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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, JANUARY 12, 2017, 1:30 P.M.

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DR. JAMESON: It's been a couple minutes, so I'll go ahead and call our January of 2017 New Year, first meeting of the year to order.

And I'd like to welcome everybody, including those that are home because of weather.

And I would first like to ask for the roll call. Who will be doing that for us today?

MS. KORBULIC: I will, Madam Chair. This is Heather Korbulic.

I'll start with you, Dr. Florence Jameson.

DR. JAMESON: Present.

MS. KORBULIC: Ms. Valerie Clark.

MS. CLARK: Present.

MS. KORBULIC: Ms. Lavonne Lewis?

MS. LEWIS: Present. Present.

MS. KORBULIC: Ms. Angie Wilson?

Mr. Jonathan Johnson?

MR. JOHNSON: Present.

MS. KORBULIC: Mr. Jose Melendrez?

1 MR. MELENDREZ: Present.

2 MS. KORBULIC: Dr. Dan Cook?

3 Betsy Aiello?

4 Commissioner Richardson?

5 And Debi Reynolds?

6 We do have a chair, or excuse me, a quorum,

7 Madam Chair.

8 DR. JAMESON: Thank you.

9 I have no special announcements today. So
10 we'll move right on into our public comment.

11 Do you have anyone present in the north for
12 public comment?

13 MS. KORBULIC: There is no public comment in
14 the north.

15 DR. JAMESON: Do we have anyone for public
16 comment here today?

17 No. Although it was only sprinkling, those
18 that ventured out have no public comment.

19 I'd like to move now to approval of our minutes
20 from November 10th, 2016 Board meeting (referring to the
21 minutes of the December 15, 2016 Board meeting). And I
22 would entertain a motion to approve those minutes.

23 MR. MELENDREZ: Motion to approve.

24 DR. JAMESON: That was Jose Melendrez.

25 MS. LEWIS: Lavonne Lewis. Second the motion.

1 DR. JAMESON: Thank you, Lavonne.

2 Is there any discussion on the minutes?

3 Hearing no discussion, everyone in favor of
4 approving the minutes, please say "aye."

5 (Board members said "aye.")

6 DR. JAMESON: Heather, we're looking forward,
7 as always, to your executive report. And thank you for
8 that wonderful written report.

9 MS. KORBULIC: Happy to.

10 Well, welcome. We're still in the midst of our
11 open enrollment period. We have about two weeks left.
12 And so far, we've had one of the most successful open
13 enrollment periods in the Exchange's history.

14 As of December 31st, our numbers were nearly --
15 well, 85,640 consumers had signed up and enrolled for
16 health plans. And that's about 12 percent more than it
17 was this time last year.

18 So this, this is looking like 90 percent, well,
19 we're looking at 97 percent of our complete plan year
20 for 2016 enrollment. And over 20,000 of the consumers
21 who have signed up are new to our marketplace, and
22 65,000 have returned for an additional year of coverage.

23 With our open enrollment period beginning, or
24 excuse me, ending on January 31st, the Exchange
25 recognizes that this is a significant period, and

1 it's -- and especially in relation to the cloud of
2 discussion on the future and the sustainability of the
3 Affordable Care Act. This gives us about two weeks for
4 the Exchange to educate, assist and enroll eligible
5 Nevadans to access plans that are going to allow them to
6 protect their families and their health.

7 The Exchange's staff is focused and committed
8 on our mission, our vision. And I'm confident that our
9 dedicated staff, our navigators, in-person assisters and
10 our various community stakeholders are going to be
11 successful to make this our best year of enrollment yet.

12 As we work, work towards the final, or work
13 through the final weeks of open enrollment, the Exchange
14 is really closely monitoring the politics associated
15 with the future of the ACA. We're going to remain
16 mindful of the set of issues and that the recently
17 released Notice of Benefit and Payment Parameters
18 creates as it relates to the fee to utilize
19 healthcare.gov for those application, eligibility
20 determinations and some consumer assistance.

21 The NBPP sets the user fee for this plan year,
22 beginning January 1st of '17, at 1.5 percent of
23 premiums. And the fee for plan year '18 is set at
24 2 percent. It's going to move to 3 percent, pretty
25 solidly stated in the NBPP, for plan year 2019.

1 I've said before a 3 percent fee represents
2 almost the entirety of the revenue for our state-based
3 marketplace. And if the Board is to agree to pay CMS an
4 access fee equal to 3 percent of premiums for plan year
5 2019, as our budget is approved for the Nevada State
6 Legislature, there would be no monies available for plan
7 management, certification or the various other statutory
8 responsibilities of the Exchange, including marketing,
9 consumer outreach and navigator program.

10 I have said before that I believe that the
11 methodology that CMS has used to calculate the proposed
12 user fee unfairly penalizes Nevada and other less
13 populous states. We believe that CMS should assess a
14 fee on the Nevada Exchange that accurately reflects the
15 cost of servicing the Nevada population.

16 Over the next several months, the Exchange's
17 executive staff is going to continue to assess the
18 various avenues that are available for a transition away
19 from the federal platform. At the same time, we're
20 going to be working towards negotiating appropriate fees
21 for the ongoing use of healthcare.gov.

22 The Exchange is -- our capable staff are going
23 to also be spending the next month analyzing our budget,
24 forecasting our various expenditures in order to make a
25 recommendation to our Board in February for the

1 Exchange's plan year 2018 premium assessment fee and in
2 lieu of that 2 percent CMS user fee.

3 As we begin planning for 2018, the Exchange is
4 enthusiastic about potential partnerships with some new
5 carriers. We've begun a dialogue with companies who
6 were awarded contracts through the Medicaid Managed Care
7 program and who are considering selling plans on the
8 Exchange. We're looking forward to providing the Board
9 with more details about those relationships as we begin
10 to formalize them.

11 Finally, the Exchange remains committed to our
12 partnerships with our navigators, our in-person
13 assisters, the brokers and agent community, and we're
14 looking ahead to plan year 2018 and will be analyzing
15 our successes and the areas that really need
16 improvement, in order to hone in and develop
17 efficiencies.

18 Our COO, Ryan High, is actively researching and
19 developing new opportunities for partnerships with
20 brokers and agents modeled on other states and their
21 successful endeavors. The Board can look forward to
22 hearing more about those opportunities over the next
23 several months.

24 I do want to take a moment to tell you that I'm
25 deeply proud of the work that our small and mighty staff

1 do to benefit the Exchange's consumers and, ultimately,
2 our state. I look forward to making the Exchange a
3 viable and vibrant organization in whatever capacity
4 that the future holds.

5 So, thank you. And that's the end of my
6 report.

7 DR. JAMESON: Thank you for that report.

8 From my point of view, there are no surprises.
9 It's particularly with regard to the 3 percent fee and
10 the plan year for 2019. And, I think, and later in
11 today's meeting when you start discussing your
12 presentation about the status of the Affordable Care
13 Act, the possible changes, that with all these things
14 going on right now, I'm not sure that it might not be a
15 little premature to be too anxious about that 2019 fee
16 at this moment at this meeting.

17 But certainly, if you had any other comments
18 you wanted to make about it as to your level of concern,
19 as it will, of course, happen sooner than we know. But
20 I'm certainly okay to sort of to ride with things over
21 the next few months and get a better idea of what we
22 think is going on with the overall Affordable Care Act
23 and the qualified health plans here in our Exchanges
24 before trying to nail you down to your concerns and a
25 definitive plan and what we will be doing then.

1 There's some other comments, but mostly I
2 wanted to just say that I also am excited, and I am so
3 proud with the results we have accomplished this year.
4 As you say, they are our best numbers yet. And your
5 mighty but small staff has done an amazing job, with
6 such a personal touch and great effectiveness,
7 incredible outreach, everything that a state local
8 Exchange can do. Which is why I think that somewhere in
9 the future, regardless of what does happen with the
10 Affordable Care Act, that we will, hopefully and
11 probably, find a place to serve and continue serving.

12 I would like to take a moment and ask the
13 others if they have comments on the executive report.

14 MS. LEWIS: Lavonne Lewis. I think that --

15 MS. CLARK: Madam Chair, this is --

16 MS. LEWIS: Sorry.

17 MS. CLARK: Go ahead.

18 DR. JAMESON: Yes?

19 MS. KORBULIC: Was that Angie that has joined
20 the call?

21 MS. CLARK: It was Valerie.

22 MS. KORBULIC: Okay.

23 MS. CLARK: I was just starting to talk, but I
24 thought I heard someone else talking. So I can wait.

25 MS. WILSON: And just as a side note, Angie did

1 just join the call during your report.

2 MS. KORBULIC: Okay. Let's let the record
3 reflect that Angie has joined us by phone and that Debi
4 Reynolds has joined us in the Carson City office.

5 DR. JAMESON: And the Chair now recognizes
6 Lavonne for her comments.

7 MS. LEWIS: Well, I just wanted to thank the
8 Executive Director for her report. That was an
9 excellent report. And I am very, very proud of the
10 accomplishments that the staff has made in terms of
11 enrolling so many this people this year.

12 And I know that it's got to be a little
13 nerve-racking as people wait to try to find out when the
14 next shoe is going to drop.

15 So I want to congratulate them on this, on an
16 excellent job well-done.

17 DR. JAMESON: Thank you, Lavonne.

18 Were there any other comments?

19 Okay.

20 MS. CLARK: Madam Chair, it's Valerie Clark.

21 DR. JAMESON: Oh, Valerie. Thank you.

22 MS. CLARK: Yes. I just wanted to also commend
23 Heather and her team. They did, just have done a
24 fabulous job this year. And I'm just so proud to be a
25 part of this group.

1 And also let you know that our association, the
2 National Association of Health Underwriters, will be
3 convening in Washington D.C. in the next month to meet
4 with our legislators and get as much information as we
5 can on the future of the Affordable Care Act.

6 And so I would be happy to bring back any
7 information to the group once I return from that trip on
8 February 16th.

9 MS. KORBULIC: Madam Chair, if I may. This is
10 Heather Korbulic.

11 I just want to let you all know that we've just
12 finalized and formalized a fact sheet about our
13 Exchange. At a two-pager. I would love to share that
14 with you, Valerie and the rest of the Board, so that you
15 can share that as you feel appropriate.

16 MS. CLARK: Oh, I would love that, Heather, if
17 you could send that to me.

18 DR. JAMESON: Excellent. Thank you, Heather.
19 We'll look forward to receiving that.

20 So, I think, at this point, we'll move on to
21 the open enrollment marketing and outreach report.

22 MS. DAVIS: Thank you, Madam Chair.

23 For the record, Janel Davis, Communications
24 Officer.

25 With less than a month left of our fourth open

1 enrollment period, the Exchange, along with Penna
2 Powers, our marketing and outreach vendor, have been
3 working diligently to ensure Nevada consumers have the
4 correct information on how to enroll and where to get
5 local in-person assistance.

6 The Exchange has provided messaging and a
7 variety of media outlets, including, but not limited to,
8 social or content media, digital media, in-house email
9 blasts, several diverse outreach events, our website,
10 on-camera interviews, public service announcements,
11 radio, print, chamber memberships, sponsorships, and
12 billboard/outdoor advertisements.

13 Our campaign continues to receive positive
14 press, and we are focused on our goal to influence hard
15 to reach target populations for the remaining couple
16 weeks.

17 Nevada Health Link will host its final
18 enrollment event in Reno and Las Vegas, where Nevada
19 consumers can attend and sit face-to-face with a
20 licensed enrollment professional to learn the process
21 and find a health insurance plan best suited to fit
22 their health and budgetary needs. The closeout
23 enrollment event is planned for Sunday, January 29th,
24 from 10:00 a.m. to 6:00 p.m., just two days before the
25 actual deadline of the 31st.

1 Our enrollment numbers reflect our efforts in
2 getting the message out to Nevada consumers. People are
3 becoming aware that having health insurance is something
4 they need to protect themselves and their family.

5 Although we are dealing with media inquiries
6 and concerns from consumers about the potential repeal
7 of the ACA, our enrollment numbers and increased
8 attendance at our events are increasing.

9 This open enrollment we kicked off the campaign
10 with the theme of "It's time to get connected." Our
11 objectives remain to institutionalize the Exchange,
12 identify and target the uninsured populations throughout
13 Nevada, leverage our content media, digital advertising
14 and traditional marketing to educate the audience about
15 the need for health insurance.

16 We maintained awareness through a multitude of
17 messaging and advertising, previously mentioned. And we
18 shifted our message from a general "Get connected" to
19 "Avoid the fine. Find peace of mind" and "Plans that
20 fit your budget."

21 We also continue to enforce the importance of
22 getting in-person assistance and find that consumers
23 still need that in-person assistance through the
24 enrollment process, even if they're enrolling online.
25 They want to talk to a professional to guide them

1 through the process.

2 Penna Powers will review the details --
3 actually, I will be receiving the details -- on the
4 decision to increase our media buys and the December and
5 January push in advertising, as well as the countdown
6 methods for January nearing the close of open
7 enrollment.

8 The increase in attendance in our enrollment
9 events has demonstrated that our decision to increase
10 media and advertising was effective.

11 The email capture campaign continues to gain
12 subscribers; 3,204 consumers and opted in to receive
13 health insurance information and health tips related to
14 our blog through our Nevada Health Link webpage.

15 The outreach team with Nevada Health Link has
16 been very busy and present at various diverse statewide
17 events. We researched multiple events with our target
18 demographics, which consist of, but is not limited to,
19 the tribes, rural Nevada, the Hispanic/Latino
20 population, millennials, the 50-plus community, the
21 self-employed, and multicultural ethnicities.

22 We have attended 207 events this year. And 20
23 events are scheduled just for the month of January.
24 This is a massive increase from the 63 events in total
25 last year.

1 Our navigators and outreach staff have been
2 busy distributing educational materials and health
3 literature to these target audiences.

4 A direct mailer was also sent out during this
5 open enrollment period from a distribution list of
6 Nevada's self-employed consumers.

7 The Exchange has also been actively working on
8 stakeholder initiatives and chamber memberships, as well
9 as sponsorship opportunities with community
10 stakeholders. It is, obviously, important to leverage
11 these relationships within the health care community and
12 provide stakeholders with resources in order to
13 collaborate and synthesize our mutual efforts to reach
14 our target populations.

15 We have made outreach efforts to several new
16 partners, all of which have been responsive and willing
17 to collaborate.

18 We have become members of the Las Vegas Metro
19 Chamber, the Hispanic Business Chamber, the Latin
20 Chamber, the Carson City Chamber, the Reno-Sparks
21 Chamber, the Women's Chamber, the LGBT Chamber of
22 Southern Nevada, and the Pahrump Chamber.

23 We have also joined the organization Northern
24 Nevada Black Cultural Awareness Society and have a
25 partnership with the Las Vegas Black Professionals

1 Facebook page.

2 We continue to research and welcome any future
3 opportunities.

4 And that's the end of my remarks. Patty
5 Halabuk, our account manager for Penna Powers, is not in
6 Las Vegas today. So I'm happy to review the deck with
7 you, unless you have questions just on my report.

8 DR. JAMESON: At this time, before we go on
9 with reviewing further, does anyone have any questions,
10 before you forget them?

11 No questions. How about comments?

12 MS. WILSON: This is Angie Wilson.

13 DR. JAMESON: I will just say --

14 MS. WILSON: I just have a quick question.

15 DR. JAMESON: Yes. Yes.

16 MS. WILSON: The only question I have is, you
17 know, of course, it's going to be for the American
18 Indian population specifically, because they have a
19 continuous open enrollment period. So is there any
20 additional marketing material being kind of geared
21 towards that particular population?

22 MS. DAVIS: Thanks for your question, Angie.
23 This is Janel Davis.

24 We have updated our tribal page on our website.
25 We continue to attend meetings with tribes. And I know

1 that Tiffany Davis, our executive assistant here at the
2 Exchange, have been in collaborations with you and other
3 tribal leaders to potentially discuss the future of
4 tribal sponsorship.

5 So it's all in the works. But we're happy to,
6 you know, take suggestions and work with you in making
7 future marketing materials, if that's helpful.

8 MS. WILSON: Okay. Thank you so much. I was
9 just curious in regards to folks that we may not -- you
10 know, that have a high American Indian population are
11 higher in Las Vegas that may not even access the tribal
12 clinic in the Las Vegas area, for the Las Vegas Paiute
13 Tribe.

14 So we know we have a lot of urban Indians
15 living in that area. So I was just curious if there's
16 anything marketingwise coming out to them, but. And
17 especially since I report back to the tribes. So we can
18 continue to work together on those issues as we move
19 forward on the tribal sponsorship, I think, so.

20 MS. DAVIS: We'd be happy to. Thank you.

21 MS. WILSON: M-hm (affirmative).

22 DR. JAMESON: Thank you.

23 And we're ready, I think, to go ahead with the
24 marketing update.

25 MS. DAVIS: Sure. So if you turn to your

1 packets, on page one, you'll see a summary of our
2 traditional media efforts for the first two months of
3 open enrollment, with TV, radio, outdoor and print
4 media. We measure performance in a number of
5 impressions or the number of times someone within our
6 target audience views our advertising message.

7 So here you'll see the impressions of each
8 medium. These are combined statewide. And you'll see
9 that our campaign has significant impact, with millions
10 and millions of impressions made.

11 After last year's successful online campaign,
12 we again engaged in a robust online campaign, utilizing
13 multiple components that we carefully segmented to focus
14 on specifics. Of those audiences, millennials, the
15 50-plus and the Hispanic audience, all three who heavily
16 utilized the online space and who have proven to be
17 extremely responsive to our online advertising.

18 So on pages two and three, you'll see the
19 various components and their individual metrics.

20 Also, on page three, you'll see a year-end
21 summary for social media performance, which accounts for
22 17 percent of all the traffic on NevadaHealthLink.com,
23 which is a pretty substantial number.

24 Moving on to page four through six, this
25 illustrates that PR and media relations has and

1 continues to provide significant opportunity to create
2 awareness for the Exchange, educate the public about
3 open enrollment and address any issues.

4 Both Heather and I actually have spent a
5 considerable time on high-exposure morning shows,
6 community and news programs, both on TV and radio.

7 So we've also garnered a substantial coverage
8 among the Hispanic media as well.

9 Moving on to page seven, this highlights
10 detailed open enrollment information which is available
11 through our webpage, NevadaHealthLink.com, as well as a
12 sampling of the many email blasts that were sent
13 in-house from our staff at the Exchange throughout
14 enrollment and ongoing.

15 Pages eight through 10 summarize our
16 substantial outreach efforts for 2016. With the
17 expertise of the Ramirez Group, our collaboration
18 allowed us to attend, as I previously stated, 207 events
19 for the year. Health and school related,
20 community-based rural and cultural events, targeting
21 families, children, millennials, the 50-plus audiences
22 statewide, this was all strategized and researched,
23 netting Nevada Health Link exposures to tens and
24 thousands of Nevadans.

25 This January and into the year, we are

1 continuing with the same momentum. So in a similar
2 fashion, our collaboration enabled us to create many
3 beneficial partnerships that will continue to build
4 awareness of Nevada Health Link and provide our
5 partners, audience with educational materials and
6 outreach to ensure that we're reaching the entire state.

7 Okay. So referencing, let's see, page 11, with
8 the help of some additional targeted advertising, our
9 December 15th enrollment event proved to draw much
10 larger crowds, both in the north and the south,
11 particularly in the south.

12 Despite a few issues with healthcare.gov, the
13 Ramirez Group was able to prescreen nearly 200 people
14 into the system, as many people chose to begin the
15 process and ask questions so they could follow up and
16 finish at a later time after the event.

17 Crowds were steady at both locations throughout
18 the event. We changed the time from 12:00 p.m. to
19 6:00 p.m. I'm sorry. I think, it was 7:00 p.m. The
20 time itself was adjusted from the kickoff to accommodate
21 the afternoon audience, which also proved to be
22 effective.

23 In keeping with our successful formula, you
24 will see on pages 12 and 13 that we have implemented
25 some additional marketing and advertising for the month

1 of January, which refer to as push marketing. It
2 represents that extra push for the many people who wait
3 till the last month of enrollment.

4 Our January advertising includes bus shelters
5 that focus on key zip codes in both Reno and Las Vegas,
6 that index with high Hispanic and African-American
7 populations.

8 We are also using messages that illustrate the
9 beneficial characteristics of Nevada Health Link. We
10 feel that this type of direct messaging is more
11 noticeable and impactful, which will result in the
12 direct action of enrollment.

13 So in the last week of open enrollment, our
14 messaging will play up the January 29th closeout events
15 as well.

16 So this year's open enrollment campaign proven
17 to be highly effective in the first two months, and the
18 continued blend of our marketing elements and strategic
19 focus will help ensure we have another record-breaking
20 year.

21 And that's the end of the deck. If anyone has
22 any questions, I'd be happy to answer them.

23 DR. JAMESON: Thank you. Outstanding report.

24 Before I make a comment, I would like to
25 entertain any other comments or questions from the rest

1 of the people present.

2 MS. LEWIS: Well, I think, the increase shown
3 this year over last year in the number of events is
4 phenomenal. So, you know, I would like to congratulate
5 them on that.

6 DR. JAMESON: Are there any other comments?

7 I would just like to concur with Lavonne Lewis.
8 I am just so thrilled with your campaign and your
9 results. I feel like the entire open enrollment has
10 been a push. And as you gear up for your final push, I
11 can't imagine what more you can do than you have been
12 doing going a hundred ten percent all along.

13 I feel that you've done an outstanding job for
14 us. We really have gotten value for our dollar with you
15 and your staff, your company. And, also, would like to
16 thank the Ramirez Group for their incredible work.

17 I'm just curious. I think, a lot of us, when
18 we had some initial numbers earlier on, and when the
19 election was going on and the Affordable Care Act,
20 during the campaign, was getting a little negative, a
21 lot of negative press, and there was a little bit drop
22 in numbers than what we might have expected, with people
23 reoccupied with the election, I think, I think, you just
24 over -- just really met the challenge, that with all of
25 this going on, you really got the message out there that

1 we're still here, we're still going to give you
2 affordable health care, we're still an option, connect
3 with us.

4 And for you to have done, gotten this out, in
5 the face of all the negative campaigning going on, was
6 just an exceptionally good job. So as they say, bravo.

7 We really, I think, all of us -- I'm speaking
8 for myself -- were concerned about what the numbers were
9 going to be. So it's a double happy result, that not
10 only did we get good numbers, but better than ever
11 numbers, when, I think, at some moments during this open
12 enrollment, we questioned what the outcome might be,
13 with all these other variables going on.

14 So I'm curious. When you do this push -- and,
15 Heather, towards the end of the campaign, are we going
16 to -- because I cannot remember. Are we going to expect
17 to see people who sometimes like myself sign up last?
18 Do we usually get in the last week or two a lot, a kind
19 of a surge, or not? I just was wondering about that.

20 MS. KORBULIC: Yeah, thank you for your
21 question. The last open enrollment period in our
22 last -- was it week, you said?

23 MR. MELENDREZ: M-hm (affirmative).

24 MS. KORBULIC: In our last week of the
25 enrollment periods leading up to the final deadline, we

1 saw an increase of 9,000 consumers. So we're hoping to
2 match that at least.

3 DR. JAMESON: Excellent. This is very exciting
4 and promising.

5 If there are any other questions or comments?

6 All right. We'll move on to what we have all
7 anticipated hearing, to our Executive Director's report
8 on the Affordable Care Act status report.

9 Oh, wait. I apologize, because I was
10 actually -- as excited as I was, I apologize, Jose.

11 MR. MELENDREZ: It's all right.

12 DR. JAMESON: You get to come first. And I'm
13 looking forward to participating with this great
14 project. Please share with everyone.

15 MR. MELENDREZ: Thank you. Jose Melendrez, for
16 the record.

17 So, doing our part to contribute to those last
18 couple of weeks of efforts in this current enrollment
19 period, UNLV was contacted, we were contacted by
20 Region IX about the White House Healthy Campus
21 Challenge. And we were able to sign up and participate.
22 They got us in at the last minute. And so we became a
23 part of the White House effort to do this.

24 And so next week, all of next week, the first
25 week of school, it will be very exciting. Always is the

1 first week. We are going to be participating in the
2 White House Healthy Campus Challenge. So Tuesday
3 through Friday, students and community folks, anybody
4 who wants to come over to UNLV between 10:00 a.m. and
5 2:00 p.m. will be able to get enrolled and find out and
6 get information, all those good things.

7 We'll be kicking off the week -- oh, and I want
8 to say thank you to Rosa for helping us to organize and
9 get some folks together, the navigators and folks to be
10 out there to help enroll folks.

11 But kicking off the event, on Tuesday at noon
12 we are going to be having an experts panel. And I know
13 Ryan will be joining us from up north. And Dr. Jameson
14 will be sitting on the panel, and a couple of our
15 faculty members from the School of Health Sciences will
16 be participating on the panel and, hopefully, get it
17 kicked off. And the theme of the panel will be what
18 success and challenges that we had with the ACA and
19 then, of course, what might it look like under a Trump
20 administration.

21 The conversation should be lively. So we
22 invite folks to come out and join us on Tuesday for
23 this. And get there early, because, again, it's the
24 first day of school, and parking will be a nightmare.
25 So.

1 But with that being said, we've sent out
2 fliers. We've got things going out everywhere. We've
3 got a Facebook page and all kinds of things marketing it
4 for next week.

5 And so if you can make it, come out and join us
6 and check out what's going to be going on next week at
7 UNLV.

8 So, thank you.

9 DR. JAMESON: Jose, thank you for your passion.
10 And thank you for organizing this great project, and
11 Rosa for helping him.

12 And we are now going to go ahead and get a
13 little look at what our Executive Director has to say
14 about the Affordable Care Act, a status report.

15 Thank you so much for doing it for us.

16 MS. KORBULIC: My pleasure. I think, it's
17 interesting times and certainly changes day by day. I
18 was up at 2:00 a.m. watching things change last night.

19 So I'll give you my report as it was written a
20 few days ago. And, I think, it's just safe to say that
21 the future of the Affordable Care Act remains unclear.

22 The Trump campaign's rhetoric focused on
23 repealing and replacing. And our President-Elect has
24 reasserted this pledge several times and in various
25 different forums. On Inauguration Day, both the House

1 of U.S. Congress and the President are going to all be
2 the same party. So, potentially, this increases the
3 opportunity for our President-Elect to realize those
4 campaign promises of replacement and repeal.

5 It remains unclear what that's going to look
6 like and what replacing the ACA will mean. Now that the
7 Congress is back in session, there's really been a lot
8 more attention on this.

9 For example, the President-Elect and the
10 Republican congressional leadership have stated that
11 they do not want to disrupt coverage for the 22 million
12 consumers currently covered under the ACA.

13 Also, our President-Elect has stated that he
14 wants a solution that was going to retain portions of
15 the law that have proven popular, such as the allowing
16 children or adult children to stay on their parents'
17 insurance plans until they're 26 years old, and not
18 banning individuals with preexisting conditions from
19 coverage.

20 In addition to the substantive aspects of their
21 debate, majority leadership also continues to internally
22 debate the mechanics of repealing and replacing the ACA.
23 In general, leadership has been unable to coalesce
24 around any kind of decision on whether to replace the
25 ACA prior to having a ready -- or, excuse me, a

1 replacement plan ready and operational.

2 In particularly, or in particular, a full
3 repeal is going to require 60 votes in the Senate to
4 overcome a filibuster. Since it does not appear that
5 the Republican majority has those votes for a clean
6 action, what will most likely take place is a budget
7 procedure that may offer the best opportunities to
8 repeal portions of the law.

9 However, due to intricate parliamentary
10 procedures involved in the budget reconciliation
11 process, these actions can only repeal the budgetary
12 portions of the law. They can only repeal the money
13 part.

14 Republicans in Congress already have a
15 ready-made reconciliation bill, HR 3762, House
16 Resolution 3762, which was passed in late 2015 and was
17 subsequently vetoed by President Obama. The bill is
18 speculated to model the majority leadership, or is
19 speculated to be the model that the leadership would
20 begin to use to repeal the ACA.

21 HR 3762 repeals the expansion of Medicaid,
22 along with the subsidies and that go to assisting our
23 low and middle class families to obtain qualified health
24 plans.

25 It also includes a transition period of two to

1 four years whereby the subsidies continue and the ACA
2 remains until a replacement plan is developed,
3 legislated and implemented, so as not to disrupt
4 coverage from those currently receiving benefits.

5 So I'm going to repeat that part. I think,
6 that's the most important and key part, that the plans,
7 as they exist and that we have seen that will model the
8 reconciliation bill, do indicate either a two- to
9 four-year transition plan, allowing things to remain
10 status quo until a replacement plan is developed,
11 legislated and implemented.

12 A new reconciliation bill perhaps that's going
13 to be based on that HR 3762 does appear to be
14 potentially able to pass as early as January 27th of
15 this month. Hold on tight. We're going to be watching.

16 Whichever course of action is chosen to achieve
17 the repeal and replacement of the ACA, the republican
18 replacement plans have a couple of common themes that, I
19 think, are worth talking about. Some of them include
20 elimination of tax penalties that are imposed on
21 individuals who do not obtain coverage and on large
22 employers who do not offer coverage to employees. Most
23 often, the elimination, or this tax penalty that's
24 imposed on people who do not obtain coverage, is
25 referred to as the mandate. And so that's what they're

1 referring to repealing.

2 Repealing subsidies for private health
3 insurance that are purchased through the Health
4 Insurance Exchange, which is the advance premium tax
5 credits and cost-sharing reductions that our consumers
6 currently enjoy in order to afford their health care and
7 qualified health care plans.

8 Elimination of funds that are provided to
9 states to expand Medicaid, while the reconciliation bill
10 may eliminate those funds, there is potentially new
11 opportunities that are being discussed and floated by
12 the Republican majority involving block grants or per
13 capita Medicaid allotments.

14 In addition, there's elimination of various
15 taxes and fees that help pay for the expansion of the
16 coverage under the ACA; creation of high risk pools that
17 are used for individuals with preexisting conditions;
18 the ideas of creating health savings accounts, which
19 allow consumers to make tax-free deposits into accounts
20 that can be used to pay for health expenses; allowing
21 states to -- or excuse me, allowing for the sale or the
22 sell of -- sale of insurance across state lines; and the
23 ability to create more transparency from providers to
24 consumers for the actual cost of health care services.

25 There are several other items that are being

1 talked about, but these are the ones that I have seen
2 highlighted the most.

3 In order to maintain and improve our current
4 insurance marketplace, a replacement plan must consider
5 that there are many interrelated aspects of the current
6 law. That's to say that repealing one part of the ACA
7 is going to put down more pressure or impact parts of
8 the law.

9 For example, if the President-Elect stated
10 support for the removal of the individual mandate and
11 the tax subsidies, that currently motivate healthy
12 individuals to get covered, are removed, we could cause
13 disruption and instability in the marketplace, creating
14 a different mix of risk pool and whereby we're only
15 insuring people who are sick. And that increases the
16 costs of premiums and forces premiums to rise.

17 This last paragraph is extremely important to
18 me. There's over 400,000 Nevadans who have obtained
19 coverage as a result of the ACA. Nevada directly
20 benefitted from one of the country's largest declines in
21 the uninsured rate, moving from 23 percent to 12
22 percent, with the most significant decrease in child
23 uninsured rates from 16 percent in 2012 to 8 percent in
24 2015.

25 It's important for our Board to know that the

1 Exchange remains fully committed to providing valuable
2 education and enrollment services to individuals who are
3 qualified for health plans, and we look forward to an
4 opportunity to work with the new administration as the
5 future of health care reform is developed and discussed.

6 I'm happy to and any questions that I might
7 know the answer to.

8 DR. JAMESON: Heather, that was an excellent
9 report, considering that really no one knows what's
10 going to happen and to forecast how we would respond to
11 something we don't know. What we asked of you, I think,
12 you just came back with just the perfect report for us,
13 a real, literally, a status report of where things stand
14 now. And as you say, kind of hold on, get ready for the
15 ride. Because, I think, literally, nobody knows what's
16 going to happen at this point.

17 I'd like to entertain any questions that you
18 might have for Heather's report, or any additions,
19 before I make any other comments.

20 MS. LEWIS: Well, I want to thank --

21 MS. WILSON: This is Angie Wilson.

22 MS. LEWIS: -- Heather for this report. It's
23 very -- oh.

24 MS. WILSON: Go ahead.

25 DR. JAMESON: Is that someone on the phone?

1 Please go ahead. And Lavonne will go after you.

2 MS. WILSON: Oh, okay. This is Angie Wilson.
3 One of the things I wanted to just say is that's such a
4 significant amount of folks that were impacted by the
5 ACA, you know, the 400,000, especially with the
6 children.

7 One of the things I would like to know -- and I
8 don't know if Betsy's in the room. But does that also
9 include -- you know, part of the ACA with the Medicaid
10 expansion, you know, when we went with that, isn't just
11 the impact of, you know, the insurance on the Exchange,
12 but also the impact of Medicaid expansion in our state.

13 And certainly concerned for many, many people
14 who were impacted by the expansion of Medicaid in our
15 state as well. Very, very concerned. Certainly was up
16 just as early, watching some of the components that
17 happened in the early morning session. And I am
18 genuinely concerned about, you know, they moved the
19 Medicaid and to block grants or even the per capita
20 methodology.

21 I do think that you guys have done such an
22 incredible job at the Exchange, the staff. And those
23 numbers certainly reflect, you know, such a significant
24 difference from, you know, where the Exchange initially
25 started off and some of the challenges there. So really

1 big kudos to the entire team there. And, also, to the
2 Board for the support to the team and the changes that
3 have taken place.

4 I certainly hope that, you know -- for the
5 record, I will say that I certainly hope that, you know,
6 the impacts that happened, that we can try to keep as
7 many Nevadans covered as potentially possible with both
8 the Insurance Exchange and Medicaid expansion.

9 That's all I wanted to say.

10 DR. JAMESON: Thank you, Angie.

11 And were there any other comments? Lavonne, I
12 believe, you were next.

13 MS. LEWIS: No, I probably just want to hang on
14 to Angie's comments. I think that this is an excellent
15 report.

16 And it's also frightening, the thought of what
17 will happen to Nevadans and all of the people around the
18 country, if the Affordable Care Act is indeed repealed
19 as they, everybody seems hell-bent on doing. And I
20 think that the impact for the people who have been
21 covered under the expanded Medicaid provisions, as well
22 as those people who are enrolled in the Affordable Care
23 Act, will be just devastating.

24 So it is indeed very frightening that this is
25 all taking place. But I really appreciate the

1 information that's included in this report. And thank
2 you very much.

3 DR. JAMESON: And thank you, Lavonne.

4 Were there any other questions or comments?

5 I would just concur that, yes, we're all very
6 curious about what's going to happen with the Exchange.
7 And as Heather, I agree with her that I think that there
8 will very probably be a place for us in the new plan.
9 And we certainly want to show our Governor this as
10 things move along and opportunities arise. And, I
11 think, Heather's very postured to do that, as I am.

12 But, Angie, I do want to just express my
13 concerns that I couldn't agree more with you and Lavonne
14 with regard to the Medicaid, that portion of the
15 expanded Medicaid, that portion of the Affordable Care
16 Act.

17 As a practicing physician in Nevada for 31
18 years, and seeing what is, what was going on before the
19 Affordable Care Act was implemented, the amazing number
20 of my patients that could never have access to health
21 care, afford to buy any insurance plan, that could not
22 qualify because of preexistings that exceeded their
23 limits, I just remember, week after week, patient after
24 patient, and the sad and tragic stories. I haven't
25 heard those stories in so many years now, several years.

1 It has been just a transformation beyond my dreams, even
2 though we know that there are some issues, such as the
3 premiums and the deductibles.

4 I hope that instead of a complete repeal, as, I
5 think, they, for logistic purposes, must do, it's just
6 that some of the areas that must be addressed are
7 addressed and that they're fixed.

8 With regard to the Medicaid, I will never
9 forget, as a past president of Nevada Medical
10 Association, when we were trying to convince our
11 Governor, which he was indeed the first Governor to step
12 up and get the expanded Medicaid, that here in Nevada it
13 was a must. We were 41 percent federal poverty level to
14 qualify for Medicaid. We were not just 50 out of 50 in
15 the nation, but we were 52 out of 50 coming behind
16 Puerto Rico and Guam, with the requirements you had to
17 have the 41 percent, essentially, as an individual, make
18 less than \$10,000 to qualify.

19 And I do think, regardless of what happens, if
20 the expanded Medicaid changes -- and I also pray, as you
21 do, that the substitution that we are offered is
22 something very reasonable. And I am very concerned
23 about some of the possible substitutions. But I am
24 certainly hoping that the one lesson we've learned from
25 there is that we can't go back to just being 41 percent

1 of poverty level to qualify for Medicaid.

2 So, I think, we've learned a lot in all of
3 this. And I'm going to remain absolutely optimistic and
4 continue to help in any way and pray every day for our
5 leaders. I think, they have a lot of good guidance.
6 And, I think, they're going to come to a good solution.

7 Any other --

8 UNIDENTIFIED: (Indistinct.)

9 DR. JAMESON: Yeah, I do. It's important to be
10 optimistic. We will work together on this.

11 Are there any other comments?

12 Discussions, possible actions regarding our
13 future dates, times, and agendas.

14 Does anybody have any suggestions for future
15 agenda items?

16 I think, after our overall discussion and the
17 theme, we'll all be waiting to see what happens in the
18 next months, weeks and days, and possibly at our next
19 meeting have several items for suggestion.

20 At this time --

21 MS. WILSON: This is Angie. I think, it would
22 be important that we continue to keep abreast of the
23 Affordable Care Act status report as a standing agenda
24 item here.

25 DR. JAMESON: Angie, I think, that's an

1 excellent idea, for everybody who's not up at the early
2 morning hours, as you were.

3 Heather, could you add that to future agenda
4 items.

5 MS. KORBULIC: Absolutely.

6 DR. JAMESON: And any other comments at this
7 point?

8 Well, between now and our next meeting, I know
9 we all look forward to hearing those final numbers come
10 in, pending as soon as Heather is able to acquire them.
11 And I'm going to be, again, optimistic. And I won't
12 make a prediction, but I think they're going to be just
13 wonderful.

14 And I want to thank everybody for all the hard
15 work and passion for everything and for making sure that
16 everybody in Nevada has access to quality health care
17 and affordable health care. Because as we all know,
18 every life is of infinite value. And I just thank you
19 all for giving your time to be part of this Board, for
20 volunteering.

21 And happy new year. But, first, public
22 comment.

23 Anyone up north?

24 MS. KORBULIC: There is nobody up north.

25 DR. JAMESON: And anyone here?

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Nobody here for public comment.

I will entertain a motion for adjournment.

MS. WILSON: This is Angie. I'll make a motion
to adjourn.

MS. CLARK: Valerie Clark. Second.

DR. JAMESON: We're adjourned. See you guys
next month. Thank you so much.

MS. KORBULIC: Good-bye. Thank you.

MS. WILSON: Thank you.

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