

James Webber

Public Comment for 7-31-25 PEBP Board Meeting

Dear PEBP Board Members,

I am a PEBP member, and I wanted to share my recent experience with Express Scripts (ES), the exclusive pharmacy benefit manager for PEBP. I currently take 3 medications that are not in generic. Before selecting these medications, my prescribing physicians and I tried what are called Step 1 medications and failed. Since the start of 2025, ES has refused to fill 2 of my 3 non-generic medications and required that I have these medications filled by a retail, in-network pharmacy. In response to ES's refusal, I have asked my prescribing physicians for samples while they request a prior authorization, but ES has not agreed to supply the medications. I don't know when my medications will be supplied by the in-network retail pharmacy, or if that pharmacy will supply the non-generic medication.

This is a dramatic change. I have been using ES since PEBP began using them as their exclusive PBM, and my experience has been good. I have saved so much time and money with auto-renewing prescriptions. But now that I have been forced to change medications and to fill my prescriptions at a retail pharmacy, ES no longer serves its purpose. Instead, it is creating unnecessary hurdles with the goal of getting PEBP members to give up and accept ES's cost-cutting measures.

My concern is threefold. First, I am concerned that ES will refuse to fill my remaining non-generic medication, and I will be scrambling to request samples while my prescribing physician requests a prior authorization to fill the non-generic medication at a retail pharmacy. Second, I have time, advanced literacy, and technological access, and I am still struggling to get the medications I need. I worry about the PEBP members who don't have these advantages but still need life-saving, non-generic medications. Third, since ES is the exclusive PBM of PEBP, there is currently no recourse for members when ES unilaterally decides not to fill non-generic prescriptions. I have submitted a complaint to the Nevada Commissioner of Insurance, but their response was to say that PEBP is not the insurer and so does not decide which prescriptions to fill. This is incorrect—I explained to the NV COI that while UMR is my insurer, ES has complete control over medications. When I contact UMR, they say contact ES. When I contact ES, they simply say, the manufacturer of the non-generic medications can no longer supply them. Again, as I mentioned above, I have time, literacy, and access. Now imagine someone without these advantages trying to seek recourse for ES's denial to supply a medication.

That's why I'm writing to the Board. I've been a PEBP member since 2013, and in that time, my costs have increased from \$129/month to \$213/month. Yet I'm now getting much less for that money. I understand that costs have increased, but if PEBP simply allows ES to make unilateral decisions about coverage with no accountability, then it's not just ES that is failing to serve its purpose. It's also the Board that is failing in its oversight role. I'm asking you to take my experience seriously and then multiply it by, let's say, one-quarter of PEBP members. If my experience is representative of one-quarter of PEBP members, ask yourselves, is this what I want for public employees? Is this what I want for myself? Please reconsider your oversight role. You are the only thing standing in between ES's cost-cutting measures and members' needs. No one else will do anything. Will you?

Thank you for listening,

Jim Webber

Reno, NV



TO: Joy Grimmer, Chair; and Public Employee Benefits Program Board

FROM: Douglas Unger, Immediate President, UNLV Chapter, and Vice Chair, Government Affairs Committee, Nevada Faculty Alliance; & Member, UNLV Employee Benefits Advisory Committee.



PEBP BOARD MEETING – 7-31-2025 -- PUBLIC COMMENT

Doug Unger, Immediate Past President, UNLV Chapter, Nevada Faculty Alliance; and member, UNLV Employee Benefits Advisory Committee. Thank you Chair Grimmer and the PEBP Board for your service and consideration.

Concerning Agenda Items #4 and #5, the interviews of two candidates followed by the recommendation to the Governor's Office of one to be appointed as the new PEBP Executive Officer, though we look forward to positive developments for PEBP's transition into the new Nevada Health Authority, we wish there could be input from a full PEBP Board, including a southern Nevada NSHE representative, since NSHE employees comprise the largest covered group. We most cordially request that the Governor and Legislature act as swiftly as possible to complete PEBP Board appointments according to the new process set out in NRS 287.

Not on the agenda today but much on our minds is Governor Lombardo's veto of AB 188, which passed the 83rd Legislature with bipartisan support—a bill intended to raise contributions to retiree HRAs of \$1 per month per year of service capped at 20 years and, as well, modestly raise the limit that a state retiree can save up in an HRA for future medical procedures or emergencies. Reasons detailed by the Governor's message for his veto are allegedly insufficient appropriations to cover “the Program's health reimbursement reserve requirements”; also that implementation allegedly “increases the Program's administrative workload.” State employee stakeholder groups disagree with these assessments as reported to the Governor in fiscal notes attached to the bill. In the interest of fairness to state employee retirees, we most cordially request of the PEBP Board and/or the new Nevada Health Authority to incur a modest expense for an independent actuary to revisit the accounting and report accurately on potential reserve requirements and administrative workload. State employee retirees have not seen a raise to HRA contributions in almost a decade of ever-increasing costs. Such an actuarial report will encourage faith and confidence in PEBP's transition to the new Nevada Health Authority's administration and the positive changes that are, hopefully, on the way. Thank you.



NEVADA FACULTY ALLIANCE

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TO: Joy Grimmer, Chair; and Public Employee Benefits Program Board

FROM: Amy Pason, Chair, NFA Government Relations Committee



PEBP BOARD MEETING – 7-31-2025 – PUBLIC COMMENT

The Nevada Faculty Alliance (NFA) is optimistic about the partnership with PEBP and the Nevada Health Authority (NHA). The reorganization has the potential for Nevada to leverage resources and collaboratively work towards improving the health of all Nevadans— especially to find solutions to improve the health insurance coverage for Nevada State Public Employees (active and retired). We know that there is uncertainty and challenges ahead with [federal changes to Medicaid](#) that will impact all Nevadans, so we hope the newly organized NHA will help us all weather and navigate what is to come.

The PEBP Board itself is undergoing change under the provisions passed in SB 494 in this past legislative session (under agenda item 6.5). We are appreciative to all the stakeholders that came together to amend SB 494, importantly clarifying the independence of the PEBP Board and ensuring a composition that represents all employee groups. Unfortunately, changes to the composition of the Board have yet to be implemented with position vacancies. This PEBP Board will be choosing an Executive Officer and PEBP Board Chair without a full Board. NFA is especially concerned that there will be no Southern NSHE representative to weigh in on these important decisions. NFA has offered our recommendations to the Governor for the two NSHE appointees, and we urge the Governor and legislative leadership to appoint members in a timely manner to ensure all stakeholder groups have a voice on the Board as we begin this important work under the NHA.

NFA is further appreciative of amendments to SB 494 that include reporting health care costs for retired state employees. As [our advocacy on AB 188](#) with AFSCME and AFSCME retirees argued, reducing and eliminating health benefits for retired state employees during the Recession has also meant that retiree benefits have not been reviewed since the Recession. The State has not increased contributions to retiree HRAs and has capped the amount retirees can save in their HRA even as we ask retirees to cover more of the costs of health care as those costs continue to increase. Although the Legislature passed AB 188 to address these challenges with the HRA, we are disappointed that the Governor vetoed AB 188. The limited time at the end of session did not provide opportunity to fully vet the costs and the actual amount of reserves PEBP might need to

hold to allow for increased HRA caps (although we believe these HRA changes would not substantially impact the PEBP budget). NFA hopes that the studies and reporting included in SB 494 will be a first step forward to addressing the health care needs of all our state employees. We encourage the PEBP Board to keep the issue of retiree health benefits on their agenda—not only to do right by our retired employees but also considering how retirement benefits aids in retaining the best state active public employees.

NFA has no reservations with either Executive Officer candidate, and we encourage whoever is chosen as EO to meet with and continue open lines of communication with key stakeholder groups (including NFA).

NFA looks forward to continued work with the PEBP Board, the new PEBP Executive Officer, and NHA in improving the health of Nevadans, especially the health care coverage of state public employees.

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The Nevada Faculty Alliance is the independent statewide association of professional employees of the colleges and universities of the Nevada System of Higher Education. The NFA is affiliated with the American Association of University Professors, which advocates for academic freedom, shared governance, and faculty rights, and the American Federation of Teachers/AFL-CIO, representing over 300,000 higher education professionals nationwide. The NFA works to empower our members to be wholly engaged in our mission to help students succeed.