MEETING
STATE OF CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
BOARD OF ADMINISTRATION
PENSION & HEALTH BENEFITS COMMITTEE
OPEN SESSION

ROBERT F. CARLSON AUDITORIUM
LINCOLN PLAZA NORTH
400 P STREET
SACRAMENTO, CALIFORNIA

TUESDAY, JUNE 18, 2019
1:35 P.M.

JAMES F. PETERS, CSR
CERTIFIED SHORTHAND REPORTER
LICENSE NUMBER 10063

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APPEARANCES

COMMITTEE MEMBERS:
Ms. Rob Feckner, Chairperson
Mr. Ramon Rubalcava, Vice Chairperson
Ms. Margaret Brown
Mr. Henry Jones
Mr. David Miller
Ms. Eraina Ortega, represented by Mr. Ralph Cobb
Ms. Mona Pasquil Rogers
Ms. Theresa Taylor
Ms. Betty Yee, represented by Ms. Karen Greene-Ross

BOARD MEMBERS:
Ms. Fiona Ma, represented by Mr. Frank Ruffino
Mr. Jason Perez
Ms. Lisa Middleton

STAFF:
Ms. Marcie Frost, Chief Executive Officer
Ms. Liana Bailey-Crimmins, Chief Health Director
Mr. Matt Jacobs, General Counsel
Ms. Donna Lum, Deputy Executive Officer
Ms. Cheryl Day, Assistant Chief, Health Plan Administration Division
Dr. Kathy Donneson, Chief, Health Plan Administration Division
APPEARANCES CONTINUED

STAFF:
Ms. Jennifer Jimenez, Committee Secretary
Ms. Kim Malm, Interim Chief, Health Policy Research Division

ALSO PRESENT:
Mr. Tim Behrens, California State Retirees
Mr. Neal Johnson, Service Employees International Union, Local 1000
Ms. Sheila McShane, City of Woodland
Ms. Stacey Peterson, City of Roseville
Ms. Michelle Vollrath, UnitedHealthcare
Mr. Larry Woodson, California State Retirees
# INDEX

<table>
<thead>
<tr>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call to Order and Roll Call</td>
</tr>
<tr>
<td>2. Approval of the June 18, 2019, Pension and Health Benefits Committee Meeting Timed Agenda</td>
</tr>
<tr>
<td>3. Executive Report – Liana Bailey-Crimmins, Donna Lum</td>
</tr>
<tr>
<td>4. Action Consent Items – Liana Bailey-Crimmins</td>
</tr>
<tr>
<td>5. Information Consent Items – Liana Bailey-Crimmins</td>
</tr>
<tr>
<td>a. Annual Calendar Review</td>
</tr>
<tr>
<td>b. Draft Agenda for the November 19, 2019, Pension and Health Benefits Committee Meeting</td>
</tr>
<tr>
<td>c. 2020 Association Plan Rates</td>
</tr>
<tr>
<td>d. PERS Select Value Based Insurance Design Update</td>
</tr>
<tr>
<td>6. Action Agenda Items</td>
</tr>
<tr>
<td>a. Approval of the 2020 Health Maintenance Organization Rates – Kim Malm</td>
</tr>
<tr>
<td>b. Approval of the 2020 Preferred Provider Organization Rates – Kim Malm</td>
</tr>
<tr>
<td>7. Information Agenda Items</td>
</tr>
<tr>
<td>a. State Annuity Formulas – Kim Malm</td>
</tr>
<tr>
<td>b. Outpatient Prescription Drug Reference Pricing Program Solicitation Update – Kathy Donneson</td>
</tr>
<tr>
<td>c. Summary of Committee Direction – Liana Bailey-Crimmins</td>
</tr>
<tr>
<td>d. Public Comment</td>
</tr>
<tr>
<td>Adjournment</td>
</tr>
<tr>
<td>Reporter's Certificate</td>
</tr>
</tbody>
</table>
PROCEEDINGS

CHAIRPERSON FECKNER: Good afternoon. We're going to call the open session of the Health -- Pension and Health Benefits Committee to order, please. The first order of business will be to call the roll.

COMMITTEE SECRETARY JIMENEZ: Rob Feckner?
CHAIRPERSON FECKNER: Good afternoon.
COMMITTEE SECRETARY JIMENEZ: Ramon Rubalcava?
VICE CHAIRPERSON RUBALCAVA: Present. Thank you.
COMMITTEE SECRETARY JIMENEZ: Margaret Brown?
COMMITTEE MEMBER BROWN: Here.
COMMITTEE SECRETARY JIMENEZ: Henry Jones?
COMMITTEE MEMBER JONES: Here.
COMMITTEE SECRETARY JIMENEZ: David Miller?
COMMITTEE MEMBER MILLER: Here.
COMMITTEE SECRETARY JIMENEZ: Ralph Cobb for Eraina Ortega?
ACTING COMMITTEE MEMBER COBB: Here.
COMMITTEE SECRETARY JIMENEZ: Mona Pasquil Rogers?
COMMITTEE MEMBER PASQUIL ROGERS: Here.
COMMITTEE SECRETARY JIMENEZ: Theresa Taylor?
COMMITTEE MEMBER TAYLOR: Here.
COMMITTEE SECRETARY JIMENEZ: Karen Green-Ross
for Betty Yee?

ACTING COMMITTEE MEMBER GREENE-ROSS: Here.

CHAIRPERSON FECKNER: Thank you.

Item 2 is the approval of the 2018 timed agenda.

What's the pleasure of the Committee?

COMMITTEE MEMBER TAYLOR: Move approval.

COMMITTEE MEMBER PASQUIL ROGERS: Second

CHAIRPERSON FECKNER: Moved by Taylor, seconded by Pasquil Rogers.

Any discussion on the motion?

Seeing none.

All in favor say aye?

(Ayes.)

CHAIRPERSON FECKNER: Opposed, no?

Motion carries. Thank you.

Agenda Item 3, Executive Report. Ms. Bailey-Crimmins, Ms. Lum, please.

DEPUTY EXECUTIVE OFFICER LUM: Good afternoon, Mr. Chair, members of the Committee. Donna Lum, CalPERS team member. Today, I have two brief updates to share with you. The first is an update on our CalPERS Benefit Education Events that we recently hosted. And I'd also like to introduce to you two new Division Chiefs in the Customer Services and Support Branch.

So first, I wanted to share with you that we had
a very successful CBEE, CalPERS Benefit Education Event, which we held in San Ramon on June 7th and June 8th. This two-day event had a total attendance of over 1,600 members, which then again exceeded our high, which we held there previously of after 1,300.

It was a pleasure to be able to have Mr. Feckner and Mr. Jones join us at this CBEE. And as always, team members do appreciate your attendance.

We also just completed another CBEE in Pasadena this past weekend. It was held on June 14th and 15th, where our two-day total was just over 1,500 attendees, which is pretty much right on track with the number of attendees that we had there previously. And again, team members were very happy to have Mr. Rubalcava join us at the CBEE, and really appreciate your attendance there as well.

We do have another CBEE that's coming up. It's going to be held in Ontario. And it will be on June 12th and June 13th. And it will be at the Ontario Convention Center. So again, this wraps up the CBEEs that we have planned for this fiscal year. We do have all of the CBEEs posted on the CalPERS website. And they go all the way through the end of the next fiscal year. So for those members that are interested in looking at the schedule, again you can find it on the CalPERS website.
Next, I want to share with you a brief restructure that we recently did in the Customer Services Branch. Earlier in June, we effectuated an organization structure change that basically took two of our large divisions and split them into two smaller divisions.

The -- Anthony Suine will continue to lead the Retirement Benefit Services Division, where he will continue to oversee service retirement and benefit functions and administer the Judges and Legislators Retirement System.

The new Disability and Survivor Benefits Division will administer disability retirement and post- and pre-retirement survivor benefits. And after a very competitive recruitment process, it's my pleasure today to introduce to you the Chief of the new Disability Service and Survivor Benefits Division. Keith Riddle has over 17 years of CalPERS experience including the past six years serving as the Assistant Division Chief over the Benefits -- the Survivor and Benefits Unit. In his role, he has led multiple improvements and initiatives to ensure that these benefits are paid timely, and that our customers are highly satisfied with the services that the team has been delivering.

So at this time, I'd like to ask Keith to stand and please join me in welcoming Keith into his new role.
(Applause.)

DEPUTY EXECUTIVE OFFICER LUM: The next change is related to what was our Customer Services and Outreach Division. Carene Carolan will continue to lead the Customer Contact Center and its critical support areas. And the new division is -- will be known as the Customer Experience Division.

We have established a new division called the Customer Education and Outreach Division and it will include all eight of our regional offices and the education and training services for external and internal customers.

After the recruitment process, I am pleased to introduce to you David Rubio as the Chief of this new Division. Many of you know David in his previous role as the Assistant Chief overseeing our CalPERS Benefit Education Events and other training and education outreach functions. Under his leadership, we have definitely seen the CBEEs grow and mature and continue to provide much needed education to our members. Overall, David has served for CalPERS for 20 years. Unfortunately, David is not able to join us today. He is with his family. However, again, we will extend our thanks and appreciation to him in his new role.

That concludes my update and I'm happy to answer
any questions you may have.

CHAIRPERSON FECKNER: Thank you. I do want to make a comment about the -- first of all, congratulations to both Keith and David. But I want to make a comment about the CBEE in San Ramon. I attended. And I'd met a woman about two weeks before the CBEE who was 71 years old and separated from employment, but never retired. And she said the reason she didn't retire is because she didn't know what to do.

So we gave her the date. She actually went online, did her estimate, came to the CBEE shaking the entire time, and within about 20 minutes of peeing there, Ty from your department actually had her retired. She was walking out the door skipping a hoot. So thank you very much for all the hard work.

There was one other lady who came in as an active member, and said she almost didn't pay the $5 to park, but she also left about 10 minutes later retired. So great job on the staff down there and the people were very pleased. So thank you.

DEPUTY EXECUTIVE OFFICER LUM: Thank you.

CHAIRPERSON FECKNER: Ms. Bailey-Crimmins.

CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: Good morn -- or good afternoon, Mr. Chair and members of the Committee. Liana Bailey-Crimmins, CalPERS team member.
Today, the CalPERS Health Program will be presenting the proposed 2020 health rates for our HMO and PPO basic and Medicare plans. In addition, we'll be sharing the proposed association plans, which CalPERS provides enrollment and eligibility services for. And these rates that you will see here today represents months and months of negotiations, and 18 months of CalPERS's medical claim information. So a lot of work goes into what you're going to see here today.

In addition to rates, there are three items I'd like to quickly highlight. The first is open enrollment. It's right around the corner. Second are improvements that we have made within my|CalPERS to assist employers on their health enrollment process. And finally just a preview of what to expect from today's agenda.

Open enrollment will take place September 9th through October 4th of 2019. The open enrollment app that we had launch last year was a huge hit. So it will be again once available effective August 26th for our members. All members can use this app to view their health plan statements and perform quick and convenient health plan comparisons. And again, this year, retirees will be able to make changes, including changing their plans and changing their dependents. And so this could be a huge time saver for them.
In March, I mentioned our work on a new provider directory utility, where members can look up their personal doctor and find the plans that their doctors participate in. Our project goal was to have that completed by the end of the calendar year, but because of the hard work and streamlined efforts, we believe that we are on target to make it available for open enrollment, which we think will be very helpful for our members as they're making those hard choices.

And then based on employer feedback, we enhanced and simplified the employer and member enrollment process using the my|CalPERS health benefits screens. So some of the enhancements that we made was we actually streamlined the navigation flow to make it much more user-friendly; we actually also now have new informational text on the screens, which help the employers as they're going through those screens; and then confirmation of successful processed transactions. It's always nice when you hit the button that you know that it actually completed and was saved. These features were implemented in my|CalPERS this last weekend and they are available for our employers now.

So what to expect from today's agenda. On consent, this is the second quarter update for the PERS Select Value Based Insurance Design. We continue to experience increased member participation. Members are
engaging in preventative and healthy activities, which are benefiting them by deductible credits.

For action today is an approval for the HMO and PPO rates. And then lastly, there will be an update on the reference pricing pharmaceutical solicitation, which is currently underway.

Mr. Chair, with your permission, I'd like to make -- take a moment of privilege. There is a person in the audience that is -- I'd like to recognize, Dr. Kathy Donneson. She's retiring June 30th, and this will be her last Pension and Health Benefits Committee meeting. She has proudly served CalPERS' members and employers for the last 17 years. Many of the health programs, benefit designs, contract negotiations, and really moving the industry in the right direction is directly related to Kathy's hard work and dedication, and really making a difference on behalf of the members.

The list is way too long to go over her accomplishments, but I just want to quickly highlight. The Value Based Insurance Design that you're -- now, we've had a lot of success, that was her baby. Reference pricing for medical. And now we're broaching on to pharmacy. Retirees love the SilverSneakers. She brought that to us. And she also negotiated three complex pharmacy benefit manager contracts in her career. She
told me she'd never do another one again.

(Laughter.)

CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: But it actually saved millions of dollars annually for our members, which is reflected in being able to contain that increase of rates. So Kathy is going to be sorely missed. I'm honored to work side by side with her these past six years that I've been here at CalPERS. And I know many of you have worked with her much longer than that. So with that, I'd like to turn around and acknowledge her for her hard work.

(Applause.)

(Standing applause.)

CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: And with that, ending on a high note, that concludes my opening remarks, Mr. Chair.

CHAIRPERSON FECKNER: Thank you. On behalf of the Committee, Colonel Donneson, we want to thank you for your invaluable years of service to this organization, to our members as -- our active members, as well as our retirees. I'm not sure how we're going to fill the position behind you. You've done yeoman's work while you've been here and we thank you very much.

HEALTH PLAN ADMINISTRATION DIVISION CHIEF DONNESON: Thank you, sir.
CHAIRPERSON FECKNER: Before we move on, I also want to acknowledge someone else sitting up here today, Mr. Ralph Cobb, from CalHR. This is Ralph's last meeting. Ralph is officially retiring and moving on. He's leaving California in his RV and going to enjoy the rest of his -- next chapter in his life. So, Ralph, thank you for all of your years of service. We really appreciate it.

Thank you.

(Applause.)

CHAIRPERSON FECKNER: Next brings us to Agenda Item 4, the action consent items, the approval of the May 14th Committee meeting minute. What's the pleasure of the Committee?

COMMITTEE MEMBER TAYLOR: Move approval.

ACTING COMMITTEE MEMBER COBB: Second.

CHAIRPERSON FECKNER: Moved by Taylor, seconded by Cobb.

Any discussion on the motion?

Seeing none.

All in favor say aye?

(Ayes.)

CHAIRPERSON FECKNER: Opposed, no?

Motion carries.

Item 5, information consent items. I have no request to remove anything.
Before we move on to Item 6, I want to make a comment that the Committee this morning actually met with a couple of our health plans in closed session to express our dissatisfaction and disappointment with the rates that they came up with. Talking about a plan for the future. And, in fact, in one case, gave them an opportunity to do the right thing and correct their business model by next year or they may no longer be a viable option for our fund. So -- just so you all know, we weren't just sitting in here have cookies and cream. We were actually having some very serious discussions.

So with that, I'll turn it over to Ms. Malm.

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF MALM: Thank you, Mr. Chair. Kim Malm, CalPERS team.

Agenda Item 6a and 6b I'm going to present together.

(Thereupon an overhead presentation was presented as follows.)

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF MALM: This is for the approval of the 2020 HMO and PPO plan premiums. And they're all action items for your approval.

The final premiums are in attachment 1 and have been provided to you as a handout. There are also copies in the back of the room and they've been posted to our
The attachment 1 shows the single-party, two-party and family premiums. Again, the two-party premium is a single-party premium multiplied by two and the family is the single-party premium multiplied 2.6.

The rate development process began in February with the health plans submitting their initial 2020 rates with updates in March, April, and May. Since the May Pension and Health Benefits Committee meeting, the rates team has been working with our internal and external counsel, internal and external actuaries, and the health plan carriers.

The rates team held discussions with the health plan carrier representatives to address outstanding concerns. As a result, there has been some movement in the premiums from May to June. The 2020 premiums have been validated by our internal actuarial team and our third-party actuarial consulting team.

Let me touch on a few of the key highlights for the 2020 premiums. First, there are no copay or benefit design changes to the health plans for 2020. We reported last month that UnitedHealthcare and UC Davis were still negotiating, since UC Davis had an impact on UHC's statewide rate. We're pleased to report that UHC and UC Davis have come to an agreement. Therefore, the UC
Davis with UHC, there will be no disruption to our members.

For plan changes, Blue Shield is offering a new plan called Trio. This is a narrow network offered in six counties, El Dorado, Los Angeles, Nevada, Placer, Sacramento, and Yolo. In addition, Anthem HMO Select Medicare Advantage is being offered in Monterey County for 2020 to accommodate our combination enrollment in the HMO plan.

Currently, the only basic HMO plan option in Monterey County is Anthem HMO Select, which does not have a corresponding Medicare plan.

So let's go over what we're seeing as part of the 2020 premiums. You should have those in front of you. There's a 4.84 percent overall increase to the total program over 2019. This does not include the associations. There's a 5.98 percent weighted average increase to the basic HMO plans and a 6.08 percent increase to the HMO Medicare. You combine these in attachment 1, page 1. The association plan rates have increased by 1.36 for basic and 6.75 percent for Medicare, which CalPERS does not negotiate the plan designs or the rates. So therefore, the overall total program increase is 4.65, a little lower than the previous number.

Our PPO basic plans increased by 3.28 percent
over 2019. PERSCare basic plan premium rate increase of 6.45 percent is due mostly to ending risk adjustment beginning in the 2019 plan year. We have a 2.91 percent increase for PERS Choice and a rate pass for PERS Select.

In May, the Board approved 44 million from the Health Care Fund reserves to buy down the PERSCare premium to once again smooth the 6.45 percent increase for PERSCare in 2020.

The rate pass for PERS Select is partially the result of the improved health risk in 2019 and the introduction of Value Based Insurance Design, or VBID.

For the three PPO Medicare plans, they have all premium decreases for 2020 of a negative 2.52 percent. This is mainly due to the improvement in pharmacy rebates and the Employer Group Waiver Program subsidy, or EGWP.

So how are we doing?

Mercer did a comparison of CalPERS average health care costs for both our PPO and HMO plans from between 2013 to 2019, and -- for their larger purchasers. And we've average a 2.6 percent HMO increase and 3.7 percent PPO increase, which the market is at 6.8 percent. We understand these costs are still too high and having too much of an impact on our member's pocketbook.

We believe a competition analysis and bringing pressure to the Bay Area this next year may move that
needle in the right direction. We'll also be looking at the Sacramento area.

Weighted average. I've said weighted average a lot today, so let me give you a quick explanation of how we calculate the weighted average for our plan types. CalPERS multiplies each plan's single-party premium by the number of subscribers in that plan and compares it to the total cost for 2020 over the total cost of 2019.

This is a simplified version of that math. The premiums must be weighted by the membership before totaling in order to give us the cost of health care and how it changes from year to year.

New this year. We thought it might be beneficial to our members to explain where their health dollars are spent. In the back of the room, and also in front of you, you should have a copy of the Health Buck. So it's much like the premium Health Buck -- or, sorry, the Premium Buck, where it shows the source of their pension payment.

We've put together a premium -- or health premium buck. The buck clearly illustrates to our members that 92 percent -- sorry, $0.92 out of the $1 is spent on members actual Medicare and pharmacy utilization. Very little is spent on administration.

We think that the Health Premium Buck tool will be helpful, and our teams will be using it during open
enrollment and the educational events. Again, you can
find a hard copy in the back of the room and on our
website shortly.

Our next steps include publishing the final rates
and continuing to work with the rest of the enterprise to
prepare for open enrollment this fall, as Liana mentioned,
September 9th through October 4th. The 2020 premiums will
take effect on January 1st, 2020.

And I'd like to take a moment of personal
privilege if I may, Mr. Chair. I'd like to thank the
rates team, and Steve Goff, and the Legal Office, and the
Actuarial Office, and Public Affairs, and Kathy's team.
These are not numbers that we celebrate, but the team
members have worked really hard this year, late nights and
weekends, and I want to say thank you to all of their hard
work.

That concludes my presentation, and I'm happy to
answer any questions.

CHAIRPERSON FECKNER: Well, thank you, Ms. Malm.
And before we go on to the other Board members, I echo
your sentiments and comments about the staff and their
hard work. I also want to thank you for your stepping in
and taking over this project.

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF
MALM: Thank you.
CHAIRPERSON FECKNER: We agree that none of us are appreciative of these numbers, but we're all very appreciate of the hard work that went into getting to this point.

So thank you and thank the team.

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF MALM: Thank you.

CHAIRPERSON FECKNER: Mr. Jones.

COMMITTEE MEMBER JONES: Yeah. Thank you, Mr. Chair. Yeah. I echo the Chair's sentiment about the rates being too high. Even though they came down some from May, they still didn't come down enough. And we just need to be reminded that the impact is on the pocketbook of our members when these rates are accelerating like they are.

And even more profound, I'm looking at attachment 1, page 4, UnitedHealthcare, while the single rate is still competitive, but the increase percent change is 9.24 percent for Medicare. And it's even more dramatic -- the impact is more dramatic on retirees, because they're on a fixed income.

And so I need to understand how and why this 9.24 percent increase is this high and maybe not you, Ms. Malm, but maybe United Care needs to come and explain that, if they're in the audience. I'm sure they are.
INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF

MALM: They are.

CHAIRPERSON FECKNER: Please identify yourself for the record.

MS. VOLLRATH: Good afternoon. Michelle Vollrath, UnitedHealthcare.

Thank you for the question, Henry. And we -- Mr. Jones. We're very concerned also about the pocketbooks of our members and we aim to serve them well.

What I'd like to talk about regarding the increase is our 9.24 percent is almost entirely made up of the health insurance tax returning from the PPACA laws. So essentially, in 2018, the health insurance tax was first introduced. It was then removed for 2019, and then reintroduced for 2020. And with that impact, that actual impact is $25.96 PMPM overall, which essentially attributes our actual year-over-year increase without taxes at only 2.6 percent.

So that is really significantly impacting us.

And it is challenging, because other enterprise, such as not-for-profit enterprises, do not have the same tax liability. So our liability is higher on that basis.

In addition, over the last three years, if you look at our rates from a non-tax -- if you look at the 2018 without the tax, 2019, which didn't have it anyhow,
and then our 2020 rates without the tax, it's really averaged over three years about a one and a half percent increase overall.

So we really are trying to do our best to keep that down. The taxes has caused some issues for us as well.

COMMITTEE MEMBER JONES: And is that tax ongoing or is it one-time implication?

MS. VOLLRATH: No. It's in part of the PPACA laws. And what's interesting is both parties -- and this is the one thing I think in Washington that they're in agreement with, would like to have it removed entirely, but they haven't been able to get anything to pass through for 2020 to actually have it removed.

What tends to seem to happen is every other year tends to be a bigger election year, and that's when they remove it.

COMMITTEE MEMBER JONES: Okay. Thank you for the explanation.

MS. VOLLRATH: Thank you.

COMMITTEE MEMBER JONES: Even though, it doesn't solve the problem, but at least it explains why. Okay. Thank you very much.

MS. VOLLRATH: Completely understand. Thank you.

CHAIRPERSON FECKNER: Thank you.
Ms. Taylor.

COMMITTEE MEMBER TAYLOR: Yes. Thank you.

I just want to reiterate what everybody has said so far, which these are higher than we would like to see. I'm especially not happy with Blue Shield Access+. I think it's also important that we -- I think I asked for this and I just -- I know you guys checked, if we could get the membership, so that we can do this -- the weighted average as well. I would really appreciate that.

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF MALM: We're working on that right now, Ms. Taylor.

COMMITTEE MEMBER TAYLOR: Okay. Thank you very much.

And then -- hold on a second. I had one more question. You had talked about -- well, it doesn't want to move now -- the -- the health -- I've got to go back to it. There we go. I'm sorry.

So each weighted average percent is the single-party premium times the number of the members in that plan, and it's the total cost for 2020 compared to 2019. So that's our percentage that we're seeing here, the increase --

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF MALM: That's correct.

COMMITTEE MEMBER TAYLOR: -- the weighted
average, correct?

Okay. And I just wanted to also say that I --

thank you guys very much. I know you worked really hard,

and nobody is happy with these rates. And I understand

that a 5.98 percent overall increase for HMOs is probably

not the best thing we've ever seen. But I know that you

worked really hard, Kim. I know you stepped in at a

moment's notice and worked really hard.

I want to thank Ms. Donneson for her diligence
every year that I've been on the Board. And I just want

folks to know that our staff works to do the best they can

with what they've got, so that we can get the lowest rates

we can. And I will also echo Mr. Feckner in that we did

bring a couple of the insurance carrier forward during

closed session to talk to them about the increase in rates

and how they're going to work with us, so that this

doesn't occur again. So that we don't see this kind of

rate increase again, because it's way higher than medical

inflation and we shouldn't be here.

We did get it down from where it was in May, so

I'm appreciative of that hard work. And again, thank you

very much to the staff for that.

That's it.

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF

MALM: Thank you.
CHAIRPERSON FECKNER: Thank you.
Ms. Greene-Ross.
ACTING COMMITTEE MEMBER GREENE-ROSS: Thank you.
So this question might be for Liana. But my question is about Kaiser and the rate increase is 3.62 percent. Now, I'm very aware we've all read about the benefit that the stigma for mental health has diminished, which has led to an increase in the need for these services. And just have a -- very aware of friends and colleagues who have young adult teen children in that -- unfortunately, for some reason, this generation the increase in the need for mental health service has just escalated. All kinds of theories on that, and that's a separate conversation.
But the question is, is this rate increase reflective of the enhancements and the discussions going on about what they can -- what Kaiser is -- can do in the short term and the long term to ensure that our beneficiaries and their families can quickly get mental health care and get in to see somebody right away. Because there's nothing scary than being a parent and having a teen struggling. It's very scary out there right now.
And so I don't know if that rate is reflective of their plans. I just want to know if you can speak -- or
have Kaiser speak to what their plans are in the short term and long term for -- I know there's -- you know, there's -- we definitely know there's not enough, you know, health care professionals out there. And we know that -- we hear that they're doing more. And I just want to know if this rate reflects that or is going to go up because we have to solve this problem too?

CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: Ms. Greene-Ross, the rate that you see in front of you is based on utilization and cost of services that have occurred in the last 18 months, and based on the trend that we think is going to happen in 2020.

But I will -- I will let you know that that mental health and behavioral health is very important to CalPERS. We have it as one of our performance measures. We meet quarterly with the plans to hold them accountable for these performance. And we are also -- recently at our stakeholder meeting, we brought in four of our plans, Kaiser, Blue Shield, United to talk about what they're doing in relation to behavioral health.

So I wanted to let you know this is a focus for us and we will continue to be reporting to the Board our progress made in this area, just like we have with opioids and other key initiatives that we are focusing on.

ACTING COMMITTEE MEMBER GREENE-ROSS: Great. I
appreciate that.

And then I had a follow-up question to Controller Yee's letter from just a short while ago on what we can do to ensure that all our beneficiaries are aware and that our -- the plans that -- with which we contract are honoring the laws in the State on reproductive rights and CalPERS's long expressed position on gender-affirming care, and how do we make sure all our beneficiaries know their rights are, so that they never have to go through unnecessary burdens to access that care?

CHIEF EXECUTIVE OFFICER FROST: So we did receive State Controller Yee's letter to the Board, and -- actually to me and it was copied to the Board. So the team has reached out to each one of the health plans asking for written assurance that there would be coverage for those services. Once we have validation from each of the plans, there will be a response back to Controller Yee in writing.

ACTING COMMITTEE MEMBER GREENE-ROSS: Great. Appreciate it. But really in the end, what we would ideally like is that all our beneficiaries are communicated and know what their rights are, and that there's a process if they are never able to access it through certain providers that may have beliefs that are inconsistent with State law.
CHIEF EXECUTIVE OFFICER FROST: And we -- and we do have these services reflected in the evidence of coverage for the plans, as well as protections in California State law. But again, I think the additional piece that Controller Yee asked for was to actually have the health plans proactively assert that these services would be covered. So that would be the third piece that would be in writing.

ACTING COMMITTEE MEMBER GREENE-ROSS: That would be great. Great. Thank you, Marcie.

CHAIRPERSON FECKNER: Thank you.

Mr. Rubalcava.

VICE CHAIRPERSON RUBALCAVA: Thank you, Mr. Chair.

I want to join the Chair and our colleagues on this Board to -- in acknowledging the good work that the staff did in getting these rate renewals for 2020. I know it was -- the rates, even though nobody is pleased with them, are justified and reflect the cost of care.

Secondly, I think it's appropriate. It was said before that the rates have been reduced significantly from the May submittal. I think it's a -- it would be a good communication piece if we acknowledged and publicized how much savings that was in millions of dollars from moving from May to today's date.
And also, it was some tough negotiations from the reports we her, and we want to acknowledge also -- I want to acknowledge the carriers for sharpening their pencils. I know there was some tough decisions they had to make and they made them. And we look forward to continued dialogue with our staff and the carriers to improve the quality outcomes, make sure that people get their proper care at the right time, and access is affordable also.

Thank you very much.

CHAIRPERSON FECKNER: Thank you.

Ms. Middleton.

BOARD MEMBER MIDDLETON: I want to thank Controller Yee for raising the issue of women's reproductive health care and gender-affirming care, and thank Ms. Greene-Ross for raising that issue.

Not only is it sufficient to receive confirmation that they have policies in place, in both instances, the availability of care and of culturally competent care is a critical factor. So I would be looking to get an understanding of what procedures they have in place to ensure that those individuals who are providing care are culturally competent and that access, either through plan or outside of plan without additional cost, if it is not available in plan, is available.

CHAIRPERSON FECKNER: Mr. Miller.
COMMITTEE MEMBER MILLER: Yeah. Thanks again.
I would echo the comments of my colleagues here.
And also, as unhappy as I am with the increases -- the
particular increases, I do want to acknowledge that having
been following CalPERS and involved in these discussions
with CalPERS members and union members as a union
representative for many years, it's like night and day,
the effectiveness, the sophistication of our team, and how
much further under the hood we're able to get working with
our providers to understand the costs, understand the cost
structures to get a better value for our members.

And while in any given instance some of these
numbers really bother me and we've got a lot more work to
do to get there, I'm more confident than ever that our
team is on the right track to getting there. And beyond
just the price tag, which is again, in some specific
instances that we've talked about in closed session, is
frustrating to me, this does represent a continuing to be
able to give our members access to quality health care.
And we're going to continue to work on the affordability
part.

But we continue to keep the bar high on access,
on choices, on quality of health care. And we've got to,
you know, keep our providers, and feet to the fire on
those elements as well.
And I think our team is positioned to continue doing that. And I thank all our stakeholders who are also, you know, providing the input and providing the feedback that we need to continue to keep the pressure on, and keep moving in the right direction.

CHAIRPERSON FECKNER: Mr. Cobb.

ACTING COMMITTEE MEMBER COBB: I just want to echo David's comments and just to extend my appreciation. I know first hand just how grueling the -- and how long and arduous the work is. And you know, Kathy and I go back to when she first came to CalPERS. And I can tell you, I look back and it's just scary that we actually thought we knew enough to negotiate PBM contracts, and set rates, and all of that. And what's built up under Kathy's leadership is just multiple orders of magnitude more sophistication than was in place before she came and we owe her a lot. And those that follow her have big shoes to fill.

CHAIRPERSON FECKNER: Thank you.

Okay. Seeing no other requests to speak, this is an action item.

What's the pleasure of the Committee.

COMMITTEE MEMBER BROWN: Move it.

COMMITTEE MEMBER TAYLOR: Second.

CHAIRPERSON FECKNER: Moved by Brown, seconded by
Taylor. We have two requests to speak from the audience. Stacey Peterson and Sheila McShane. Please come forward to your right and please speak you name for the record. And you'll have up to three minutes for your comments.

MS. McSHANE: Thank you so much for allowing us to speak. My name is Sheila McShane. And I'm the HR Manager for the City of Woodland. I appreciate this opportunity and I appreciate all the efforts that your team has put in to setting the rates so far.

But I wanted to express some concerns I have, not only for the active employees at the City of Woodland, but the retirees at the City of Woodland, because they also have to pay part of the premium for CalPERS.

It appears that we moved -- Yolo County is part of the City of Woodland. And Yolo County used to be part of the Bay Area. And Yolo County, El Dorado, Placer, and Sacramento went into one region. And now we're being moved back into what we consider the Bay Area rates. And what we were told was the cost to the entities wouldn't be very high, except it's greater than what was expected.

We entered into a lot of our labor agreements with some assumptions on the cost of the medical plans for CalPERS. We've set rates -- flat rates for our employees. And this may cause some of our employees to incur out-of-pocket costs, as well as increase the cost to
retirees who are on fixed incomes.

The assumption that if we were going to change regions would be about a $41 increase. That's not the case for us, at least what we see. The information we had received was going to be insignificant. Had we not moved to the Bay Area rates, this would be true. However, we are now in the Bay Area rates and our Kaiser plan went up 12 percent. This is where the majority of our employees are enrolled. So this really does cost our employees a tremendous amount of money.

The rates not only affect our employees again, but they'll -- they affect all of our retirees as well. And we have about 200 active employees and about 250 retired employees. So this is going to be a very large burden for our employment group. And we ask that you continue to look at the rates as you've stated in the meeting already.

Thank you for the opportunity to speak and thank you for all your efforts.


CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: I would just like to clarify, just so that you're aware, there is no longer a Bay Area region.

MS. McSHANE: I understand that.
CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: And so looking at that I just want to make sure that you were looking at the new Region 1, which is a consolidation of all Northern California.

MS. McSHANE: I understand that. And we -- I called it Bay Area rates, only because it has San Francisco in it.

Thank you.

CHAIRPERSON FECKNER: Thank you.

MS. PETERSON: Hi. I'm Stacey Peterson. I'm the Human Resources Director for the City of Roseville. And I appreciate the opportunity to come before you to speak because we also have concerns.

As part of the region changes that occurred, we're the most significant region, I think, that has been impacted. Sacramento has a competitive area for medical plan premiums. And so we are seeing a 12 percent increase. You don't see it, I don't think, in what you see as reports. What concerns me is oftentimes what you see as a Committee is averaged across all of the different plan premiums, so you're seeing these really moderate increases.

So obviously, you did speak about the Blue Shield Access+ that's going up 28 percent for employees in the Sacramento area, from what our employees were paying, 12
percent for Kaiser. So to add context to that, that
equates to $209 per month for our Kaiser employees --
employees enrolled in Kaiser.

And, for me, that's where we have significant
cconcerns, because as an employer, we're not able to keep
up with those rate increases in what we contribute. So
employees are going to bear the extent of that increase at
the family level.

And I don't know how many of you can just absorb
$209 per month, especially where we don't have the
significant sizes of COLAs going into place, because our
pension costs are going up as an employer.

So I did want to also point out that, you know,
PERS Choice is also another one of those plans that
employees are enrolled in a lot, and that's going up 8
percent in the Sacramento region. So we're very concerned
that while we've been merged in, we've not been kept
separate. And we understand the region change occurred.
But I do agree with Sheila that we understood that it was
on average going to go up by $41 a month. So, in
December, when that conversation was had, we did not
understand the impact that this would have to the
Sacramento members.

I think that the biggest question that we have -
we have a few questions for you - that we're wondering,
because there was some other smoothing done for the PERSCare plan, if there's anyway for the Committee to ask staff, if there is a choice, to possibly smooth the impact to the Sacramento region.

So just to add more context, the employers down in the Bay -- what was the Bay Area region, they're seeing a 3 percent increase compared to what our Sacramento members will receive as a 12 percent increase.

So there's a significant difference with having that region change made for all of the members within this area. There's about 16,000 members in Kaiser in the Sacramento region. What was presented to us as part of those region changes was that this would impact about 3,800 members who would receive greater than 10 percent increases.

Well, when I look at these numbers --

CHAIRPERSON FECKNER: Your time has expired.

MS. PETERSON: -- and do the math, then the increases are -- you know, there are 16,000 members who are being impacted.

So with that, I just would like to leave it with a question, whether there's any way to do any smoothing to reduce the impact to the Sacramento area members as part of this process?

CHAIRPERSON FECKNER: Ms. Malm, Ms.
Bailey-Crimmins, either one of you?

CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: Just from an education perspective. So for the PPO, CalPERS is the plan and there are such things as reserves. So CalPERS, because we bear the full risk, we have a month and a half of reserves. And so because there are rebates from the federal subsidies, we were able to present to the Board monies that could be used to help with the PPO plans.

For the HMO plans, that is a very -- they're in a five-year contract. Once the five year, they hold the money within each of those subaccounts. And claims run-outs can actually go three years beyond. And so we have to ensure that there's enough money in the account to pay for medical claims.

So when it comes to smoothing, it's much more difficult when it comes to the HMO side than it is on the PPO side. So it's just more of an explanation of how there really is a difference.

CHAIRPERSON FECKNER: Thank you. Thank you both for being here today.

I just want to be clear from the Committee that we're voting on both 6a and 6b, both the maker of the motion and the seconder understand?

COMMITTEE MEMBER BROWN: Yes.

COMMITTEE MEMBER TAYLOR: Yes.
CHAIRPERSON FECKNER: Very good.

Okay. The motion being before and no other requests to speak.

Any discussion on the motion?

Seeing none.

All in favor say aye?

(Ayes.)

CHAIRPERSON FECKNER: Opposed, no?

Motion carries. Thank you.

Brings us to item -- information item 7a, Ms. Malm.

INTERIM HEALTH POLICY RESEARCH DIVISION CHIEF MALM: Thank you, Mr. Chair. Members of the Committee, again, Kim Malm, CalPERS team member.

7a, the State annuitant contribution formulas is an information item for the Committee. The State annuitant contribution amounts are based on the proposed 2020 health premiums. They're provided in attachment 1. Copies are available in the back of the room and will be -- and are posted to our website.

The State contribution rates for each premium tier, one-party, two-party, and family-party were calculated based on the weighted average of the four largest health plans. For the 100/90 formula this year, the top four largest health plans -- basic health plans
are Kaiser Permanente, Blue Shield Access+, HMO PERS Choice, and UnitedHealthcare HMO.

State annuitant contributions are calculated in accordance with PEMHCA. Under the 100/90 formula, which most retirees are in, the State pays 100 percent of the weighted average premium of the top four largest basic plans for each subscriber, and 90 percent for each dependent.

For 2020, under the 100/90 formula of basic or Medicare one-party coverage is $767, two-party coverage is $1,461, and family coverage $1,868.

The 80/80 formula which applies to State employees first employed by the State in 2016 or 2017, depending on bargaining unit, has a much smaller population. Under the 80/80 formula, the State pays for the basic plan 80 percent of the weighted average premium of the top four largest basic plans, which I just read -- told you, and 80 percent for the dependent. This year the top four again Kaiser, Blue Shield, HMO PERS Choice, and UnitedHealthcare.

For the Medicare plan, 80 percent of the weighted average premium is made of the top four largest Medicare plans for each subscriber, and their de -- and 80 percent for their dependent. This year the top four largest Medicare plans are Kaiser, UnitedHealthcare, PERSCare, and
PERS Choice, medicare supplemental.

For 2020, under the 80/80 formula for basic, 609 for one-party, 1,228 for -- three, sorry for two-party and 1,585 for family coverage. For Medicare, 282 for one-party, 562 for two-party, and 845 for family coverage.

Just as a reminder, CalPERS calculates the State annuitant rates and CalHR calculates the active rates for this.

That concludes my presentation. I'm happy to answer any questions.

CHAIRPERSON FECKNER: Thank you.

Seeing no requests to speak.

That brings us to Agenda Item 7b, the Outpatient Prescription Drug Reference Pricing Referencing.

Ms. Donneson.

(Thereupon an overhead presentation was presented as follows.)

HEALTH PLAN ADMINISTRATION DIVISION CHIEF DONNESON: Mr. Chairman, it has been a pleasure to serve you and this Pension and Health Benefits Committee for 17 years --

CHAIRPERSON FECKNER: Thank you.

HEALTH PLAN ADMINISTRATION DIVISION CHIEF DONNESON: -- and to serve the Board of Administration under Mr. Jones as current President, and also to serve
our CEO Marcie Frost and our executive team.

So with that, I will cover the last agenda item of my active career.

(Laughter.)

HEALTH PLAN ADMINISTRATION DIVISION CHIEF DONNESON: I will be retired July 1.

And before I start this presentation, I want to thank you, because you took under your wing the veterans both active veterans, which I was for many years while I worked here, as well as our retired veterans. So thank you for making that an initiative for several years and looking after our Cal vets, as well as our other veterans that serve our armed forces.

CHAIRPERSON FECKNER: You're welcome and thank you.

(Appause.)

HEALTH PLAN ADMINISTRATION DIVISION CHIEF DONNESON: This is Agenda Item 7b and it updates the Committee on the reference pricing solicitation to obtain a vendor to support CalPERS in its program implementation.

The reference pricing program is for basic members only, who are receiving pharmacy benefits through the pharmacy benefit manager. Joining me today to my right is Ms. Cheryl Day who is overseeing the solicitation activities. We'll cover the reference pricing strategy,
HEALTH PLAN ADMINISTRATION DIVISION CHIEF
DONNESON: Reference pricing of pharmacy --
pharmaceuticals by therapeutic class is a program aimed at
reducing pharmacy costs by influencing members to switch
to the lower cost alternative drugs within each
therapeutic class.

In order for members to make that choice for
lower cost alternatives, the members, prescribers, and
pharmacists need to have the most up-to-date drug and
pricing information. If a member cannot switch due to
medical necessity, an exception process is available for
those members. If a member chooses not to switch and
there is no medical necessity, the CalPERS Health Program
has an appeals process.

In November 2018, the Committee directed the
CalPERS team to conduct a solicitation to obtain a second
vendor to assist CalPERS with its marketing, prescriber,
and pharmacy outreach and education, and also to help us
monitor the program performance.

I'd now like to turn it over to Ms. Cheryl Day
who is going to present the rest of this item.

HEALTH PLAN ADMINISTRATION ASSISTANT DIVISION
CHIEF DAY: Thank you, Kathy.
HEALTH PLAN ADMINISTRATION ASSISTANT DIVISION

CHIEF DAY: In February of this year 2019, CalPERS released the Request for Information to approximately 20 vendors. Of those 20, we received five responses. CalPERS has engaged Mercer, an external consultant, to assist us in developing the phase 1 and phase 2 reference pricing solicitation requirements. CalPERS provided those requirements to Mercer — the responses to Mercer who used that information to develop the phase 1 and phase 2 solicitation requirements.

Phase 1 minimum qualifications was released in April of 2019. Seven firms submitted a proposal for that phase. Upon completion of the evaluation of phase 1, it was determined that all seven firms qualified to participate in phase 2 of the solicitation.

Phase 2 technical and fee proposals were developed in collaboration with Mercer, our Office of Support Services Division, our Legal counsel, and the Health Plan Administration Division subject matter experts.

In phase 2, firms are required to provide their reference pricing capabilities, experience, and fees associated with performing the services under the contract.
Phase 2 proposals are due on June 26th.

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HEALTH PLAN ADMINISTRATION ASSISTANT DIVISION

CHIEF DAY: The reference pricing milestones that you see here summarize the solicitation activities to date. Upon receipt of the phase 2 proposals due on June 26th, CalPERS team members will begin the evaluation process. Phase 2 is worth a maximum of 1,000 points, and the highest scoring firms, as determined by CalPERS, will be provided the opportunity to participate in phase 3 of the solicitation.

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HEALTH PLAN ADMINISTRATION ASSISTANT DIVISION

CHIEF DAY: This slide shows the timeline for all phases of the procurement. Phase 3 will consist of disseminating the contract to those qualified firms with the expectation that they are in agreement to the terms and conditions of the contract. The proposed contract will begin in mid-August and run through December 31st of 2021.

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HEALTH PLAN ADMINISTRATION ASSISTANT DIVISION

CHIEF DAY: CalPERS team members would like to complete the solicitation process by mid-August, so that we can begin the important work on the implementation component of the reference pricing program, with the objective that
it is available for the 2020 plan year.

That concludes my presentation and we are available to take your questions.

CHAIRPERSON FECKNER: Very good. Thank you and thank you for the presentation.

No requests from the Board, but one request from the audience. Mr. Neal Johnson.

MR. JOHNSON: Neal Johnson, SEIU Local 1000.

Several months ago, we came and said we wanted you to move towards awarding a contract. I thank -- and I -- last week at the stakeholder engagement meeting, I thanked Kathy and her staff for moving rapidly to get to the point of going out for bid on this important project. And I want to thank the Board for that too.

We think within a few years, our members will thank you for having brought this forward in a timely fashion. It is a method that I think you will find really reduces costs, and I hope it really works well. I thank you for your effort.

I also want to take a moment of personal privilege to thank, as we all have, Kathy Donneson for her hard work. I met Kathy, oh, God, 2002, 2003 when dealing with the data warehouse, and then through many trials and tribulations over the last 15 or so years. She has done a very good job, has really brought the system forward. I
think Ralph's comment that we thought we knew how to
really do things years ago, and in hindsight you find out
you really didn't necessarily know it all that well. But
I think Kathy has really built the expertise of the
organization, and I thank her for her hard work.

    Thank you very much.

CHAIRPERSON FECKNER: Thank you.

So seeing no other requests, thank you both. Ms.
Donneson, you saved your easiest agenda for the last, so
good for you.

    (Laughter.)

CHAIRPERSON FECKNER: That brings us to agenda
Item 7c, Summary of Committee Direction.

    Ms. Bailey-Crimmins.

CHIEF HEALTH DIRECTOR BAILEY-CRIMMINS: Mr.
Chair, I have three items. One is to provide the Board
the membership numbers by plan. The second is to publicly
share the progress of the Board and CalPERS has made
between May and June. And then last, in addition to the
correspondence that we're getting from the plans on
their -- they're still offering reproductive and gender
identity services. Also, it sounds like we would like
confirmation regarding availability and competency of
care, in addition to that -- that letter.

    CHAIRPERSON FECKNER: Very good. Thank you.
Item 7d, Public Comment. I have two requests from the public, Tim Behrens and Larry Woodson. Please come forward, identify yourself for the record, and you'll have up to three minutes for your comments.

MR. BEHRENS: Thank you, Chairman Feckner. Members of the Committee, Tim Behrens, President of the California State Retirees. I want to start by thanking the health staff team for producing this Health Buck. It's going to mean a lot for us out in the field when we have a lot of questions about, boy, CalPERS is spending way too much money on health care, blah, blah, blah. This is a very good example. And I hope we'll get a regular -- hard regular sized copy in the future like the other CalPERS Buck.

So having said that, I think that I agree with many of you that the rates are too high. UnitedHealthcare 9.24 percent? And on the Fortune 500, they're number 6 and made 12 and a half percent increase in their revenue last year. So at what point, can CalPERS, when they negotiate these contracts, hold their feet to the fire when they have made that kind of profit in the year before we negotiate with them? That's my question.

CHAIRPERSON FECKNER: Well, if you want an answer from me, I would say it's going to depend on the appetite for the members of this system to say no that you don't
want that plan anymore. That's the bottom line.

MR. BEHRENS: Okay. That's all. Thank you.

CHAIRPERSON FECKNER: Okay. Thank you.

Mr. Woodson.

MR. WOODSON: Good morning. Larry Woodson, California State Retirees. Thank you for the opportunity to comment.

I would -- I also appreciate the staff and the Board's expression that the rates are too high. I'm a little disappointed that there is an expression of getting tougher next year. I wish you would have got a little tougher this year. But that's not the main subject of my comments.

I expected a legislative report today by Mr. Brown. And I ran into Danny in the hallway and found out that there was a management decision that he would no longer present health care legislation to this Committee, but to the full Board, and that's when he's going to be talking about AB 1611 by Assemblyman Chiu, the surprise medical bill. So I'm disappointed that it seems to be a step away from transparency for us, and -- but I'm going to comment on that today.

CSR endorsed this bill, because it will help protect our members on basically PPO plans from surprise medical bills from out-of-network hospitals for ER
treatment. When a member has a life-threatening trauma, heart attack, et cetera, they're in no condition to dictate where they are taken by ambulance, and to meet an insurance plan's network coverage.

We asked staff at the last stakeholder meeting last Thursday why CalPERS was watching rather than endorsing this bill? And we are given a defense by CalPERS of Anthem and CalPERS ability to minimize risk of surprise bills by virtue of the broad Anthem hospital network and their ability to negotiate in-network rates without out-of-network hospitals. And we were told that only one or two members a year actually appeal, went all the way through the appeal process with CalPERS, so that it was really a minimal risk.

We're also told that 1.3 percent of Care PPO members received was out-of-network ER care. It took me several days to get the exact number of what that 1.3 percent represented. It's 4,100 members. I was told that many of them are out of state, but I'm assuming since they deny say majority, that at least over 2,000 members are facing this risk.

And Mr. Brown did state to us that it was unclear if 1611 applied to CalPERS members, since not all of the PPO plans are -- or since the PPO plans are self-funded and only regulated by the federal government. I followed
up on this point with Chiu's office and was told
absolutely they are covered by the bill. There's a
section that says all hospitals with emergency departments
licensed by California are in it.

So in conclusion, we think that the Board should
support this bill and let the courts decide of it's
applicability if the hospital association happens to sue.

Thank you.

CHAIRPERSON FECKNER: Thank you. Appreciate your
comments.

Seeing no other requests, this Committee meeting
is adjourned.

(Thereupon California Public Employees'
Retirement System, Pension and Health Benefits
Committee open session meeting adjourned
at 2:37 a.m.)
CERTIFICATE OF REPORTER

I, JAMES F. PETERS, a Certified Shorthand Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing California Public Employees' Retirement System, Board of Administration, Pension and Health Benefits Committee open session meeting was reported in shorthand by me, James F. Peters, a Certified Shorthand Reporter of the State of California, and was thereafter transcribed, under my direction, by computer-assisted transcription;

I further certify that I am not of counsel or attorney for any of the parties to said meeting nor in any way interested in the outcome of said meeting.

IN WITNESS WHEREOF, I have hereunto set my hand this 23rd day of June, 2019.

JAMES F. PETERS, CSR
Certified Shorthand Reporter
License No. 10063