

**STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING**

The Richard H. Bryan Building
901 S. Stewart St.
Carson City NV 89701

Video conferenced to:
Nevada State Business Center
3300 West Sahara Avenue, Tahoe Room, Suite 430
Las Vegas, Nevada 89102

ACTION MINUTES (Subject to Board Approval)

November 30, 2017

MEMBERS PRESENT

IN CARSON CITY:

Mr. Patrick Cates, Board Chair
Mr. Don Bailey, Vice Chair
Ms. Ana Andrews, Member
Mr. Chris Cochran, Member
Ms. Linda Fox, Member
Ms. Leah Lamborn, Member
Mr. John Packham, Member
Mr. Glenn Shippey, Member
Mr. Tom Verducci, Member
Ms. Christine Zack, Member

FOR THE BOARD:

Mr. Dennis Belcourt, Deputy Attorney General

FOR STAFF:

Mr. Damon Haycock, Executive Officer
Ms. Celestena Glover, Chief Financial Officer
Ms. Nancy Spinelli, Quality Control Officer
Ms. Laura Landry, Executive Assistant

1. Open Meeting; Roll Call -

Chair Patrick Cates opened the meeting at 8:31 a.m.

2. Public Comment -

Public Comment in Carson City:

- Marlene Lockard – Retired Public Employees of Nevada (RPEN)
- Peggy Lear Bowen – Retiree Participant (see exhibit A for comments)
- Priscilla Maloney – Representative of AFSCME retirees
- Kevin Ranft – AFSCME 4041

Public Comment in Las Vegas:

- There were no public comments in Las Vegas.

3. Action Item -

Public Hearing to receive comment and take possible action on the proposed adoption of regulation (LCB File No. R054-17), including but not limited to, Board delegation of subrogation authority to the Executive Officer and direction with respect to the exercise thereof. (Damon Haycock, Executive Officer) (**For Possible Action**)

Public Comment on Item 3 -

Public Comment in Carson City:

- Peggy Lear Bowen – Retiree Participant (see exhibit A for comments)

Public Comment in Las Vegas:

- There were no public comments in Las Vegas.

Board Discussion for Follow-up on Item 3 -

- Member Chris Cochran requested periodic updates on number of cases subrogated, value of subrogation and types of subrogation to prevent potential abuse.

Board Action on Consent Items -

MOTION: Motion to adopt regulation R054-17 as recommended and presented.

BY: Member Christine Zack

SECOND: Member Tom Verducci

VOTE: Unanimous; the motion carried.

4. Action Item –

Consent Agenda (Patrick Cates, Board Chair) (**All Items for Possible Action as specified below**)

Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

- 4.1. For possible action to approve the Action Minutes from the October 26, 2017 PEBP Board Meeting.

Board Discussion for Follow-up on Item 4.1 -

- Member Chris Cochran asked that requests made during board discussion for reports or that may require further research to be notated on future Minutes.
- Tom Verducci requested that the title of “Member” be added to John Packham and Linda Fox along with verification of verbiage on item number 5 “outline” vs “overview”.

- 4.2. For possible action to receive quarterly vendor reports for timeframe July 1, 2017 – September 30, 2017:

- 4.2.1. HealthSCOPE Benefits – Obesity Care Management Program

- 4.2.2. Hometown Health Providers – Utilization and Large Case Management

- 4.2.3. The Standard Insurance – Basic Life and Long Term Disability Insurance

- 4.2.4. Towers Watson’s One Exchange – Medicare Exchange

- 4.2.5. Hometown Health Providers and Sierra Healthcare Options – PPO Network

- 4.3. Health Claim Auditors, Inc. quarterly audit of HealthSCOPE Benefits for the timeframe July 1, 2017 – September 30, 2017: (1) Report from Health Claim Auditors; (2) HealthSCOPE Benefits response to audit report; and (3) for possible action to accept audit report findings and assess penalties, if applicable, in accordance with the performance guarantees included in the contract pursuant to the recommendation of Health Claim Auditors.
- 4.4. Health Claim Auditors, Inc. audit of Hometown Health Providers for the timeframe July 1, 2016 – June 30, 2017: (1) Report from Health Claim Auditors; (2) Hometown Health Provider's response to audit report; and (3) Board acceptance of audit report findings and assessment of penalties, if applicable, in accordance with the performance guarantees included in the contract pursuant to the recommendation of Health Claim Auditors.
- 4.5. For possible action to accept the Casey, Neilon & Associates Audited Financial Statements of PEBP for Fiscal Year 2017.
- 4.6. For possible action to accept the Fiscal Year 2017 Other Post-Employment Benefits (OPEB) valuation rollover prepared in conformance with the Governmental Accounting Standards Board (GASB) requirements.
- 4.7. For possible action to receive Towers Watson's OneExchange's Operations Report.

Board Action on Consent Items -

- MOTION:** Motion to approve the action items and item 4.1 as amended per the discussion.
- BY:** Member Tom Verducci
- SECOND:** Member Ana Andrews
- VOTE:** Unanimous; the motion carried.

5. Action Item -

Health Claim Auditors, Inc. annual audit of Willis Towers Watson's OneExchange for the timeframe July 1, 2016 – June 30, 2017: (1) Report from Health Claim Auditors; (2) Willis Towers Watson's response to audit report; and (3) accept audit report findings and assess penalties, if applicable, in accordance with the performance guarantees included in the contract pursuant to the recommendation of Health Claim Auditors.

Board Action on Item 5 -

- MOTION:** Motion to accept the audit of Willis Towers Watson and collect the performance guarantees in the three areas where they failed in the amount of \$22,095.65.
- BY:** Member Tom Verducci
- SECOND:** Member Don Bailey
- VOTE:** Unanimous; the motion carried.

6. Action Item -

Executive Officer Report to include 1st Quarter updates and a recommendation to amend Willis Towers Watson's Medicare Exchange contract to reduce Calendar Year 2018 fees. (Damon Haycock, Executive Officer) (**For Possible Action**)

Board Discussion for Follow-up on Item 6-

- Member Chris Cochran and Member Ana Andrews requested more direction to PEBP members on completing their wellness program in order to receive full HSA benefit.
- Member John Packham requested a plan to see whether participation in Preventative Services makes any kind of difference in health outcome or future claims.

Board Action on Item 6 -

MOTION: Motion to approve the contract amendment suggested by PEBP with Towers Watson with the amendment changes in the paragraph above the recommendation.

BY: Member Don Bailey

SECOND: Member Linda Fox

VOTE: Unanimous; the motion carried.

7. Action Item -

Discussion and possible board direction regarding revisions to the PEBP Board's Duties, Policies and Procedures. (Damon Haycock, Executive Officer) (**For Possible Action**)

Board Action on Item 7 –

MOTION: Motion to approve the revisions to the PEBP Board's Duties, Policies and Procedures as recommended.

BY: Member Christine Zack

SECOND: Member Ana Andrews

VOTE: Unanimous; the motion carried.

8. Action Item -

Discussion and possible board direction regarding updating the PEBP Strategic Plan (Damon Haycock, Executive Officer) (**For Possible Action**)

Board Action on Item 8 –

MOTION: Motion to approve updating the PEBP Strategic Plan as presented.

BY: Member Christine Zack

SECOND: Member Leah Lamborn

VOTE: Unanimous; the motion carried.

9. Action Item-

Discussion regarding conducting a non-Medicare participant dependent eligibility audit in Plan Year 2019. (Nancy Spinelli, Quality Control Officer) (For Possible Action)

Board Discussion for Follow-up on Item 9-

- Member Tom Verducci requested to see a system of checks and balances regarding eligibility.

Board Action on Item 9 –

- MOTION:** Motion to approve a plan to conduct a non-Medicare participant dependent eligibility audit in Plan Year 2019.
- BY:** Member Christine Zack
- SECOND:** Member Leah Lamborn
- VOTE:** Unanimous; the motion carried.

10. Action Item-

Discussion and possible action regarding Plan Year 2019 Health Maintenance Organization options and the potential to (1) replace one or both with a self-insured Exclusive Provider Organization plan, and (2) discontinue the Alternate HMO Plan offerings. (Damon Haycock, Executive Officer) (**For Possible Action**)

Public Comment on Item 10 -

Public Comment in Carson City:

- Marlene Lockard – Retired Public Employees of Nevada (RPEN)
- Priscilla Maloney – Representative of AFSCME retirees
- Kevin Ranft – AFSCME 4041
- Peggy Lear Bowen – Retiree Participant (see exhibit A for comments)

Public Comment in Las Vegas:

- Shaun Franklin-Sewell - UNLV Employee Benefits Advisory Committee

Board Discussion for Follow-up on Item 10-

- Member Chris Cochran requested more information on the costs for having a single state wide plan for comparison.
- Member Leah Lamborn requested more information on piggybacking on to the Medicaid MCO Contract.

Board Action on Item 10 –

- MOTION:** Motion to approve option three to replace the Northern Nevada HMO with a Regional Self Insured EPO Plan.
- BY:** Member Christine Zack
- SECOND:** Member Linda Fox
- VOTE:** Unanimous; the motion carried.

MOTION: Motion to sunset the Alternate HMO plan and allow it to expire at the end of this year and help the members find an alternative plan.

- BY:** Member Chris Cochran
- SECOND:** Member Leah Lamborn
- VOTE:** Unanimous; the motion carried.

11. Action Item-

Discussion and possible action regarding the opportunity to direct contract with St. Mary's Regional Medical Center, St. Mary's Medical Group and St. Mary's Medical Care as a pilot program for Medicare benchmarked medical services reimbursement. (Damon Haycock, Executive Officer) (**For Possible Action**)

Public Comment on Item 11 -

Public Comment in Carson City:

- Peggy Lear Bowen – Retiree Participant (see exhibit A for comments)
- Priscilla Maloney – Representative of AFSCME retirees
- Marlene Lockard – Retired Public Employees of Nevada (RPEN)

Public Comment in Las Vegas:

- There were no public comments in Las Vegas.

Board Action on Item 11 –

MOTION: Motion to approve a pilot program with St. Mary's.

BY: Member Christine Zack

SECOND: Member Tom Verducci

IN FAVOR: Member Don Bailey, Chair Patrick Cates, Member Glenn Shippey, Member Tom Verducci, Member Christine Zack, Member John Packham

OPPOSED: Member Ana Andrews, Member Chris Cochran, Member Linda Fox, Member Leah Lamborn

VOTE: Six in favor, four opposed; the motion carried.

12. Action Item-

Discussion and possible action regarding proposed plan design changes for Plan Year 2019 (July 1, 2018 – June 30, 2019), including but not limited to the following: (Damon Haycock, Executive Officer) (**All Items for Possible Action**)

12.1. Possible reapproval of previously approved benefit design enhancements

12.2. Possible additional cost containment activities

12.3. Possible offsetting of employee premiums for CDHP and HMO plans with excess reserves.

12.4. Possible decreases to the deductible and out-of-pocket maximums of the CDHP PPO plan for individuals and families.

12.5. Possible increases and additional requirements to CDHP HSA/HRA enhanced employer contributions.

12.6. Possible inclusion of 3D Mammograms as 100% paid under the CDHP preventive benefit.

12.7. Possible new CDHP vision hardware benefit within CDHP plan design or through an outsourced voluntary fully insured benefit.

12.8. Possible one-time supplemental HRA contribution to retirees on the Medicare Exchange.

12.9. Additional benefit design inclusions/exclusions/alterations to meet projected budget needs.

Public Comment on Item 12 -

Public Comment in Carson City:

- Priscilla Maloney – Representative of AFSCME retirees
- Marlene Lockard – Retired Public Employees of Nevada (RPEN)
- Peggy Lear Bowen – Retiree Participant (see exhibit A for comments)

Public Comment in Las Vegas:

- Shaun Franklin-Sewell - UNLV Employee Benefits Advisory Committee

Board Action on Item 12.1 and 12.2 –

MOTION: Motion for reapproval of previously approve Benefit Design Enhancements Item 12.1 and additional cost containment activities as recommended by PEBP staff Item 12.2.

BY: Member Ana Andrews

SECOND: Member Don Bailey

VOTE: Unanimous; the motion carried.

Board Action on Item 12.3, 12.4 and 12.8 –

MOTION: Motion to accept PEBP's recommendation not to approve Item 12.3, 12.4 and 12.8.

BY: Member Christine Zack

SECOND: Member Leah Lamborn

VOTE: Unanimous; the motion carried.

Board Action on Item 12.5–

MOTION: Motion to accept PEBP's recommendation that there are no increases but we impose the additional requirements in option number two to the CDHP HSA HRA enhanced employer contributions.

BY: Member Christine Zack

SECOND: Member Ana Andrews

VOTE: Unanimous; the motion carried.

Board Action on Item 12.6–

MOTION: Motion to approve inclusion of 3D Mammograms as 100% paid under the CDHP preventative benefit.

BY: Member Christine Zack

SECOND: Member Don Bailey

IN FAVOR: Member Ana Andrews, Member Don Bailey, Chair Patrick Cates, Member Chris Cochran, Member Linda Fox, Member Leah Lamborn, Member Glenn Shippey, Member Tom Verducci, Member Christine Zack,

OPPOSED: Member John Packham

VOTE: Nine in favor, one opposed; the motion carried.

Board Action on Item 12.7 -

MOTION: Motion to approve PEBP's recommendation that requires PEBP to perform a state approved procurement process and select a voluntary vision benefit provider for implementation sometime midyear in PY2019.

BY: Member Christine Zack

SECOND: Member Tom Verducci

VOTE: Unanimous; the motion carried.

13. Public Comment -

Public Comment in Carson City:

- Priscilla Maloney – Representative of AFSCME retirees
- Marlene Lockard – Retired Public Employees of Nevada (RPEN)
- Peggy Lear Bowen – Retiree Participant (see exhibit A for comments)

Public Comment in Las Vegas:

- Shaun Franklin-Sewell - UNLV Employee Benefits Advisory Committee

14. Adjournment -

Chair Cates adjourned the meeting at 4:39 P.M.

Exhibit A

These remarks are presented as transcribed by Capitol Reporters.

AGENDA ITEM 2 -PUBLIC COMMENT FROM MS. BOWEN:

My name and words for the record, my name is Peggy, P-e-g-g-y L-e-a-r B-o-w-e-n.

We're a bit concerned. I'm a bit concerned of late of the transparency of the open meeting and everything else, and we talked with Mr. Haycock about the only way one gets a packet was to literally drive down here and pick it up just prior to the meeting because they didn't provide me one. I thank Mr. Haycock for coming up with a solution for us to be able to have our packets mailed with pre-postage made envelopes left here at the PEBP office for that to happen. But we didn't understand that that also included the agendas, and we thought that we would still be receiving our agendas as such, and we're shocked that this meeting, I finally had to call in to find out where this meeting was and what time it was and confirm it was today because it has changed a bit on occasion as when this was going to take place. And in the past, this Board has been very very transparent in at least mailing the agendas out and if that can be possibly continued, that would be greatly appreciated so it's not a guess of when there is a meeting or if there isn't a meeting, and it makes it so we can at least do that, and we want to thank Mr. Haycock for providing us the opportunity to at least be prepaid envelopes so that we can get the Board packet mailed to us in a timely fashion and that was of great concern to me today. Thank you.

AGENDA ITEM 3 -PUBLIC COMMENT FROM MS. BOWEN:

My name and words for the record, my name is Peggy, P-e-g-g-y L-e-a-r B-o-w-e-n.

When we started going over this in the workshop, tremendous number of concerns about whether care was actually going to take place, whether things were going to be covered and whether or not individual members who were fighting for their legal rights with situations that were incurred, we're also going to now be encumbered with fighting getting their medical bills paid. I had bills turned over for collection for lack of payment by my insurance PEBP regarding an incident that was -- you know, in fact, it was a trip and fall incident. And -- and I'm telling you that this idea of how PEBP is going to make more money back or do more things in regards to insurance, quite frankly, the way I feel about it is that if I pay for insurance and I have secondary insurance that I had to go out and get in order to cover situations that exceeded or were beyond what was available to me through PEBP. I might be misspeaking a little bit this morning in as much I haven't had my protein drink yet, but my point to you is I don't want to fight PEBP for payment of my coverage. I don't want to fight my other insurance company for payment of coverage, and I certainly don't want to worry about having to pay PEBP back. If I am paying for insurance, that premium is supposed to cover me in my insured situation. If I'm paying for another insurance company to, again, do secondary insurance, then I don't want the insurance companies and my doctors being the ones who said, Peggy, you know, we just don't want to handle you anymore because you have PEBP insurance. We don't want to cover you anymore because you have PEBP insurance. I need you to -- I have automobile insurance. I have other insurances available to me through my teachers organization, and I need to tell you that the last

thing I need when I'm hurt, the last thing I need when I'm dealing with trying to survive financially because it's just not the medical bills that happen when you have a situation regarding an injury or being sick or anything else. It's paying the rent and paying everything else and trying to survive and watching people be economically decimated so that PEBP can get their now going after what my attorneys I'm paying for and everybody else regarding any other situation. It seems to me that PEBP has become greedy and it comes across that way and until we can work it out in a fashion so that I know my bills are being paid and my doctors are readily receiving their payment in a timely fashion. We finally got some doctors paid. They were over two years behind in getting the payments and saying whether it's approved or disapproved, that thing. That's my three minutes, and I'm very concerned about this -- this and this negotiation. Thank you.

AGENDA ITEM 10 -PUBLIC COMMENT FROM MS. BOWEN:

MS. BOWEN: Good afternoon, longer afternoon, nice to spend with you. My name and words for the record, Peggy, P-e-g-g-y Lear, L-e-a-r Bowen, B-o-w-e-n.

And I have been to too many meetings. I was the person who asked in 2010-'11 the question for the record to then Executive Director Jim Wells, if this program doesn't work, can we bring it all back into the State of Nevada and be whole, including those who are Medicare recipients. We sold our cheapest clients to -- to insurance agents, whoever we sold them to in Utah and that's a fact. It's in the record that we sold them and got a certain amount of money for the selling of that and people are making a great deal of money on running that program for us. They are -- they have their medical expenses, but Medicare covers so much more than what we have available here. You have a whole entity that belongs to the State of Nevada who were forced out of the State of Nevada without their permission, and it's time to call the family home. It's called -- it's time to make this insurance group whole and to make it function, including the premiums that would be paid to PEBP rather than to elsewhere and other insurance companies getting profits off our folk and to benefit our folk and control what kind of care they get. I have friends, multiple friends who have difficulties getting their needs met with prescriptions, with what benefits are provided on the basis of the fact that they were forced out of the State of Nevada protecting the interest that the State of Nevada promised them, that it guaranteed them. That said, if you work for the State of Nevada, we don't pay you much so in lieu of the salary, we are going to provide one heck of an insurance program and we did. When I asked Mr. Jim Wells and -- and Randy Kirner, the two of them worked together to create this program in 2010-'11 and they carry it forward and work so and did so until they no longer held the jobs that they held, you have a situation where I think that maybe even investigation is warranted by the State of Nevada into how the programs are setup, who made what and who did what. I am serious about that, and I'm asking for an investigation. I'm not casting dispersions or accusations because that's not my job. It's the investigation to discover what truly took place, but the feeling among this person is that maybe there were benefits, financial benefits to entities or to groups or whatever that took place that was at the expense of the state employee, the state retiree whether they be state or non-state retiree, the group or insurance group disservice was concerned. And Mr. Wells said for the record, if it doesn't work, then we can -- then I said can we bring it all back into Nevada. His

answer was maybe. Please let that ring in your ears because that says that other things were in the works to me.

AGENDA ITEM 11 -PUBLIC COMMENT FROM MS. BOWEN:

My name and words for the record, my name is Peggy, P-e-g-g-y L-e-a-r B-o-w-e-n.

I have some concerns because what we started out with was to expand access for hospitals for Northern Nevada or be able to access medical care at hospitals. And in the discussion, I only heard Saint Mary's, and I only heard Renown mentioned. Northern Nevada has been available to us but not well publicized under the old policy so Northern Nevada should be included in the conversation and no way in any conversation that we've ever had with this Board did we want to take away the Churchill Banner Hospital, the most award winning of the hospitals going, and I provided the information about what the rating system was and that had to go forward with what Renown was providing at South Meadows compared to what Renown was providing at Mill Street, and there was quite a difference. In fact, their ratings are solely separate because the president can go to South Meadows and God help him if he went to Mill Street based on the ratings and the fines Mill Street pays to Medicare for too many hospital costs caused problems, like dropping people, medication, wrong amputations, little things like that that are very much of a concern. I would hope your conversation today would keep in order with what you started with and that was to expand medical care and access to hospitals for Northern Nevada, not just Reno, Sparks. Northern Nevada needs to have that Churchill Banner institution as part of the plan and not exclusivity on that part. It's absolutely desperate. Northern Nevada hospitals need to be included and Saint Mary's and -- and Renown for us to access hospitals and not see what kind of bigger bang that can be gotten for the buck in regards to cost. And when you go out to all of these hospitals, say this is what we're willing to pay and -- and negotiate with those hospitals as to what they are going to accept or not accept or however you do those negotiations but as far as access, me as a person, and I get -- I need to go to the hospital, I need to know that the hospital availability is there for me and that you guys have negotiated the best deal we can get regarding service. Exclusivity has happened before. We've been with -- with the Washoe County School District. They were with Saint Mary's. Then they went with Renown and it's back and forth as to what they are going to, but this -- this access to the hospital care because we're so limited to leave out Northern Nevada and for the rural folks, you said you want -- you got a hospital in your backyard. You should be able to go to it. Well, excuse me, for rural Nevada, that hasn't been part of the discussion today. And I've hit my three minutes, so thank you all.

AGENDA ITEM 12 -PUBLIC COMMENT FROM MS. BOWEN:

My name and words for the record, my name is Peggy, P-e-g-g-y L-e-a-r B-o-w-e-n.

I want to thank you from the bottom of my heart and soul for listening from the workshop from the information I brought from the mammogram providers. It's not that everybody is going to have three mammograms. It's that what happened with the present benefit is we covered one at 100 percent. And if somebody discovered or a doctor required a more intensive or more definitive mammogram, that was 100 percent on you and the mammogram providers, at least at Renown said Peggy, we got to do something. People aren't getting mammograms at all. They

don't need to have a time bomb hanging over them and they just don't even approach it. So when, Damon, you worked so hard, and I thank you from my heart and soul and for all people, male and female, that the mammograms, the first one is everything is okay or we need to do more work, and now he's made it possible for the more work folk, add doctor recommendation. This isn't just, hey, I think I'll get three mammograms this year type of benefit. It's one that follows up and can save lives, and I want to thank you for following up and doing what you did so that if a third mammogram is needed within that time period, thank you God that they can afford to get it and not be left with the situation of what's happening. I truly truly thank you very very much for that benefit. And I'm going to speak to an area that I'm not a part of it and that is the person who -- who has been your -- on your Medicare Exchange. These folks deserve benefits that they are paying in, and they need some of this reserve for them now. How often have we had Aon or whoever sets how much money things are going to cost, how far have they been wrong. We were up to 44,000,000 at one point in one year of excess reserves. I don't even think of them as excess reserves anymore. I think of them as past benefits that were due, and these people have been struggling and struggling and struggling, and I think that they deserve what was suggested about matching what Medicare does and with the last -- in support of the last speaker because they had the proper figures involved. It's time that those people also benefit. And in what we're calling reserves, well, you're making differences about meals on the table and rents being paid and with insurance being what it is and if we made an error, if you want to make a change midterm, then change it midterm. If you want to enhance this midterm because we have even more because reserves are being accumulated even as we speak. We're just talking about old reserves, adding with the present reserves and see what it comes up with, I believe, if I haven't been misinformed. And -- and, please, I've met my three minutes. Thank you very much for your concern. Please help those folks out too.

AGENDA ITEM 13 -PUBLIC COMMENT FROM MS. BOWEN:

MS. BOWEN: My name and words for the record Peggy, P-e-g-g-y Lear, L-e-a-r Bowen, B-o-w-e-n.

And I bring to you, you almost didn't get to hear me speak today, and some of you would have thought maybe that was a good thing, but what happened was I almost died at Renown Medical Center for lack of preauthorization and preauthorization regarding Epipen. And then I got a letter trying to see if I had subrogated any of your ability to collect off any money I'd get if anything had happened. My Yellow Jacket sting prompted a subrogation letter so we all tied in together. I arrived at the hospital early in the afternoon. I've been stung by a Yellow Jacket at my home, and I had a very, very, very delayed reaction getting stung 40 years ago. I hadn't been stung in 40 years fortunately, and one thing led to another, and I explained about delayed reactions and I needed to stay and be observed. I lived myself. And finally I said, well, at least give me -- you know, prescribe for me an Epipen so I can have that with me and that discussion went on for hours. And finally they came and discovered that I had a CVS Pharmacy because of our relationship, you know, who is our recommended pharmacist and that the prescription would only be written to CVS Pharmacy for an Epipen because by now the hours were so late that the hospital pharmacy was closed. And we called -- they called around for me, who has got an

Epipen at this hour of the night, and we can't get into the hospital pharmacy, and the only thing open was Walgreen's. Well, the doctor on record, the hospitalist on record would only sign a prescription for CVS Pharmacy and then proceeded -- well, first signed a prescription that I needed preauthorization. We're talking \$100 worth of cab rides back and forth to one pharmacy that was open. I went out finally with a prescription for an Epipen that if I had my delayed reaction could save my life. The reaction before was 40 years ago. I took adrenaline directly to the heart to keep it beating. So it wasn't -- it wasn't any fun and games for me that night. Then I get to the pharmacy and they said it would be \$735 for that Epipen and but if I had preauthorization, it would only be \$305. Back in the cab I went to the emergency room. In the emergency room, they finally brought the head of nursing down to talk to a doctor to give me a prescription preauthorized, but they would only give me a prescription for CVS Pharmacy that didn't open until 8:00 o'clock the next morning. And so basically they said go home. Good luck and we'll see you because of the preauthorization requirements are such and there's a glitch in the situation of how the policies and formats are done in requiring preauthorization. It happens again with other drugs in your pharmacy program right now. Again, getting preauthorization for -- for drugs or to get it on the amount of money that to make a difference in the cost of the drug is almost impossible and required intervention by people here in Carson City to make the phone calls to get the drugs that I need to have that are prescribed by doctors as written, done and preauthorization. And they told me, I know I've been over my three minutes a little bit, but they told me at Renown that I was not the first victim in this situation regarding the preauthorization and that some people had died waiting to get their drugs. And I'm told by a good friend, good 'ole Blacky Evans, they never preauthorized his heart medication. You can visit him at the cemetery. Thank you.