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In The Matter Of:

*PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS*

March 7, 2025

*Capitol Reporters
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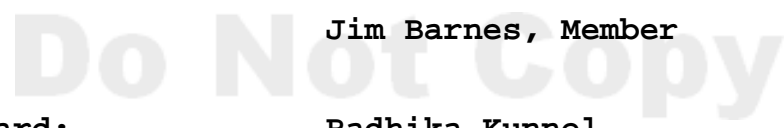
STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
VIDEO-CONFERENCED OPEN MEETING
FRIDAY, MARCH 7, 2025

The Board: Joy Grimmer, Chairperson
Janell Woodward, Member
Michelle Kelley, Member
Jennifer McClendon, Member
Laura Rich, Member
Jim Barnes, Member

For the Board: Radhika Kunnel,
Deputy Attorney General

For Staff: Celestena Glover
Executive Officer
Jessica Crane
Executive Assistant
Michelle Weyland
Chief Financial Officer
Nik Proper
Operations Officer
Leslie Bittleston
Quality Control Officer

Reported by: Romona McGinnis, CCR #269



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AGENDA

- 1. Open Meeting; Roll Call 4
- 2. Public Comment 6-11

Public comment will be taken during this agenda item.

No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Persons making public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three-minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

- 3. Discussion and possible action regarding 2025 Legislative Bills that may impact the Public Employees Benefits Program, as reflected in the attached Bill Tracking table. (Celestena Glover, Executive Officer) (For possible action) 12-29

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1 4. Presentation and discussion regarding Nevada 29-47
2 Health Authority. (Stacie Weeks, DHCFP Administrator)
3 (Information/Discussion)

4 5. Public Comment 48

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

10 6. Adjournment 48

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FRIDAY, MARCH 7, 2025, 10:00 A.M.

--oOo--

CHAIRPERSON GRIMMER: Okay. We are here virtually,
March 7th at 10 o'clock.

Staff, can you please call the roll?

STAFF: Yes. Starting roll, Board Chair Grimmer.

CHAIRPERSON GRIMMER: Present.

STAFF: Michelle Kelley.

MEMBER KELLEY: Present.

STAFF: Jim Barnes.

MEMBER BARNES: Here.

STAFF: Jennifer McClendon.

MEMBER MCCLENDON: Present.

STAFF: Janell Woodward.

MEMBER WOODWARD: Present.

STAFF: Theresa Carsten.

MEMBER CARSTEN: Present.

STAFF: Laura Rich.

MEMBER RICH: Present.

STAFF: And Betsy Strasburg is absent today. We
do have a quorum.

Please remember to state your name before speaking
for our transcriber. Thank you.

1 CHAIRPERSON GRIMMER: Okay, thank you.

2 We'll move on to public comment. Public comment
3 will be taken during this agenda item. No action may be
4 taken on any matter raised under this item unless the matter
5 is included on a future agenda as an item on which further
6 action may be taken.

7 Do we have anyone online for public comment?

8 STAFF: Yes, we do, Madam Chair. I'm getting the
9 slide up right now. We have about three. Let me do a
10 preface real quick.

11 If you would like to call in and provide public
12 comment, please dial (669) 900-6833, and when prompted to
13 provide your meeting ID, please enter 84791440625 and then
14 press pound. When prompted for the participant ID, please
15 press pound. Joining the Zoom meeting as an attendee is for
16 public comment only. If you do not wish to make a public
17 comment, please leave the meeting now so that you're not
18 accidentally called upon. Please feel free to watch it via
19 the YouTube livestream on the PEBP YouTube channel. The link
20 to the livestream is located on the agenda.

21 For those who have joined for public comment, your
22 name or the last four digits of your phone number will be
23 announced and you'll be advised you have been unmuted.
24 Please slowly state and spell your name for the record and

1 then proceed with your comments.

2 Kent Ervin, please slowly state and spell your
3 name for the record.

4 KENT ERVIN: Kent Ervin, E-R-V-I-N, for the Nevada
5 Faculty Alliance. Good morning, Chair Grimmer and members.

6 The Nevada Faculty Alliance opposes AB22 and SB32
7 as introduced. These bills chip away at the independence and
8 authority of the PEBP Board to act as guardians and
9 fiduciaries of the Employee Benefits Plan. AB22 removes the
10 authority for the Board to decide whether going forward with
11 a vendor contract is in the best interests of the program
12 participants. SB32 takes away an accountability reporting
13 structure without providing an alternative. With unknown
14 major changes for PEBP coming with the Nevada Health
15 Authority, these separate changes should be set aside. The
16 Board was not consulted about these two bills, despite two
17 open meetings since they were made public and before the
18 hearing. Please take a board position in opposition of AB22
19 and SB32 as introduced.

20 Please support Assembly Bill 188, which restores
21 retiree health care benefits for state employees who were
22 hired after 2011, including NSHE faculty and staff. Those
23 employees will receive no PEBP health benefits subsidy when
24 they retire after the minimum 15 years of service. AB188

1 would restore those benefits. Because it is less than
2 15 years since 2011, the State has saved no money from this
3 elimination of benefits after the great recession. Full
4 retiree benefits are needed to recruit and retain
5 high-quality faculty and staff, especially in competition
6 between state employment and city and county employment.
7 PEBP has always been a pay-as-you-go plan; so the only
8 potential savings would be in future decades as those
9 employees hired after 2011 start to retire.

10 Retiree health benefits are paid by a fringe rate
11 charged on all state employees' salaries. Since FY 2010 the
12 fringe rate has ranged from 2.15 percent to 3.18 percent, or
13 2.5 percent on average. For the next two years, it is
14 2.59 percent and 2.50 percent. Given a balance between state
15 retirees and active employees, that fringe rate should remain
16 stable after passage of AB188. So there is really no
17 increase in costs. According to PEBP's fiscal note on AB188,
18 the projected increase in the OPEB liability due to AB188
19 goes from 1.46 billion to 1.64 billion, and that is modest
20 and small compared with the total state debt. It is unlikely
21 to have any effect on the State's credit rating or bond
22 prices. The OPEB liability is not being paid in advance
23 anyway and is unlikely to be paid in the future, since it's a
24 pay-as-you-go plan.

1 In the fiscal note PEBP also indicates they need
2 four new staff positions to handle the new retirees. We
3 agree. PEBP likely needs more staff to provide excellent
4 customer service, but AB188 will not significantly increase
5 the number of retirees. It will only prevent the reduction
6 of retirees' subsidy in coming decades. Please support
7 AB188.

8 Thank you.

9 STAFF: Thank you, Mr. Ervin.

10 Doug Unger? Please slowly state and spell your
11 name for the record.

12 DOUG UNGER: Doug Unger, D-O-U-G, U-N-G-E-R, and
13 I'm the UNLV chapter president of the Nevada Faculty Alliance
14 and a member of the UNLV Employee Benefits Advisory
15 Committee.

16 I'd like to speak to the agenda item about the
17 Nevada Health Authority and to express to the Board how
18 incredibly nervous our faculty and staff are about this
19 change. In this particular moment when Medicaid is under
20 assault, it seems to us very, very nervous-making to move
21 PEBP into the same executive authority, the new Nevada Health
22 Authority, that puts it adjacent to Medicaid. We also have
23 questions about the independence of PEBP from Medicaid after
24 this change happens, and I hope the Board will really ask

1 Administrator Weeks about just exactly how this transition
2 would work. The quote "bringing the programs together"
3 doesn't really provide any comfort at all.

4 What I find in talking to doctors and providers in
5 Southern Nevada, which I do often, is that they are
6 complaining that right now they are underpaid and for that
7 reason they're leaving provider networks that accept our PEBP
8 insurance. So if Medicaid is gonna push their provider
9 payments down, we may have a provider shortage and it may
10 only increase our provider shortage. So we're very, very
11 uncomfortable with that as well.

12 Now, basically speaking, if we're gonna put this
13 horse on the same team that's pulling Medicaid and Medicaid
14 is a horse that's gonna be shot, it's going to be very, very
15 difficult for that one horse to pull the wagon and do it in a
16 manner that doesn't damage health benefits for public
17 employees.

18 I would also like, on the legislative agenda, to
19 express my opposition to SB32 for the reasons Dr. Ervin
20 outlined, and also AB22. An addendum to SB32 is that if it
21 could be amended to actually change the quality control
22 officer of PEBP to more of an ombudsperson who advocates for
23 employees and the issues they have with providers, then that
24 would be a big help. And we do support AB188 that will

1 restore benefits to retirees.

2 Thanks very much for asking the probing questions
3 that are necessary about this major move into the Nevada
4 Health Authority. Thank you.

5 STAFF: Thank you.

6 Caller with the last four digits 0891, please
7 press *6 to unmute your phone if you wish to make public
8 comment, and please slowly state and spell your name for the
9 record.

10 MS. LAIRD: Yes, thank you. Good morning,
11 Executive Officer Glover, Chair Grimmer, and fellow board
12 members and staff.

13 My name for the record is Terri Laird, T-E-R-R-I
14 L-A-I-R-D. I'm the Executive Director at RPEN, Retired
15 Public Employees of Nevada. We were founded nearly 50 years
16 ago and our mission remains the same today as it was then --
17 the protection of health care benefits and the PERS pension
18 earned by all public employees. Looking through the
19 information you shared today about a proposed Nevada Health
20 Authority, of which PEBP is expected to join, it would seem
21 like a good idea as outlined on page six of the document.
22 Bringing these programs -- PEBP, Medicaid and the Silver
23 State Insurance Exchange -- together to align quality of care
24 and lower health care costs, who could argue with that?

1 However, there have been so many changes at PEBP since 1999.
2 Our concern is the integrity of PEBP as we know it for active
3 and retirees who've faced a lot of change since they moved
4 out of PEBP and into a Medicare exchange. RPEN would also
5 not be in favor of massive changes that could possibly occur
6 with something new.

7 As Mr. Ervin and Mr. Unger said, we also oppose
8 Assembly Bill 22 and SB32. However, we do also urge support
9 of Assembly Bill 188 for all the reasons mentioned
10 previously. But no matter, we do very much appreciate the
11 assistance PEBP has offered our members and we hope it will
12 continue should a health authority come to fruition.

13 I'd also like to remind you that RPEN does mail a
14 bimonthly newsletter to all of our members featuring a column
15 called "Health Matters from PEBP and Money Matters from PERS"
16 in every issue. I realize Executive Officer Glover is quite
17 busy, especially now due to the legislative session, but it
18 would be great if one person at PEBP could be assigned to
19 provide us with a regular column for future issues important
20 to all PEBP participants.

21 Thank you very much.

22 STAFF: Thank you.

23 Madam Chair, that is all for public comment.

24 CHAIRPERSON GRIMMER: Okay, thank you.

1 We will close Agenda Item Number 2 and move on to
2 Agenda Item Number 3, discussion and possible action
3 regarding 2025 legislative bills that may impact the Public
4 Employees' Benefits Program, as reflected in the attached
5 bill tracking table. Celestena Glover. For possible action.

6 EXECUTIVE OFFICER GLOVER: Good morning. This is
7 Celestena Glover, Executive Officer for Public Employees'
8 Benefits Program.

9 The table before you, for those of you who have it
10 opened up, is a list of some of the bills that we're
11 tracking. We've got over 200 on our list, but this is the
12 first 40 where we have either seen them being introduced, the
13 BDRs have bill numbers, and possibly we have added fiscal
14 notes per the request of LCB.

15 Of those bills, two of them are PEBP bills, AB22
16 and SB32. AB22 actually changes the process of the contract
17 awards. It is not intended to take away authority of the
18 Board. What it's trying to do is streamline the process. So
19 we're asking that we update our statutes so that we would
20 follow 333 like other state agencies do. That does not stop
21 us from bringing the requests for the RFP to the Board in the
22 first place; we would continue to do that. We would continue
23 to provide status updates on contracts -- so where we are,
24 what's coming up on expiration, where we need to go, any new

1 programs, things of that nature.

2 In addition, the current statute says that we may
3 have a board member as a member of the evaluation committee.
4 We are changing that language to say we shall have a board
5 member, at least one. Obviously, we can have more than one,
6 and that is how the Board keeps involved in the contracting
7 process. We typically try to get two or more members to
8 participate in the evaluation committee. Just the way our
9 process works right now, sometimes this can extend our
10 ability to get a contract, especially if negotiations go
11 long, if there's a delay because of people's schedules,
12 getting meetings scheduled, especially during the legislative
13 session when it's harder to get everybody together. For the
14 one-off meeting, we suggested this language when the governor
15 came to us and said we would like to know how you can
16 streamline your processes to meet his goals, and that is one
17 of the bills that we submitted.

18 The other is SB32, which essentially puts the QC
19 officer under the Executive Officer for the program. When
20 that position was first created, it took on more of an
21 auditor function. Over the years, that has changed. They
22 don't perform audits in the way that it was first envisioned.
23 What they do is, the person in that position essentially
24 provides education, communication, assistance; as was

1 mentioned, more of an ombudsperson function rather than a
2 quality control officer. That is what we're proposing to
3 continue with, is that person would continue doing those
4 functions. We've gone so far as to include the education
5 officer in the quality control unit, so that they can work
6 together to address our members' concerns.

7 In the past when they were an auditor, the concern
8 was that we needed to keep a separation between the QC
9 officer and the Executive Officer, but with the change in
10 function, that isn't the same concern as it may have been in
11 the past. In addition, we have several other audit functions
12 that PEBP goes through. We are probably more audited than
13 most state agencies, because we have an annual financial
14 audit. Our financial statement is included in the State's
15 financial statement and is shared with the Board and is
16 posted on our website once those final audits are completed.
17 Our vendors, many of them have quarterly audits or annual
18 audits to ensure that those vendors are doing what they need
19 to do. We also have a biennial compliance review to ensure
20 that we're following state and federal laws as far as our
21 plans are concerned. So the audit function itself is
22 covered. Keeping the QC officer reporting to the director of
23 the Department of Administration really doesn't provide any
24 particular safety measure or further assistance to the QC

1 officer and the function that they do now. So that was the
2 reason we submitted that bill.

3 The rest of the bills on this list, depending on
4 whether they actually get approved, will have some effect on
5 how the plan does business. So it could be that we have to
6 change some regulations. We may have to change master plan
7 documents or there may be a cost to the plan. Based on the
8 fiscal notes we have listed on the document right now, if
9 every single bill was passed -- which we know they all won't
10 get passed or they'll get amended and it'll change the fiscal
11 note, but right now with just these 40 bills with the fiscal
12 notes we have submitted, we're looking at 25.8 million in the
13 first year, 30.1 million in the second year, and 65.4 million
14 in future biennia, without consideration for the increase on
15 the OPEB liability if AB88 was to pass.

16 I know there's a lot of discussion around those
17 individuals that were hired after 2012. This is not the
18 first time that's come up. We know that it's something that
19 a lot of the employers have asked about, but we also have to
20 keep in mind that although there's the assumption there is no
21 cost, there is a cost. We are looking at increased
22 administrative costs, increased claims costs. We really
23 don't know when those individuals may come onto the plan.
24 We're looking at 2027 at the earliest for the 15-year

1 retirees, but keep in mind that if they have local government
2 employment prior to coming to the State in 2012, that time
3 counts and they could be coming on the plan today for all
4 intents and purposes, depending on their individual
5 situations. So looking at that and not really knowing what
6 that makeup of membership is, in addition to the staff that
7 PEBP would need to handle the customer service for the
8 additional members, there is a cost. What that true cost is,
9 we really don't know at this point in time.

10 With that, I will open it up for any questions.

11 CHAIRPERSON GRIMMER: Board members, are there any
12 questions?

13 Yes, Ms. Kelley.

14 MEMBER KELLEY: Thank you. Michelle Kelley for
15 the record.

16 Executive Officer Glover, you mentioned the
17 total -- so for all of the bills that have been introduced,
18 if they all passed -- and I understand the likelihood of that
19 is not high, but you did say 64 million over the future
20 bienniums. And I've been thinking this week as I looked at
21 them all, does PEBP have a tracking mechanism from at least
22 the last few legislative sessions that actually lists the
23 legislation that's passed that PEBP had to follow and then
24 kind of the estimated cost? Because I know that -- at least

1 since I've been on the Board, I think in every session
2 there's been stuff added to insurance that we've had to
3 cover. And of course, as we all know, the participant -- the
4 money allocated to us has not really gone up, even to keep up
5 with inflation, but we've also had these added benefits. So
6 I'm just wondering, how does that interaction happen at the
7 legislature, when we have to keep covering stuff but we're
8 not getting extra money, even though you're putting fiscal
9 notes on them? I just wonder what kind of attention does
10 that get from legislators?

11 EXECUTIVE OFFICER GLOVER: This is Celestena
12 Glover for the record.

13 A few things have happened with some of the fiscal
14 notes over the years. Sometimes PEBP actually gets exempted
15 from some of the provisions of the new legislation, because
16 of the cost that comes through in the fiscal notes. Other
17 times, we may hear from the bill sponsor to ask us questions
18 about why our fiscal note says what it says, and then, of
19 course, we're always open to discussions with those bill
20 sponsors to fully let them know what this means for the
21 program. It's not that we're necessarily against adding
22 those benefits, but if we're not funded, what they don't
23 realize -- and I pick this up a lot through the comments and
24 other people probably have too, that they don't understand

1 why the member would have to pay more or it would cost the
2 program more, but it's cost-shared and some of them miss
3 that, and then they may go back and do an amendment to maybe
4 revise some of the provisions in that bill.

5 We haven't done any formal tracking of past
6 legislation to see what that has actually cost us, but it is
7 something we can go back and look at the fiscal notes we've
8 put in in the past. You know, did those bills get passed,
9 and if they did, what did it do? But generally we just
10 include whatever benefits are required by law and hope for
11 the best essentially, if we're not getting additional
12 funding. And it does come out in higher rates, as you've
13 said.

14 MEMBER KELLEY: Thank you for that response.

15 I think from an accountability standpoint, having
16 a list of newly mandated coverages and then the cost might
17 actually be a helpful tool, even for us talking to employees
18 as well. Because employees don't necessarily understand --
19 you know, most employees don't use every covered aspect in
20 our insurance, right, they're using pieces. So they may not
21 understand that in the last few years the PEBP has had
22 mandated items that we've had to add to insurance that is
23 actually costing us. As you say, none of us want benefits to
24 be cut, but the reality is that's why costs are going up,

1 because costs are increasing generally and then we're having
2 to add new coverage and it all has a cost. So personally I
3 think it might be a useful tool for PEBP, going forward, to
4 kind of just track that kind of thing and put some dollars to
5 it every legislative session, as I think it tells a good
6 story.

7 So thank you.

8 EXECUTIVE OFFICER GLOVER: This is Celestena
9 Glover for the record.

10 We do track the legislation that was passed, it's
11 just we haven't added the cost piece. Sometimes we don't
12 realize that cost for a few years or we realize a small
13 portion of those costs as members learn what the new benefits
14 are and have the need to take advantage of those benefits.
15 So we can look at that, go back to previous sessions and see
16 what was passed and get some information on the cost and put
17 something together for a future board meeting.

18 CHAIRPERSON GRIMMER: Ms. Rich?

19 MEMBER RICH: Thank you. For the record, Laura
20 Rich.

21 Tena, I have a couple questions -- actually three
22 questions. For AB169, the \$3.3 million seems really, really
23 high. Do you guys look into utilization -- I don't know if
24 Segal is on, but maybe if Segal can discuss that fiscal note

1 and how PEBP came up with that number. That just seems high.

2 And then I guess the other two are not really
3 questions, they're just comments. On AB22, I have to say
4 that I do agree with it being in Executive Officer Glover's
5 shoes prior to this. The contracting piece being kind of the
6 anomaly of the state process is very, very difficult on PEBP,
7 because it just creates this extra step and we don't really
8 align with other state agencies, and so it becomes really
9 difficult and is burdensome on the agency. So I do agree
10 with that.

11 And then also the other comment that I wanted to
12 make was on AB188, the retiree coverage. I think something
13 that's important with retiree coverage is -- you have to
14 remember the State is one of the only employers that provides
15 retiree coverage, especially when you're looking at the
16 counties and the municipalities and even private sector
17 employers. And while that's great, I think what's really
18 recruiting and making an impact is being able to recruit
19 current employees and looking at the current benefits for the
20 active employees. That's what people really look at. So
21 when PEBP has done this look back in the past and done the
22 comparison, other counties and other employers really focus
23 their efforts and their resources and their funds to active
24 employees and not so much to the retiree coverage, and that's

1 where they're able to recruit and have better benefits for
2 actives and really get a better recruitment from that. I
3 mean, I just want to point that out, that you have to balance
4 out -- there's not unlimited resources and so you have to
5 balance out what you're prioritizing and where you're
6 directing your funding. And I think if the point is to
7 induce people to come to work for the State, I think having
8 better active employee benefits is really what's going to get
9 the best bang for your buck.

10 EXECUTIVE OFFICER GLOVER: This is Celestena
11 Glover for the record.

12 So to your question about AB169, we did do some
13 calculations. The 3.3 million, of course, is our worst-case
14 scenario. Right now we allow up to 90 visits a year, and the
15 average cost in 2026 is expected to be \$79.95 per visit.
16 This bill would take that limit off. So the worst-case
17 scenario -- if a member was to go every single day, outside
18 of holidays and weekends, that's potentially 250 visits at
19 \$80 a pop. That's where that number comes from; so we're
20 looking at 5 million. So between the 1.8 we potentially
21 could spend now and the 5.1 that we would spend if somebody
22 was to have a visit every day. I can't imagine that that
23 would happen, but we have to consider it. So that's what
24 that 3.3 is, it's the additional cost and we took that out

1 into future biennia. So that's how that number was devised.
2 We also had information that what we pay for these types of
3 visits are probably a little lower than some other states do.
4 So our per-visit cost is a little bit less, but if we
5 increase it to where somebody potentially could have a visit
6 250 days a year, it could get quite expensive quickly. So
7 that's how we got there.

8 MS. RICH: Okay, thank you. That just seems so --
9 I know you're saying it's the worst-case scenario, but it
10 just seems so unrealistic that -- it seems like Segal would
11 be able to provide a realistic fiscal note as to what that
12 utilization would look like. It just seems like -- that just
13 seems unrealistically high, is what I'm saying.

14 EXECUTIVE OFFICER GLOVER: Celestena Glover for
15 the record.

16 We did include that information in our spreadsheet
17 that we attached to the fiscal note, that this was the
18 potential increase and we gave them the numbers if somebody
19 was to need that visit.

20 CHAIRPERSON GRIMMER: Yes, Ms. Kelley.

21 MEMBER KELLEY: Thank you. Michelle Kelley for
22 the record.

23 So I have some comments on AB22. I think probably
24 everybody realizes I'm probably not in favor of this one. I

1 am concerned that we need to -- as a board, we have a
2 fiduciary responsibility and contracting is part of that
3 responsibility, and it is in the NRS that we're tasked with
4 being fiscally prudent in putting together a package, and I
5 think contracting is a major part of that with PEBP. We
6 contract for everything. And of course, that is your
7 frustration, Executive Officer Glover, is that we contract
8 for everything, but obviously it's a major part of our costs.
9 One of the things that -- we have a lot of changes coming.
10 We're gonna talk about the Nevada Health Authority and I know
11 I've thrown that out before, but I think that's a significant
12 change coming down the pipe, however it works, whether it's
13 purely reporting structure or more, which the presentation
14 seems to make out that it may be more. So I think that
15 making changes piecemeal is not -- I'm not in favor of that.

16 I also do wonder, though -- I mean, we are
17 responsible for contracting, and the report that Ms. Weyland
18 puts out for the Board is helpful, that kind of outlines the
19 contracts we've got going and what the cost is. As I was
20 listening to your explanation, Ms. Glover, it occurred to me
21 that as a board we've never actually seen -- or since I've
22 been on the Board, we don't actually see the RFPs. I think
23 that is a committee responsibility. The committee's formed
24 and then they put together the RFP. So, really, the Board

1 doesn't even have oversight over what goes into or even
2 knowledge of what that contract is fully made up of. We kind
3 of get the head item, like TPA services, but what are TPA
4 services? So my suggestion would be that the Board actually
5 does see that and approve the actual RFP if we end up going
6 down this route where the Board is taken out of the line; at
7 least we can see the RFP and understand exactly what we're
8 contracting for. While I'm not in favor of it, I think I'd
9 feel a bit better if the entire board had the opportunity to
10 see -- obviously you can't force us to read it, but at least
11 the scope of work, I think, is the pertinent piece. So that
12 might make me feel better.

13 And then switching to AB188, Ms. Rich made the
14 comment that other local -- I guess our recruiting
15 competitors don't offer retiree health insurance anymore. I
16 think that that's changing again. I think that, yes, retiree
17 health insurance was kind of those low-hanging fruits to save
18 money, but recently Washoe County has added retiree health
19 insurance back into their toolkit. And I think it is worth
20 PEBP investigating it, because on the ground at NSHE we often
21 talk about -- we used to talk about retiree health insurance
22 a lot, because -- yes, for young people, they don't care, but
23 once you're starting to look to recruit professionals,
24 top-level professionals, it's those kinds of things that

1 really make a difference to employees, and we want the best
2 and the brightest. So I think having retiree health
3 insurance, a subsidized program, at 15 years seems really
4 reasonable. We want career employees, we want people to stay
5 for a long time.

6 I do have a question, finally. So I noticed in
7 the chart that you provided, you talked about there being --
8 you estimated like 73 employees when this came online, if it
9 passed and it came online, but you also said four employees.
10 So I'm just wondering -- it kind of feels like a mismatch to
11 me if we're starting at around 73, and I would assume that
12 for every 50 added, 25 are also dropping off. Obviously, I
13 agree that PEBP needs more staff, but the four being attached
14 to this particular fiscal note, I'm just wondering if you
15 could talk about that.

16 EXECUTIVE OFFICER GLOVER: Celestena Glover for
17 the record.

18 So the four staff that we're looking at, they
19 would go into the various units in PEBP. They're not all
20 under accounting or QC, or whichever. They would be in MSU,
21 eligibility, quality control. So we'd have one in each place
22 and one in accounting to account for the additional workload.
23 The four is for future biennia, it's not immediate. The 73
24 retirees, that is the number we believe would potentially

1 come on in 2027 if they retired with 15 years, and we didn't
2 see anybody with time from prior to 2012. So somebody who
3 maybe worked for Washoe County and then came to the State.
4 That number could be significantly higher; it could be lower.
5 By the time we would be able to ask for staff, we would be
6 looking at the 2027 session, and the likelihood is we
7 wouldn't even begin recruiting and hiring for those staff
8 until either fiscal year '28 or '29, depending on the timing
9 of when they said we could bring staff on. So by the time
10 that happened, we could have even more retirees coming on.

11 And keep in mind, we get the retirees on and those
12 retirees -- ideally their positions would be backed with
13 employees. We don't know how many dependents that will
14 include, because we don't know if they're gonna be married
15 with children or whatever. And with mortality rates the way
16 they are, we have retirees that are long-lived on our plan.
17 So we can't guarantee that if we bring 70 on, that 10 go off
18 because they pass away or they move into the exchange. Those
19 people still need customer service from PEBP, even if they're
20 getting their plans through the exchange. So I guess we
21 could hire a part-time employee versus a full-time, but
22 putting one person in each of the various work units to
23 account for the additional workload that potentially comes.
24 We're looking at as many as a thousand new retirees on the

1 plan probably within a ten- to twelve-year period, and if you
2 go much beyond that, those new retirees -- although we know
3 we're going to lose people, but we're going to get more
4 people in addition to that. So it could be a one for one, it
5 could be ten on and one off. We just don't know. So we're
6 trying to be a little bit conservative there and not
7 overstate what we think we're gonna need, but we also don't
8 want to understate it because that will harm the plan. It
9 harms our staff's ability to get their job done and it
10 doesn't help our members either, because we're not providing
11 the customer service we should be.

12 CHAIRPERSON GRIMMER: Any further questions or
13 discussion on this item?

14 Okay. It is listed for possible action. Do we
15 have a motion?

16 EXECUTIVE OFFICER GLOVER: This is Celestena. It
17 looks like Janell maybe had a question. I saw her hand up.

18 MEMBER WOODWARD: I just wanted to, I guess, go on
19 the record and agree with Michelle that I do think it is
20 worth looking a little bit further at AB188 and the
21 possibility of the retirement for those after 2012. I know
22 that I work with several people who are in that situation and
23 have voiced an opinion about that, as well as also being told
24 about Washoe County adding that back. So I'm just putting

1 that on the record, and that was Janelle Woodward for the
2 record.

3 EXECUTIVE OFFICER GLOVER: Chair Grimmer, this is
4 Celestena. I just wanted to also add, the bills outside of
5 the PEBP bills, AB22 and SB32, it has been the policy of the
6 Board and of the Governor's Office that state agencies do not
7 testify either in opposition or in favor of any bills, that
8 we testify in a neutral stance and to make sure that we are
9 clear in the information we provide. So I want that kept in
10 mind when any action is taken on this. Please don't ask me
11 to oppose a bill, even if we oppose a bill, because I can't
12 go there. So I just want that to be clear with any other
13 discussion on the bills, where we would like to go with them
14 or if we'd like to do anything with them.

15 Thank you.

16 CHAIRPERSON GRIMMER: Okay, thank you.

17 Do we have a motion on this item?

18 MS. KUNNEL: Madam Chair, this is Radhika Kunnel.
19 On that note, like what Ms. Tena just expressed, I am not
20 sure -- while it's agendaized for possible action, I'm not
21 sure if any action is sought at this point. Maybe Ms. Glover
22 can elaborate on that, but from the discussion and from the
23 purpose of this agenda item, it is unclear if it is a
24 possible action. Should the Board decide to make it as a

1 possible action, we may need to go through -- I will go
2 through the disclosures prior to the action.

3 EXECUTIVE OFFICER GLOVER: This is Celestena
4 Glover for the record.

5 I think the only thing, for me anyway, was to have
6 confirmation that the Board's policy is to stay with
7 testifying in the neutral and just get that on the record
8 officially. Anything else the Board wishes to do, that's up
9 to them obviously.

10 CHAIRPERSON GRIMMER: Okay. If there's no further
11 discussion, I will close this item and we will move on to
12 Agenda Item Number 4, presentation and discussion regarding
13 Nevada Health Authority; Stacie Weeks, administrator, and
14 this is information and discussion.

15 MS. WEEKS: Good morning. Thank you, Joy. Stacie
16 Weeks for the record.

17 Is it okay if I share my screen? I'm just gonna
18 walk through some of the slides, and I have a few comments
19 just based on some of the public comment. And I apologize,
20 I'm a little under the weather today. Let me find my screens
21 here. Can everybody see that okay? Great.

22 Before we get started, I just want to acknowledge
23 the feedback and the comments. I totally appreciate that
24 perspective and understand that this is a change and there

1 are a lot of questions about it. There is a budget BDR
2 coming out. I think that will help answer some of those
3 questions, but I do want to just note that I think -- also as
4 a former PEBP board member and also as an administrator
5 running the agency for Medicaid today, public employee
6 benefits and even the retiree benefits are critical to our
7 state. We have to find ways to do better. Where we see that
8 PEBP needs support and more competition, we have to be
9 thinking outside the box on that, and that is what the
10 governor is trying to do here. I think the capacity right
11 now of our state and the PEBP staff is limited and a lot of
12 the capacity that I have at Medicaid can help support them,
13 in addition to the other agencies that are coming together.
14 The goal is not to reduce or change current structure unless
15 we find a better way to do it, and the Board is still a
16 critical partner in that role.

17 So I just want to start off with saying that. I
18 recognize that change is hard. I mean, I feel the same way
19 about change, but I do want it to be an open conversation,
20 and if this is to pass, I want folks to understand that our
21 perspective over at the division now is to have town halls
22 and listening sessions and things of that nature. Nothing
23 major is going to change. We're gonna be doing modeling and
24 coming back to the Board on various options that might be

1 available to make things better. So I just want to start out
2 with that.

3 This is just some of the background that we
4 presented to lawmakers about what is going on in health care
5 in Nevada, beyond just Medicaid. We are, according to Kaiser
6 Family Foundation, still one of the fastest growing states
7 with health care costs, and I think we all feel it. I mean,
8 we see it in the Medicaid program, I know PEBP sees it, our
9 employees experience it, and so do our retirees and so do
10 Nevadans. We also have health care costs across our state.
11 When you combine just the number of covered lives from a
12 state perspective, Nevada covers one in three Nevadans,
13 either through the employee benefit program or through
14 Medicaid and then also the new public option program. So if
15 you think of that, we are paying as a state and taxpayers are
16 paying for health care and so are our employees.

17 Things that aren't working, that we need to work
18 on together is that we continue to have a professional
19 shortage. I heard someone talk about Medicaid rates and
20 provider networks. I appreciate that, but I just want to
21 note that Medicaid is paying better than some of the markets,
22 and we hear this from providers. So I just want to start
23 there in some of our areas. The other thing is, this is not
24 applying Medicaid rates to these other networks. These are

1 still separate programs and separate markets. It's about
2 leveraging smart ideas and smart strategies to purchasing
3 with these carriers that are operating in our state and
4 asking them to be fair in all these markets across the board.
5 This is not to apply the Medicaid program to any other
6 market. It has different rules and requirements and is very
7 complex and I would not impose that on anyone, because it is,
8 on its own, a very complex program.

9 We also have limited provider networks for our
10 state employees. Carson-Tahoe is a good example; I'm just
11 gonna say the elephant in the room. When I sat on the PEBP
12 board and we talked about this, it was very challenging.
13 Unfortunately, PEBP is very limited in what they can do. So
14 UMR and others hold the bag, and so does Carson-Tahoe. The
15 State has very little leverage in this fight and to figure
16 out how do we complete that network. Having the health
17 authority look at ways to do direct provider contracting may
18 change that dynamic, and those are the kind of things that
19 we're looking at. Having the capacity to do that and to give
20 PEBP that capacity is key. So that's also something that I
21 want to raise today.

22 The other thing -- and all of you probably do know
23 this, but it's something that we continue as state officials
24 to hear at every presentation we go to or national event, we

1 are at the bottom in the country on every health care outcome
2 and it is continually appalling, and I know we can all agree
3 that that is something that all of us working in health care
4 need to put our resources together to tackle. And then the
5 other thing I think many of you know too is that PEBP lacks
6 competition, and without competition, you don't get a good
7 deal and we don't see that, and I think that is reality.
8 We've seen that in the procurements. At Medicaid, we have
9 tools and we know different strategies to do that and to
10 improve competition in our market, and those are the types of
11 things we'd like to leverage and share together in the state.

12 So this is just a visual of what's coming
13 together. Today, for those of you who may not know DHHS,
14 which is our Department of Health and Human Services, it's a
15 very large department. The department plays many roles and
16 many hats. It has a provider hat, it has a payor hat, it has
17 a regulator hat. It also has a direct service and
18 eligibility hat. It has so many hats, and even myself when I
19 go into the website -- I know consumers feel the same way --
20 coming to DHHS, as an entity, is challenging to navigate. So
21 part of this is also trying to figure out what are those real
22 main priorities and roles and responsibilities of this agency
23 and ensuring they're actually managed in a way that's not
24 siloed and that they're actually working together and that

1 it's easy for consumers to access the services.

2 So the health authority is really trying to drive
3 out some of that payor and regulator side, to give it the
4 independence that it needs from the program and the services.
5 And also on the bottom bubble there is really the new
6 department of human services, which will be focused in on
7 provider services that the State provides. The State
8 provides a lot of health care services. It also provides
9 case management, child welfare in the rural areas. It does a
10 lot of service activities, and so that would be the home for
11 those activities. It also will still include public health
12 and some of our behavioral health and maternal health block
13 grants. The exchange, which is SSHIX, the acronym there,
14 Silver State Health Insurance Exchange, that will come over
15 into the health authority and be part of the larger effort to
16 improve health care in the state, and PEBP as well will be
17 coming under that umbrella to be supported where it can with
18 some of these efforts.

19 These are the other items that the Governor feels
20 should come under the new health authority that would be
21 coming out of DHHS. Some of them you may be familiar with
22 and some you may not, but I just wanted to bring those here
23 today. The other nice thing that I think this new health
24 authority will bring together is the all-payors claims

1 database, which really gives us a look at all the markets.
2 So right now we are kind of blind to the reality of what
3 providers are getting in other markets. We only know what
4 the State pays, and even then, it's proprietary. Having some
5 of these claims and database across the market can really
6 give us a chance to look at whether or not providers are
7 being treated fairly, what are the games going on in the
8 market, and what can we do better as a state to negotiate
9 coverage for Nevadans.

10 This is just an overview of the proposed org
11 chart. You know, during session, you never know where things
12 are gonna land. So this is a starting point. The one thing
13 that's going to be unique to this agency, which is similar to
14 Washington and Oregon, instead of simply having authority to
15 purchase, is that this agency will have its own independent
16 unit that's focused on the health care purchasing and looking
17 at strategies to help each of the markets that are under this
18 authority to be more competitive and more transparent to
19 Nevadans. It also will have its own regulatory council and
20 Medicaid Inspector General, as well as our health care
21 quality unit, which oversees facility licensure and fraud,
22 waste and abuse, and then there'll be the budgeting unit.

23 I just want to note that PEBP, as a whole, stays
24 the same. It's really allowing them to be part of the bigger

1 effort at the state level to really improve things on health
2 care, including provider networks, quality, costs, all those
3 things, so that we're working together on those efforts and
4 leveraging the resources that we have. We also have
5 pharmacists on our team. We have a pharmacist, we have a
6 physician, we also have a dentist. And we're also building
7 our pharmacy team, because one of the things that we are
8 proposing in the budget -- and a lot of lawmakers are
9 proposing -- is moving to different purchasing strategies for
10 pharmacy. For example, one is the single PBM; we want to do
11 some modeling around that. We first want to start with
12 Medicaid. We do think there's significant savings there for
13 the State if we do that right. PEBP could also benefit from
14 that over time, if we think it's going to work for them.
15 Obviously, anything we would do has to go through the Board.
16 Those things do not change under statute. So I just want to
17 explain that piece of it.

18 Nevada Medicaid would remain primarily the same
19 too. Some of the budget pieces are moving out so that the
20 individual over Nevada Medicaid can focus on the program, the
21 recipients and access. Consumer health and access is where
22 our state exchange will live and the same with our new
23 Medicaid Express, where individuals can go through the
24 exchange and shop for coverage and compare plans. And then

1 obviously GME, our Graduate Medical Education, this entity
2 will be over a lot of the workforce efforts. So we're trying
3 to maximize federal and state and local dollars to really
4 improve access to training for physicians and other providers
5 in our state. And as you can see, there's the Office of
6 Analytics, which can also benefit PEBP as well.

7 I think someone referred to this slide in public
8 comment, so I just want to clarify a couple things here. The
9 goal here is to -- because often we're all working and this
10 is just the reality of state government, and I know everyone
11 wishes it was different. And it's not purposeful; it's just
12 that we're doing our day-to-day and we're all working on
13 issues of quality, costs that are affecting all of our
14 programs in some form or fashion. The health care system
15 costs and networks, that is a constant battle for all of us.
16 We have stronger network adequacy requirements in Medicaid
17 than PEBP. There's things that I think could be different in
18 PEBP if we are aligning some of our efforts in looking at how
19 we do that without affecting providers or lowering benefits,
20 you know, how do we do that in a way that's most beneficial.

21 So coming together as a group and really looking
22 at data together and coming up with a strategic plan together
23 is the goal. And then also just having that regulator side
24 as well, so we can understand in the system that we do have

1 bad actors, there is provider fraud. We just had a hearing
2 recently about some of the issues with Medicaid, and there is
3 provider fraud. That is the reality in all markets. And
4 there's also the health care quality and licensure piece.
5 Having those all together to really ensure that we've got the
6 best providers in our state, that they're licensed and doing
7 the things that we have asked them to do and billing for that
8 appropriately is really the goal here. And then also just
9 supporting providers, because some of the good actors who
10 want to come in our state, we often hear that they go to
11 multiple venues to figure out how to actually participate and
12 bill. So having a one-stop shop for providers and ensuring
13 it is streamlined and that we're listening to figure out how
14 to remove barriers is also the goal of this effort.

15 I won't read through each of these, but I think a
16 big piece in the department that we're currently housed in,
17 there is that provider system and regulator system that we're
18 trying to remove -- there's a conflict sometimes when you're
19 the provider and you're regulating yourself. So that's part
20 of the goal here, and removing that is to ensure that there's
21 no bias and no conflict in the system there. There are
22 opportunities to leverage federal resources, not just grants
23 but also Medicaid dollars. We do get match on our staff
24 and -- I know people are talking about the Medicaid changes,

1 and yes, those would be impactful to our state, but no one is
2 saying that all of Medicaid would be gone. We would still be
3 getting some of the match for our staff, and there are
4 opportunities for us to match together when we're doing
5 things that are improving Medicaid, including network.

6 Combined payors -- I mentioned this already.
7 There are strategies when we do procurement as one agency for
8 multiple markets that can leverage competition that we don't
9 currently have in the state, and that is one of the goals.
10 And obviously, any of our strategies would have to go through
11 the Board, as we do today.

12 Leverages Medicaid health care purchasing -- I
13 mentioned this earlier. PEBP would have access to our
14 pharmacy team, some of the actuaries and vendors that we have
15 that are looking at new models to control cost, but also
16 improving access. It can't just be we want to control cost
17 and there are no benefits. People need the benefits; so how
18 do we do that. We have a lot of really great expertise on
19 our team that we would love to be able to share and work
20 together as one agency -- or one entity, I guess, because
21 everyone's still kind of their own little agencies.

22 The other opportunity here is to align where it
23 makes sense, some of the actuarial resources and other
24 vendors that we're using that are duplicative. Not too long

1 ago we were talking about electronic health records and all
2 the different agencies that have a vendor or want a vendor to
3 do that work. We should be having one contract for the
4 agency to do this work. So we're looking at opportunities to
5 really streamline and save money but also save money in a way
6 that really improves capacity across the agency. Also,
7 looking at data and resources to better look at population
8 health. One thing I think we know is that each of the
9 markets have different outcomes, and we should be looking at
10 that and comparing that data and thinking about, as a state,
11 how do we better manage population health, how do we get
12 people to the lower-cost, most effective resources, including
13 primary care. Right now, that is not always the case because
14 of access issues, but we don't have that data and we're not
15 looking at it as a whole to be able to have those discussions
16 about what kind of activities we want our health plans to be
17 doing to address these issues. And we do that some in
18 Medicaid, but if we were able to really work with our plans
19 and providers -- for example, to tackle maternal health
20 issues across markets -- we'd have a much better impact on
21 outcomes.

22 Just real quick, next steps. Budget hearings and
23 account changes, all those things are ongoing at the
24 legislature. I know Celestena already talked about some of

1 the timelines, but we're just waiting on a budget BDR to be
2 dropped by LCB. Hopefully we'll get to review it and then
3 we'll know if it's gonna look exactly like what we think it
4 is. Obviously, if you have concerns or questions, feel free
5 to reach out. We want to get this right and we want the
6 Board to still feel like they have a role and they have the
7 voice that they do today. And like I mentioned, the PEBP
8 board will be maintained. There are term limits that -- the
9 Governor's Office is looking at different boards and ensuring
10 that there is fair representation and some people are moving
11 on and off the boards, to ensure we have fresh voices at the
12 table. So that is new, but it also applies to other boards
13 in the state as well. I'm happy to talk about those and
14 obviously open to discussing any amendments that might be
15 needed.

16 The PEBP board and the new work will not be the
17 actual hire of the director, but they will be doing
18 interviewing, like they do today, and making recommendations
19 to the director and the governor for the final hire. So
20 there's more shared responsibility for that position with the
21 governor and the Board. There are changes in the PEBP BDRs
22 right now to align with the policy BDRs, but after these
23 discussions today, depending on where things go with
24 legislators, those things can change. And then it also

1 allows PEBP to leverage the vendors and resources of the
2 health authority, with the Board's approval, to save and
3 streamline efforts.

4 And then there is funding for a report that the
5 new entity will be working on together across all of these
6 agencies to put together a purchasing strategy for health
7 care that would come to this board as well as the
8 legislature, to talk about what might be needed to improve or
9 change the health care program today. So nothing will be
10 happening unless the Board obviously approves, and if there
11 are statutes that need to be changed, we would have to go
12 through all of those processes, but that would be something
13 we would want to bring to the Board first. And like I
14 mentioned, this is definitely gonna be -- in session, you
15 never know where things land, and as things change, I'm sure
16 Celestena will keep you updated, but I'm happy to answer
17 questions or meet with folks offline, if that's helpful.
18 I'll stop there if folks have questions. Thank you.

19 CHAIRPERSON GRIMMER: Okay. Board members, are
20 there any questions?

21 Yes, Ms. Kelley.

22 MEMBER KELLEY: Sorry, Chair Grimmer, I have to
23 ask.

24 Thank you, Ms. Weeks, for the presentation. Very

1 interesting and potentially exciting, but also scary. I
2 guess -- in my world at the moment, I've taken a lot of
3 questions from participants, 'cause I manage a retirement
4 plan, just about confidentiality of information in my silo.
5 So I'm putting on my employee hat and coming to you. With
6 the merger of these departments in order to leverage all of
7 the kinds of things you've talked about -- you're talking
8 about aggregating data from PEBP, claims data, individual
9 data, family data. What kind of protections and security is
10 there for data if the State takes it in, between Nevada and
11 federal? I mean, right now I understand HIPAA; I just redid
12 my HIPAA. I know that there's those protections, but I just
13 wonder, with the health authority wanting to leverage all of
14 what PEBP has, how is that security gonna be maintained and
15 how is Nevada gonna ensure that employee data itself and its
16 family and health conditions is kept confidential from
17 everybody?

18 MS. WEEKS: Stacie Weeks for the record.

19 Michelle Kelley, there's nothing that's going to
20 change that's currently happening today. The claims database
21 that I'm talking about, APCD -- if they're supposed to be
22 reporting to it, they will be reporting to it. We would not
23 be taking any data or accessing anything outside of HIPAA
24 privacy laws. There's nothing there that wouldn't happen the

1 way it is today. What can be different here is that we're
2 looking at data together that is available today in a way
3 that we can do population health management and come to the
4 Board and say "Look, we're looking at these outcomes in
5 Medicaid and we're seeing a different impact," and having
6 those conversations as a state. No one is taking anybody's
7 claims data. So I don't want any fear-mongering coming out
8 of this. The data piece is definitely protected like it is
9 today. It's just allowing us, as an entity, to look at it
10 together to think about ways to improve outcomes. So where
11 PEBP and Medicaid and the exchange see similar outcomes or
12 issues, they can work together on those issues.

13 MEMBER KELLEY: Okay, thank you. I didn't mean to
14 fear-monger, but it's a legitimate question that our
15 employees ask all the time about the security of their data.
16 So I apologize if you thought I was fear-mongering.

17 And then on slide seven, bullet point four, you
18 talk about simplifying access and streamlining messaging and
19 marketing as being one of the things that comes out of this,
20 but at the same time you're talking about PEBP remaining the
21 same. So I'm just wondering -- like, that's a little bit of
22 a conflict to me. What is the streamline messaging and the
23 access? Can you kind of talk about that particular bullet
24 point?

1 MS. WEEKS: That's a fair question, Michelle.
2 Stacie Weeks for the record.

3 What we're talking about is generally messaging
4 around coverage and ensuring that people know how to access
5 their coverage. Whether they're employees or if they're
6 having challenges, that they experience a similar customer
7 service. Whether it's coming from PEBP or Medicaid or the
8 exchange, that there's a similar way that they all know where
9 to go to find it. We could be doing messaging on open
10 enrollment periods, we could be doing messaging around things
11 like diabetes. It's like all the things that we can do as a
12 state, that we're doing in PEBP, we should be doing them
13 market-wide. So that is the goal to really streamline that
14 messaging.

15 There's also marketing sometimes around different
16 opportunities, obviously with employees. We could be doing
17 that differently and leveraging some of the more
18 sophisticated marketing that the exchange does and looking at
19 what they've done that's worked that we could use at PEBP.
20 So those are the opportunities that we're trying to bring
21 forward and figuring out a better way to communicate to
22 people, because right now it is confusing. I don't know how
23 many employees I have come to my office complaining about
24 they don't know how to access something. So how do we look

1 at all these issues across all of our programs and maybe come
2 up with a solidified solution, or at least make sure the
3 experience that Medicaid members are having, PEBP employees
4 should be having the same. Right now I wouldn't say that's
5 the case, and I think a lot of times it's capacity and also
6 just not looking at strategies that are working in some
7 markets better than others.

8 CHAIRPERSON GRIMMER: Okay. Any other questions?
9 Ms. Rich.

10 MEMBER RICH: Laura Rich for the record.

11 I just want to say that I agree that this is a big
12 change, and change is scary, but we also have to realize that
13 cost keeps increasing and really keeping the status quo is
14 not going to change that. Like, we're not going to be able
15 to impact the cost of health care in the state and we're
16 gonna have to constantly be reacting instead of being
17 proactive. And I think this is an idea that's exciting,
18 because it seems like a proactive approach to a problem and I
19 feel like it presents more opportunities than risks.

20 I also feel like PEBP has always been kind of in
21 an island by itself, just kind of the way it's set up. So
22 bringing this under a health authority, I think, would help
23 the agency. It gives it access to resources, it gives it
24 access that it doesn't have today and also support,

1 because -- I'm sure that Ms. Glover can attest to this --
2 sometimes you're out there and you're alone. You don't have
3 anyone to fall back on. So I think this is a great
4 opportunity and a good move overall.

5 CHAIRPERSON GRIMMER: Any other questions?

6 Okay. Seeing none, we will close this agenda item
7 and move on to --

8 EXECUTIVE OFFICER GLOVER: Hold on one second.
9 This is Celestena Glover. It looks like Board Member Carsten
10 maybe had a question. I saw her hand pop up.

11 MEMBER CARSTEN: Thank you.

12 Ms. Weeks, my question was -- I heard you say that
13 there would be an opportunity for exploring different models
14 and then those models would be presented to the Board for
15 review. So it's not like these changes or action would be
16 taken without participation from board members. Correct?

17 MS. WEEKS: Stacie Weeks for the record.

18 Yes, that is correct. We would be working with
19 actuaries and national experts to come up with different
20 options for the Board to consider, to see if there are better
21 ways that we could get benefits and coverage for both our
22 retirees and our employees.

23 MEMBER CARSTEN: Okay. Thank you.

24 CHAIRPERSON GRIMMER: Okay. Any further

1 questions?

2 Seeing none, we'll close this agenda item and move
3 on to Agenda Item Number 5, public comment. Public comment
4 will be taken during this agenda item. Comments may be
5 limited to three minutes per person, at the discretion of the
6 chairperson. Persons making public comment need to state and
7 spell their name for the record at the beginning of their
8 testimony.

9 Do we have anyone for public comment?

10 STAFF: Madam Chair, we do not have anyone in the
11 public comment lobby. Do you want me to leave the slide up
12 for a minute and read my announcement, to give someone a
13 chance?

14 BOARD CHAIR: Sure.

15 STAFF: Thank you.

16 For those who have joined for public comment, your
17 name or the last four digits of your phone number will be
18 announced and you'll be advised that you've been unmuted.
19 Please slowly state and spell your name for the record and
20 then proceed with your comments. As a reminder for those on
21 the phone, please press *6 to unmute.

22 CHAIRPERSON GRIMMER: Seeing no public comment, we
23 will close this agenda item and we will adjourn.

24 (Proceedings concluded at 11:10 a.m.)

1 STATE OF NEVADA)
) ss.
2 COUNTY OF WASHOE)

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I, Romona McGinnis, Court Reporter for the State of Nevada, Public Employees' Benefits Program Board, do hereby certify:

That on Friday, March 7, 2025, I was present via Zoom for the purpose of reporting in verbatim stenotype notes the within-entitled meeting to the best of my ability;

That the foregoing transcript, consisting of pages 1 through 48, inclusive, includes a full, true and correct transcription of my stenotype notes of said meeting to the best of my ability.

Dated at Reno, Nevada, this 16th day of March, 2025.

// Romona McGinnis
ROMONA MCGINNIS, CCR #269

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

March 7, 2025

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