infertility treatment even if they are not doing IUI.

It is also not standard practice for an OBGYN to jump straight into IUI without testing for other possible causes. The largest OBGYN practice in Reno does not offer IUI and all patients are referred to a reproductive endocrinologist. Generally, IUI is used as a "next step" treatment when the cause has been discovered or previous medicated cycles have been unsuccessful.

Aside from the reasoning being misleading, it is very disheartening that PEBP is attempting to remove the only real infertility coverage that the plan currently offers. Without IUI coverage it seems that only diagnostic testing coverage will remain, as many medications used in the treatment of infertility are already not covered.

IUI is an important tool for those of us struggling with infertility and is commonly used for patients with male factor infertility and same sex couples. To lose this coverage would be a blow to employees who are already dealing with the stress and anxiety of infertility and would negatively impact the ability of diverse families to have children. I oppose this change in the strongest possible terms.

Sincerely,  
Mandi Collins

Hello,

My Name is Suzanna Sardarian, and I am a public employee. I have a UMR PPO insurance.

Our Health insurance card doesn't have any indications that we have an eye insurance coverage.

Eye care providers refuse to take our insurance stating that we have no coverage.

When we call PEBP to confirm they tell that our coverage is under the "medical".

Our HR department emailed me the insurance coverage so it's showing that we are covered for eye exam. Unfortunately, multiple Optometrists denied services.

Why we have to pay our premiums and have difficulties to get services?

Please consider changing our Health Insurance cards so the providers can view our coverage.

Thank you!

Suzanna Sardarian



DATE: 3/1/2023  
TO: PEBP board  
FROM: David Feil-Seifer, PEBP user, UNR  
SUBJECT: IUI coverage

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It is also not standard practice for an OBGYN to jump straight into IUI without testing for other possible causes. The largest OBGYN practice in Reno does not offer IUI and all patients are referred to a reproductive endocrinologist. Generally, IUI is used as a "next step" treatment when the cause has been discovered or previous medicated cycles have been unsuccessful.

Aside from the reasoning being misleading, it is very disheartening that PEBP is attempting to remove the only real infertility coverage that the plan currently offers. Without IUI coverage it seems that only diagnostic testing coverage will remain, as many medications used in the treatment of infertility are already not covered.

IUI is an important tool for those of us struggling with infertility and is commonly used for patients with male factor infertility and same sex couples. To lose this coverage would be a blow to employees who are already dealing with the stress and anxiety of infertility and would negatively impact the ability of diverse families to have children. I oppose this change in the strongest possible terms.

Sincerely,  
David Feil-Seifer, Associate Professor, UNR

DATE: 3/1/2023

TO: PEBP board

FROM: Roxanne Piskel

SUBJECT: IUI coverage

It has come to my attention that PEBP plans to remove IUI (Intrauterine insemination) coverage from this upcoming plan year. The reasoning provided is factually inaccurate and an oversimplification of a complicated process. IUI does not lead to multiple births, rather the use of medications that are typically provided to patients during the IUI cycle. These medications are also prescribed to patients undergoing infertility treatment even if they are not completing IUI.

As I've recently learned, it's not standard practice for an OB/GYN to go into IUI without testing for other possible causes. The largest OB/GYN practice in Reno does not offer IUI and all patients are referred to a reproductive endocrinologist. IUI is typically used as a "next step" treatment when the cause has been discovered or previous medicated cycles have been unsuccessful.

Aside from the reasoning provided being misleading, it is disheartening that PEBP is attempting to remove the only real infertility coverage currently offered. Without IUI coverage it seems that only diagnostic testing coverage will remain, as many medications used in the treatment of infertility are already not covered.

IUI an important and commonly used tool for patients, and losing this coverage would be a blow to those valuable members of our community who are already dealing with the stress and anxiety of infertility. Citing an article in the AMA Journal of Ethics by Iris G. Insogna, MD, MBE and Elizabeth S. Ginsburg, MD, "Disparities in access to infertility care and insurance coverage of infertility treatment represent marked injustices in US health care. The World Health Organization defines infertility as a disease. Infertility has multiple associated billing codes in use, as determined by the International Statistical Classification of Diseases and Related Health Problems. However, the often-prohibitive costs associated with infertility treatment, coupled with the lack of universal insurance coverage mandates, contribute to health care inequity, particularly along racial and socioeconomic lines" (AMA J Ethics. 2018;20(12):E1152-1159. doi: 10.1001/amajethics.2018.1152).

As a PEBP participant for ten years, I strongly oppose this change and urge you to reconsider this injustice.

Sincerely,

Roxanne Piskel

FROM: Parikshit Maini  
DATE: 3/1/2023  
TO: PEBP board  
SUBJECT: IUI coverage

It has come to my attention that PEBP plans to remove IUI (Intrauterine insemination) coverage from this upcoming plan year. Their reasoning being:

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It is also not standard practice for an OBGYN to jump straight into IUI without testing for other possible causes. The largest OBGYN practice in Reno does not offer IUI and all patients are referred to a reproductive endocrinologist. Generally, IUI is used as a "next step" treatment when the cause has been discovered or previous medicated cycles have been unsuccessful.

Aside from the reasoning being misleading, it is very disheartening that PEBP is attempting to remove the only real infertility coverage that the plan currently offers. Without IUI coverage it seems that only diagnostic testing coverage will remain, as many medications used in the treatment of infertility are already not covered. IUI is an important tool for those of us struggling with infertility and is commonly used for patients with male factor infertility and same sex couples.

To lose this coverage would be a blow to employees who are already dealing with the stress and anxiety of infertility and would negatively impact the ability of diverse families to have children. I oppose this change in the strongest possible terms. In light of infertility being a very common problem today, I rather urge PEBP to consider adding more coverage options for infertility treatment including IVF, series ultrasound and medications used to treat infertility. To not have access to such essential modern day medical treatment options is highly frustrating for employees who fall under the purview of PEBP.

Sincerely,  
Parikshit Maini

DATE: 3/1/2023  
TO: PEBP board  
FROM: Jenna Dewar  
SUBJECT: IUI coverage

It has come to my attention that PEBP plans to remove IUI (Intrauterine insemination) coverage from this upcoming plan year. Their reasoning being:

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IUI is an important tool for those of us struggling with infertility and is commonly used for patients with male factor infertility and same sex couples. To lose this coverage would be a blow to employees who are already dealing with the stress and anxiety of infertility and would negatively impact the ability of diverse families to have children. I oppose this change in the strongest possible terms.

Sincerely,  
Jenna Dewar

Intrauterine insemination is an inexpensive treatment for infertility. This should be continued to be a covered benefit.

Signed,

Leslie Greenberg MD



DATE: 3/1/2023  
TO: PEBP board  
FROM: Danelle Clarke  
SUBJECT: IUI coverage

It has come to my attention that PEBP plans to remove IUI (Intrauterine insemination) coverage from this upcoming plan year. Their reasoning being:

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IUI is an important tool for those struggling with infertility and is commonly used for patients with male factor infertility and same sex couples. To lose this coverage would be a blow to employees who are already dealing with the stress and anxiety of infertility and would negatively impact the ability of diverse families to have children. I oppose this change in the strongest possible terms.

Sincerely,  
Danelle Clarke

My name is Erica Wicks, I am an administrative faculty member at UNR as well as co-chair of the UNR Work Life Family Council. It is my hope that this letter might help convince you to keep IUI coverage in our plans.

As someone who is currently in fertility treatment, it is really concerning that we are losing coverage instead of gaining it. I am part of a community of women who struggle with fertility (for a variety of reasons) and what is described in the notes is not the reality that I have come to know. It is much more complicated than simply producing multiples and providers overlooking other testing.

In my personal experience, both my OBGYN and reproductive endocrinologist (RE) ran countless blood tests as well as ultrasounds to try and find the cause of my infertility and IUI was always a "next step" option. It was never just something that was offered with no other testing being done.

During an IUI cycle the patient is generally prescribed ovulation stimulating medications and then closely monitored via ultrasound and testing, part of which is to check for multiple mature follicles. It is these medications (clomid, letrozole, gonadotropins), that cause the body to release multiple eggs, not the IUI procedure itself. It should also be noted that just because there are multiple follicles does not mean that both will successfully mature and implant resulting in a baby. Further, a patient can be prescribed those medications without IUI with the same monitoring which also has a chance to produce multiple follicles (I am currently prescribed these medications and am not doing IUI). Removing this coverage is a blow to those of us struggling with infertility, especially those that IUI can really help such as partners with male factor infertility and same sex couples.

The largest practice in Reno, OBGYN & Associates, does not perform IUI in their office. All patients are referred to a RE. There is also only one RE in Northern Nevada, so all referrals go to the same office. There is no coverage for IVF so with the removal of IUI that only leaves coverage for diagnostic testing and possibly surgery, if needed. The more expensive infertility medications are also not covered and are an additional out of pocket expense.

Those of us who are unable to conceive without medical intervention are left to pay thousands, sometimes tens of thousands of dollars to have something that we want more than anything in the world. Something that should be part of our biology that we just can't do. The reasons behind removing this benefit are misrepresented and an oversimplification of what happens during fertility treatment.

We are offered no adoption assistance, no guarantee of parental leave and now our fertility benefits are also being cut. I am really hoping something can be done to reverse this decision as it will impact the lives of people who are desperate to have a love a child but are unable to do so without medical assistance.

Thank you so much for your time.

-Erica Wicks

DATE: 3/2/2023  
TO: PEBP board  
FROM: Crystal Castaneda, MD  
SUBJECT: IUI coverage

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It is also not standard practice for an OBGYN to jump straight into IUI without testing for other possible causes. The largest OBGYN practice in Reno does not offer IUI and all patients are referred to a reproductive endocrinologist. Generally, IUI is used as a “next step” treatment when the cause has been discovered or previous medicated cycles have been unsuccessful.

As someone who recently experienced the emotional and expensive process of IVF, it is disheartening to see that one of the steps leading up to IVF when necessary, would no longer be covered.

Aside from the reasoning being misleading, it is very disheartening that PEBP is attempting to remove the only real infertility coverage that the plan currently offers. Without IUI coverage it seems that only diagnostic testing coverage will remain, as many medications used in the treatment of infertility are already not covered.

IUI is an important tool for those of us struggling with infertility and is commonly used for patients with male factor infertility and same sex couples. To lose this coverage would be a blow to employees who are already dealing with the stress and anxiety of infertility and would negatively impact the ability of diverse families to have children. I oppose this change in the strongest possible terms.

Sincerely,

Crystal Castaneda, MD

Department of Pediatrics  
Renown School of Medicine

For the record, this written public comment is being provided by Shaun Franklin-Sewell.

I recently had several horrid experiences with service provided by Express Scripts and their subsidiary, Accredo. I reported these to PEBP Quality Control, and although they contacted Express Scripts, no one from that company has addressed my concerns. I also urge anyone who has problems with Express Scripts to report them to Quality Control. With this public comment, I am reporting these issues and my concerns to the PEBP board in hopes that these issues might finally be addressed.

1. **I urge the Public Employees' Benefits Program staff to direct their auditors to closely review Express Scripts performance guarantees for the delivery of drugs to patients.** They have procedures in place which almost certainly ensure that they cannot meet the performance guarantees, like a 5-8 business day "pharmacist review."
2. If **Express Scripts**, a company with \$4 billion dollars in net income, needs a pharmacist to review every prescription, **they should hire more pharmacists** so that "review" can happen more expeditiously.
3. **No patient should be required to spend 3 hours on the phone to get their medication in a timely manner.** That is unconscionable.
4. Many patients may not understand things like titration schedules; they rely on their doctors and pharmacists to ensure their safety. ***In my case, relying on Accredo to ensure my safety might have ended with my hospitalization.*** Accredo's pharmacists must do better.
5. Express Scripts front-line customer service employees are not actually empowered to help customers.

I was recently prescribed a specialty medication; the process went quite smoothly—until Express Scripts Specialty Pharmacy, Accredo, got involved. The doctor prescribed the medication on Wednesday, March 1 (Accredo indicated they received the prescription on Thursday, March 2). The doctor had previously prescribed the first step in the therapeutic process and immediately requested the prior authorization for the second step. I received notification of one authorization on Thursday, March 2 and one on Friday, March 3.

On Monday, March 6, I received a phone call from SavOnSP. They assisted in enrolling me in the manufacturer's copay assistance program and explained the SavOnSP program to me. They also provided me with additional information regarding the medication; I received a call from the manufacturer's nursing staff that same afternoon. I expected that the prescriptions would soon be processed.

I contacted Accredo on Tuesday, March 7. I was told that new prescriptions require a 5-8 business day "pharmacist review" period (I had been told this before.) The medication I had been prescribed is for a condition that was causing me pain. It can take up to four months to begin working, but many patients experience some symptom relief earlier than that. For a condition causing pain, that pharmacist review period is unconscionable and unacceptable. I

demanded to speak to a supervisor. The supervisor—that day—informed me that she would work to ensure faster turnaround time.

I contacted Accredo again on Wednesday, March 8. The pharmacist review happened sometime on March 7, because the supervisor that I spoke with that day told me she was ready to schedule the medication for shipping (*Note: March 8 was the 5th business day since Accredo said they had received the prescription, the 6th since my doctor submitted it.*)

**However**, the pharmacist had approved the **WRONG** prescription. The medication can have some severe side effects and requires the use of a starter pack to assist the patient in titration so that the patient's side effects, if any, are manageable. The pharmacist approved the maintenance dose, and not the starter pack. **Imagine if I had not already been informed about the necessary titration; Accredo would have shipped the maintenance does and I would have started taking 60mg per day immediately, potentially resulting in severe side effects and ultimate hospitalization.** When the supervisor and I discovered this error on March 8, she immediately sent the prescription back to the pharmacy “team” informing them of the error.

Someone from Accredo called me near the end of the day on March 8. She informed me that they were ready to schedule the medication to be shipped. First, she said that she could get it to me on Monday, March 13. I indicated that was unacceptable. She said that she would talk to a supervisor and see how much faster she could get it shipped. She returned, indicating that the supervisor she spoke with would only approve shipping on Thursday, March 9 to arrive on Saturday, March 11. I informed her that the only shipping schedule I would accept was shipping on Thursday to arrive on Friday. She said that she would have to get a different supervisor, and I told her she should do that. The 2nd supervisor reached during this call came on the line and got my medication shipped to me **that night (Wednesday) to arrive Thursday morning at 10 a.m.** Despite the initial guarantee of Saturday, Accredo apparently can ship drugs to arrive overnight (it was 6 p.m. where Accredo's headquarters are located). *Please note that Thursday, March 9 was the 7th business day after Accredo had received the prescription and the 8th after the doctor had prescribed it.*

Express Scripts service guarantees, which can be found in the plan year 2021 audit at <https://pebp.state.nv.us/wp-content/uploads/2022/09/8-AUDIT-PBM-FY21-DRAFT-20220718.pdf> are as follows:

- **95% of prescriptions shipped within 2 business days of receiving prescription** (as measured from date order received at the PBM to date order shipped), *excluding prescriptions requiring intervention\**.
- **95% of prescriptions shipped within 5 business days of receiving prescription** (as measured from date order received at the PBM to date order shipped), *for prescriptions requiring intervention\**.

*\*From PEBP Quality Control: **Intervention** means there was outreach made to a physician or member to complete processing.*

Accredo just barely met the guarantee in this case, and would not have met it if I had not demanded it. Patients shouldn't be required to demand that they do their jobs. I spent more than 3 hours on the phone. The pharmacy team first committed a grievous error that could have resulted in major costs to the insurance plan (if I had been hospitalized) and then Accredo attempted to save money on shipping rather than working to get me my medication as soon as possible. Everything I experienced leads me to believe that ESI is more interested in its profits, marketing drugs for manufacturers from whom it gets rebates, and saving the plan money—*rather than actually helping plan participants*, as they profess to do.

Express Scripts also implements this “pharmacist review” period of 5-8 business days. My doctor submitted a prescription on December 1, 2022. Initially, they said I would receive it on December 16. Note: That is ELEVEN business days following the receipt of the prescription. When I followed up with a phone call, “pharmacist review” happened in 2 business days and the prescription was shipped. *I was told that all new prescriptions require pharmacist review; this prescription was not really new.* It is the same medicine I had taken previously, although in a slightly different formula and strength because it is used for a different purpose.

Most recently, I submitted a refill request for the same medication and Express Scripts estimated delivery on *March 28*. The prescription would therefore be received 7 business days after the request. The prescription does not require intervention; it is a refill. The prescription should be shipped by *no later than Wednesday, March 21* to arrive by Friday, March 23—if ESI were actually living up to its performance guarantees. I called to follow up on this order. I had to be transferred to a supervisor. **The supervisor told me that the performance guarantee I quoted to her was actually incorrect. They said they need 7 calendar days to process all prescriptions.** Again, I am convinced that ESI does not care to live up to its promises and does not really care about its patients. After she actually looked at the account, she determined that the medication had been shipped today. I had to talk to a supervisor to get this information; the front-line employee I talked to was not even able to see that information.

**From:** K S [REDACTED]  
**Sent:** Monday, March 20, 2023 4:20 PM  
**To:** [REDACTED]  
**Subject:** PEBP public comment submission

Hello, my name is Kristen Shelton, I work at Northern Nevada Adult Mental Health Services and I am a member of AFSCME Local 4041. I'd first like to take the time to thank you for all that you do, as I've had some medical issues over the past year and have been very grateful to have the insurance that I do have. That said, there's always room for improvement, and having been through the system over the past year I was hoping that you might find my input useful.

Insurance is a wonderful thing. Knowing that any cost of living adjustment, or raise, will be offset by increases in employee contribution to our health insurance and other benefits isn't such a wonderful thing. I've had a pretty good experience with our insurance this year - I've paid in a lot over the years and I'm finally using it. But high copays, which have in the past prevented me from seeking care, are dragging me deeper in debt now that I have issues that I have no choice but to seek treatment for.

If I could ask for only one thing, it would be that you focus on keeping copays as low as possible while maintaining the current quality and provider network. For example, physical therapy at \$40 copay per session for a standard eight week course costs a total of \$320 . That's a lot for me. Especially in these times, where public health is so necessary, it's imperative to have quality, affordable healthcare. If I could ask for a second thing (being a bit greedy here) it would be a more integrated healthcare experience, as I have had to spend a lot of time navigating referrals and new providers and specialists - there is no central point to coordinate my case. Thankfully I'm a case manager, so I can try to do it myself (even if it's exhausting) but many can't.

All aspects of healthcare are intertwined. From personal experience, and from the perspective of someone who works in the mental health care field, I can tell you that it's a vicious cycle. Poor physical health can lead to poor mental health (and vice versa). The inability to seek treatment perpetuates that. The burden of medical debt can contribute to stress which has an effect on physical and mental health as well. Poor health in parents can affect the entire family unit, trickling down until the impact is felt in all aspects of our lives and the lives of those we love.

My focus, as someone who works on helping others get well, should be able to be on them. Keeping workers healthy without forcing them to continue to shoulder more and more of the monetary burden will lead to healthier employees, more productive employees, and to a more effective system of services across the state. Thank you for your time and consideration. I appreciate all that you do.

From: Steph Parker [REDACTED]  
Sent: Monday, March 20, 2023 4:25 PM  
To: [REDACTED]  
Subject: PEBP Meeting 3/23/23 Public Comment

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

My name is Stephanie Parker, I'm a proud member of AFSCME Local 4041 and a current employee of State of Nevada.

I'm asking the PEBP Committee to strongly oppose any decrease in benefits to minimize our out of pocket costs to use our healthcare insurance. We should be able to afford to use benefits that we pay premiums on but the decrease in HSA, lack of increase in our pay yet increase in PERS is harming state employees. Changes that impact state employees need to have the interest of the state employees themselves taken into consideration.

Respectfully, I ask that this committee not consider any changes that will make it even more difficult to use our benefits. Benefits and pay are why we can't fill the large number of vacancies statewide and are harmful for retention.

Respectfully submitted,  
Stephanie Parker  
Carson City, NV



**From:** Cristina Hernandez [REDACTED]  
**Sent:** Tuesday, March 21, 2023 8:06 AM  
**To:** [REDACTED]  
**Subject:** Agenda item 7-Public Comment

Hi, I'd like to provide my experience on this item as you consider it for removal.

Dear PEBP Board Members,

I am writing today to ask you to not remove IUI treatments from our benefits. My name is Cristina Hernandez and I've been an employee with UNLV for the past 16 years. I was the prior director of the Jean Nidetch Care Center, a full spectrum doula, and currently, the project manager for our UNLV EARN-FS project researching maternal and child health through the School of Public Health. I have worked with countless parents on their fertility journeys as well as my own.

Eleven years ago my spouse and I set out to have a family knowing that our journey would not be an easy one as a queer couple. I was an employee at UNLV then and was optimistic about the many options available to us. Once I began to research our benefits I realized our options were slim with most treatments coming out of pocket. Luckily, I was able to take a loan out from my retirement to pay for our IUI and, eventually, IVF treatments but not everyone has that option. Making fertility treatments only accessible to those who are privileged enough to pay or go into a lot of debt. It would have given us such peace of mind if our IUI treatments would have been covered through my insurance.

I did not know that was something that was being covered by PEBP until recently when I was told of the possibility of it being removed from our benefits. I urge you to maintain the benefit for future individuals that need this service. You can not imagine the amount of debt individuals go through in order to achieve a pregnancy when it does not happen easily or when it is a Queer couple. There are a lot of nights staying up late trying to figure out how to pay for something that is easily attainable for others.

I see the tables regarding success rates and some would argue that it's not successful and that is true. Yet that could be said with a lot of treatments. After three IUI treatments, we moved on to IVF. IVF was successful after our third attempt with two losses before that. The amount of stress that happens emotionally, physically, and financially is something I remember vividly. I am grateful at the end we were able to achieve our dream and had our now nine-year-old kiddos, unfortunately, not everyone is as lucky. IUI is not always successful but when it is it allows that person and family to achieve their dream of having their baby while minimizing the debt they would need to incur.

I urge you to keep this benefit so others will have the opportunity to have a child(ren) without the financial burden.



---

**Cristina Hernandez, MPH, C-FSD (BADT), C-CBE (DTI)**

Project Manager

School of Public Health

Department of Social & Behavioral Health

Pronouns: ella, she, her, hers

University of Nevada, Las Vegas

**From:** Serrochia Richardson [REDACTED]  
**Sent:** Monday, March 20, 2023 11:00 PM  
**To:** [REDACTED]  
**Subject:** PEPB meeting statement

Good morning,

My name is Serrochia Sherfield and I am a current state employee and an active member of AFSCME Local 4041. PEBS's focus should be on lowering the costs to our medical benefits. With the upward rise of cost of living, being a mother of 3, I should not have to make a choice between occurring a medical/dental bill versus paying rent and food. For the employees who actual work for the Department of Health and Human Services it is a blatant disregard to staff who are paying just to have insurance to then turn around and have to pay skyrocket copays. Take for example a dental bill for same dentist and services will costs me \$400 upfront and someone with Medicaid walks in and pays \$41.50 for the same services. How and why is this even happening? Retention is severely high and this factors into it. Take care of your employees so we can continue doing what's right for the community.

Thank you.

Austin Krehbiel

Dear PEBP Board,

I am a state employee, Family Services Specialist at DWSS, and I am a member of AFSCME Local 4041. I am writing to share my personal experience with our health plan.

I am a type 1 diabetic. Everyday, I require multiple injections of insulin to survive, and I must constantly track my diet and blood glucose levels to make sure I am in a safe and healthy range. I have the high deductible consumer health plan. In my opinion, our health insurance is failing me. I have burned through the entire allotment of the HSA that was given to me on my insulin pens, continuous glucose monitors, and anti-depressants. I have paid hundreds of dollars in copays since being employed by the state in October. In addition, I am currently trying to pay off thousands of dollars in medical bills following hospitalization after a suicide attempt that occurred during my coverage with our health insurance. I simply cannot afford to pay these expenses. I have had to mercilessly cut out expenses from other places in my life. I administer welfare benefits to residents of the state of Nevada and I cannot afford my own medical bills.

I am asking the PEBP board to improve our coverage and lower our premiums and co-pay costs. Please request additional funding from the legislature so that I don't have to bear these insane health expenses. I need help. I pray that I do not run out of insulin before I get the next round of HSA benefits because I genuinely do not know how I would be able to afford it.

Thank you,  
Austin Krehbiel

To whom it may concern and the PEBP board,

My name is Brian Miller. I work as a carpenter at UNR and I am a proud member of AFSCME Local 4041. I recently celebrated 23 years of continued service with the State of Nevada on March 20<sup>th</sup>, of this year. When I first applied for the state of Nevada, I remember having some of the best insurance in the State of Nevada, since I've had PEBP coverage. Over the last decade or so I have seen health care benefits dwindle away as well as see providers under PEBP get juggled from one medical group into another. I pay insurance for both myself and my family yet must decide if I can afford to use it. This needs to change. I understand that PEBP promotes and pitches its own budget and plan that both lawmakers/Legislative bodies accept as "good enough", as well as the office of Governance. What if members and Chairs were to propose a body of members including chair members in their own body to propose a budget proposal as well as programs that make what is currently accepted by the state under the PEBP budget proposal to be the "take it or leave it proposal"? That would allow for vendors of healthcare.

An opportunity to do so may allow and provide competitive offers that may be more advantageous to employees that pay for health insurance under PEBP. Both under the HMO and PPO program. Both have shifted "provider groups" as well as flux time frames for the "open enrollment" time range and that handle even our H.S.A allowance etc. Might this be an idea as a means to an end by simply letting the members and the Lawmakers in conjunction with the PEBP board propose an alternative budget to put forth, as opposed to exclusively what is put forth by the PEBP program/board itself? under PEBP should put their hard-earned money?

Thank you for your time.

Brian Miller

It is very disappointing that PEBP is proposing the removal of the only real infertility coverage that the plan currently offers. Without IUI coverage it seems that only diagnostic testing coverage will remain, as many medications used in the treatment of infertility are already not covered. To lose this coverage would be a great hardship to employees who are already dealing with the challenges and heartbreak of infertility. Please maintain the coverage.



THE FERTILITY CENTER OF  
LAS VEGAS

March 22<sup>nd</sup>, 2023

Dear Members,

My name is Dr. Carrie Bedient, and I am a board-certified Reproductive Endocrinology and Infertility specialist at the Fertility Center of Las Vegas, Clinical Assistant Professor at UNLV Kirk Kerkorian School of Medicine, Director of Reproductive Endocrinology at Mountain OB/Gyn Residency Program, and Co-Founder of Fertility Docs Uncensored. It has come to my attention that insurance coverage of IUI cycles is in jeopardy for the following reasons:

*"IUI clinically leads to multiple births and many local OBGYN's perform IUI without having a member evaluated by a reproductive endocrinologist. There could be other underlying medical conditions that go unaddressed with this pathway. This is not typically covered by health plans due to its high risk and low success rate."*

Let's analyze these statements.

*"IUI clinically leads to multiple births"* The risk of a multiple birth with oral ovulation induction agents (clomiphene or letrozole) and IUI is approximately 5-8%, compared to approximately 1.5% in a spontaneous pregnancy. The likelihood of triplets with IUI cycles is low, typically <1%. If multiple births are truly of concern, the insurance coverage should include IVF with mandated single embryo transfer as the corresponding success rates are considerably higher with a twinning rate of 1.5%.

*"..and many local OBGYNs perform IUI without having a member evaluated by a reproductive endocrinologist."* Very few local OBGYNs have the time, equipment or desire to perform IUIs. In my 8 years in Las Vegas, I have had a handful of patients at most who had IUI with their local OBGYN, and none in the past several years. The frequency of this is vastly overstated.

*"There could be other underlying medical conditions that go unaddressed with this pathway."* The standard of care before doing an IUI is to ensure tubal patency (typically via hysterosalpingogram) and the presence of sperm (via semen analysis), as well as ability to ovulate (detailed history). This evaluation falls within the scope of practice of general OB/Gyns. The vast majority of OB/Gyns refer to Reproductive Endocrinology and Infertility specialists at the first sign of a hormonally complicated patient seeking fertility.

*"This is not typically covered by health plans due to its high risk and low success rate."* If this statement was true, IVF would be universally covered due to the safety profile and effectiveness of modern techniques. I can assure you that is not the case, and if an insurance plan offers any fertility treatment coverage, it is of IUI. Many insurance plans have no infertility treatment coverage at all, which speaks to different motivations than "high risk and a low success rate".

Please continue to cover IUI treatments for your patients. For many, it is the only hope they have.

Sincerely,

Dr. Carrie Bedient

**From:** Deborah Hinds [REDACTED]  
**Sent:** Wednesday, March 22, 2023 3:49 PM  
**To:** [REDACTED]  
**Subject:** PEBPS 3-23-23 email testimony

**Dear Madame Chair and other Board Members,**  
**Along with being a State employee, I am also a Regional 1 Vice President with our AFSCME Local 4041.**  
**PEBP'S focus should be on improving benefits at a lower cost to employees.**  
**PEBP staff should request legislature to provide additional funding to PEBP for changes as well as the second – year premium so that employees DO NOT have to bear the burden of increased premiums on year two.**  
**PEBP should focus on keeping co-pays low as well. We are being priced out of using our health benefits because of rising co-pays. !**  
**I am entering my 17<sup>th</sup> year of State Service. My future is now my retirement and it would be so wonderful to save for that and not have to worry about covering high health expenses.**

**Thank you for your time,**  
**Sincerely,**

**Deb**  
**Deborah Hinds, AIII**  
Benefits Coordination | NNAMHS OP Med Clinic  
Division of Public and Behavioral Health  
Nevada Department of Health and Human Services

[REDACTED]

**From:** Kent Ervin [REDACTED]  
**Sent:** Thursday, March 23, 2023 8:49 AM  
**To:** [REDACTED]  
**Subject:** public comment for 3/23/2023 Board meeting

From: Kent Ervin, State President, Nevada Faculty Alliance

The NFA is the independent association of professional employees at the Nevada System of Higher Education. We work to empower our members to fully engaged in our

We have serious concerns about the proposed rate tables from PEBP staff.

The actuarial rates have gone down based on experience to date, but the employee premiums are artificially being kept at FY2023 levels using "adjustments".

A few years ago, the PEBP Board approved a policy to keep the employer contribution (subsidy) amounts identical across family-group tiers for all three plans. The adjustments to the base subsidies in the rate tables penalize employees in the high-deductible plan and give an extra boost to employees who choose the HMO/EPO plan. That is contrary to board policy to give equitable and equal subsidies to all employees within a given family group, and it is not sustainable longer term. If the relative costs to the employees for the three plans continue to diverge from the actual costs, at some point a larger correction will be needed. It is unfair to give different subsidies to employees based on the plan they choose rather than the differential cost of the plans. As proposed, employees who are choosing the least expensive plan, probably because they are living month-to-month on their paychecks, are being asked to subsidize the most expensive plan. For the employee-only tier the differential is \$24.18 per month. For the family tier the differential is \$57.36 per month. This is not sustainable and it will cause participants to move between plans inappropriately because the relative costs are not correct.

Director Rich maintains that the employee premiums should not be lowered because of the possibility of a higher-than-budgeted trend for the second year of the biennium, but even in that case the adjustments should be the same for each of the three plans across tiers.

The "adjustments" should be recalculated to be constant amounts by tiers across the three plans. Rate setting is one area where the PEBP Board still has authority to act. Use it to enforce existing board policy.

Thanks for listening and thanks for your service.

Dr. Kent M. Ervin  
State President, Nevada Faculty Alliance

