

**Retiree Health Plan Advisory Board
Regulations Subcommittee Meeting Agenda**

[OnlinePublicNotices](#)

Date: Thursday, January 12, 2023
Time: 10:00 am – 12:00 pm
Location: ANC Atwood 19th Floor Conference Room
Video Tele-Conference: [Click here to join the meeting](#)
Audio Only: Phone: (907) 202-7104 ID: 704 746 408#
Committee Members: Lorne Bretz, Wendy Wolf, Nan Thompson

- 10:00 am Call to Order – Lorne Bretz, Regulations Subcommittee Chair**
- Roll Call and Introductions
 - Approval of Agenda
 - Ethics Disclosure
- 10:10 am Working Session**
- 11:50 pm Public Comment**
- 12:00 pm Adjourn**

2 AAC 39.280 is amended by adding new subsections to read:

(b) To change the benefits provided under dental-vision-audio insurance coverage, the administrator shall

(1) propose changes to the coverage; in drafting the proposal, the administrator shall consider the

(A) background and rationale for the proposed change;

(B) details and objectives of the proposed change;

(C) potential impact on benefit recipients;

(D) actuarial, financial, and operational impacts on the dental-vision-audio insurance plan; and

(E) input from stakeholders, if applicable;

(2) post notice of the proposed change on the Alaska Online Public Notice System and the administrator's public Internet website, providing a minimum 30-day public notice and comment period, during which benefit recipients may review and provide comment prior to the adoption of a final proposal; notice under this paragraph must include

(A) a summary of the proposed change;

(B) instructions for accessing the draft proposed change;

(C) a deadline for written comments on the proposed change to be submitted by the public; and

(D) the time and place of any hearings at which oral comments from the public will be accepted, if applicable;

(3) provide outreach to benefit recipients about the proposed change;

(4) consider comments submitted in response to public notice under this subsection; and

(5) issue a decision to adopt or reject a final proposal to change the benefits provided under dental-vision-audio insurance coverage after the close of the public comment period.

(c) The administrator may amend the description of dental-vision-audio insurance coverage published in the plan booklet. To amend the description of dental-vision-audio insurance coverage published in the plan booklet, the administrator shall

(1) propose amendments that clarify the benefits provided under the existing dental-vision-audio insurance coverage or that implement the changes adopted under (b) of this section;

(2) post notice of the proposed amendment on the Alaska Online Public Notice System and the administrator's public Internet website, providing a minimum 30-day public notice and comment period, during which benefit recipients may review and provide comment prior to the adoption of a final amendment; notice under this paragraph must include

(A) a summary of the proposed amendment;

(B) instructions for accessing the draft proposed amendment;

(C) a deadline for written comments on the proposed amendment to be submitted by the public the public; and

(D) the time and place of any hearings at which oral comments from the public will be accepted, if applicable;

(3) provide outreach to benefit recipients about the proposed amendment;

(4) consider comments submitted in response to the public notice; and

(5) issue a decision to adopt or reject a final amendment to the description of dental-vision-audio insurance coverage published in the plan booklet after the close of the public comment period.

(d) Notwithstanding (b) and (c) of this section, the administrator may adopt an emergency amendment to the description of dental-vision-audio insurance coverage published in the plan booklet. An emergency amendment to the description of dental-vision-audio insurance coverage published in the plan booklet is effective immediately. To adopt an emergency amendment to the description of dental-vision-audio insurance coverage published in the plan booklet, the administrator must find that the emergency amendment is necessary in response to

(1) a public health or other state or national emergency;

(2) emerging technology or medical treatments and services; or

(3) a need for the immediate preservation of the orderly operation of the dental-vision-audio insurance plan.

(e) The administrator shall, not later than 10 days after the adoption of an emergency amendment, give public notice of the emergency coverage in accordance with (c) of this section.

(Eff. 2/1/93, Register 125; am __/__/__, Register __)

Authority: AS 39.30.090

2 AAC 39.290(1) is amended to read:

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections and subsections are not in boldface or underlined.)

(1) “administrator” means the **commissioner** [DIRECTOR OF THE DIVISION OF RETIREMENT AND BENEFITS] of the **Department of Administration** [DEPARTMENT OF ADMINISTRATION] or their designee;

2 AAC 39.290 is amended by adding new paragraphs to read:

(7) “dental-vision-audio insurance coverage” means the benefits that are provided under AS 39.30.090(10), excluding benefits provided by major medical insurance coverage under AS 14.25.168, AS 22.25.090, and AS 39.35.535;

(8) “plan booklet” means publications of the Retiree Insurance Information Booklet issued by the administrator from time to time containing a written description of dental-vision-audio insurance coverage. (Eff. 7/1/82; am 5/31/87, Register 102; am 5/11/90, Register 114; a, 2/1/93, Register 125; am 10/24/2020, Register 236; am ___/___/___, Register ___)

Authority: AS 39.30.090

2 AAC 39.390 is amended by adding new subsections to read:

(b) To change the benefits provided under major medical insurance coverage, the administrator shall

(1) propose changes to the coverage; in drafting the proposal, the administrator shall consider the

(A) background and rationale for the proposed change;

(B) details and objectives of the proposed change;

(C) potential impact on benefit recipients;

(D) actuarial, financial, and operational impacts on the major medical insurance plan; and

(E) input from stakeholders, if applicable;

(2) post notice of the proposed change on the Alaska Online Public Notice System and the administrator's public Internet website, providing a minimum 30-day public notice and comment period, during which benefit recipients may review and provide comment prior to the adoption of a final proposal; notice under this paragraph must include

(A) a summary of the proposed change;

(B) instructions for accessing the draft proposed change;

(C) a deadline for written comments on the proposed change to be submitted by the public; and

(D) the time and place of any hearings at which oral comments from the public will be accepted, if applicable;

(3) provide outreach to benefit recipients about the proposed change;

(4) consider comments submitted in response to public notice under this subsection; and

(5) issue a decision to adopt or reject a final proposal to change the benefits provided under major medical insurance coverage after the close of the public comment period.

(c) The administrator may amend the description of major medical insurance coverage published in the plan booklet. To amend the description of major medical insurance coverage published in the plan booklet, the administrator shall

(1) propose amendments that clarify benefits provided under the existing major medical insurance coverage or that implement the changes adopted under (b) of this section;

(2) post notice of the proposed amendment on the Alaska Online Public Notice System and the administrator's public Internet website, providing a minimum 30-day public notice and comment period, during which benefit recipients may review and provide comment prior to the adoption of a final amendment; notice under this paragraph must include

(A) a summary of the proposed amendment;

(B) instructions for accessing the draft proposed amendment;

(C) a deadline for written comments on the proposed amendment to be submitted by the public; and

(D) the time and place of any hearings at which oral comments from the public will be accepted, if applicable;

(3) provide outreach to benefit recipients about the proposed amendment;

(4) consider comments submitted in response to the public notice; and

(5) issue a decision to adopt or reject a final amendment to the description of major medical insurance coverage published in the plan booklet after the close of the public comment period.

(d) Notwithstanding (b) and (c) of this section, the administrator may adopt an emergency amendment to the description of major medical insurance coverage published in the plan booklet.

An emergency amendment to the description of major medical insurance coverage published in the plan booklet is effective immediately. To adopt an emergency amendment to the description of major medical insurance coverage published in the plan booklet, the administrator must find that the emergency amendment is necessary in response to

- (1) a public health or other state or national emergency;
- (2) emerging technology or medical treatments and services; or
- (3) a need for the immediate preservation of the orderly operation of the major medical insurance coverage.

(e) The administrator shall, not later than 10 days after the adoption of an emergency amendment, give public notice of the emergency coverage in accordance with (c) of this section.

(Eff. 2/1/93, Register 125; am __/__/__, Register __)

Authority: AS 14.25.005 AS 22.25.090 AS 39.35.005
AS 14.25.168 AS 39.30.090 AS 39.35.535
AS 22.25.027 AS 39.30.098

2 AAC 39.399 (1) is amended as follows:

(1) “administrator” means the **commissioner** [DIRECTOR OF THE DIVISION OF RETIREMENT AND BENEFITS] of the Department of Administration **or their designee**;

2 AAC 39.399 is amended by adding new paragraphs to read:

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections and subsections are not in boldface or underlined.)

(7) “major medical insurance coverage” means the benefits that are provided under AS 14.25.168, AS 22.25.090, and AS 39.35.535, excluding the benefits provided by dental-vision-audio insurance and long-term care insurance under AS 39.30.090(a)(10) - (11);

(8) “plan booklet” means publications of the Retiree Insurance Information Booklet issued by the administrator from time to time containing a written description of major medical insurance coverage. (Eff. 2/1/93, Register 125; am __/__/__, Register __)

Authority:	AS 14.25.005	AS 22.25.090	AS 39.35.005
	AS 14.25.168	AS 39.30.090	AS 39.35.535
	AS 22.25.027	AS 39.30.098	

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections and subsections are not in boldface or underlined.)

NOTICE OF PROPOSED CHANGES IN THE REGULATIONS OF THE
DEPARTMENT OF ADMINISTRATION, DIVISION OF RETIREMENT AND BENEFITS

The Department of Administration, Division of Retirement and Benefits (Division) has proposed changes to regulations in Title 2 of the Alaska Administrative Code, pertaining to the AlaskaCare retiree Dental-Vision-Audio (DVA) and major medical (medical) insurance plans. These changes articulate the process that the Division will use to make changes to the benefits provided by the DVA plan and medical plans, and to amend the description of DVA and major medical insurance coverage published in the plan booklet.

The proposed regulatory changes include the following:

- 1) 2 AAC 39.280 will be amended to include new language and new subsections that describe the process for proposing changes to the benefits provided by the retiree DVA insurance coverage and the process for amending the description of DVA insurance coverage published in the plan booklet. The intent is to outline the considerations the Plan Administrator may evaluate when developing a proposed change or plan amendment and describe the public notice process and opportunity to comment on proposed changes.
- 2) 2 AAC 39.290 will be amended to further define the term “administrator” and to define the terms “dental-vision-audio insurance coverage” and “plan booklet.”
- 3) 2 AAC 39.390 will be amended to include new language and new subsections that describe the process for proposing changes the benefits provided by the retiree major medical insurance coverage and the process for amending the description of major medical insurance coverage published in the plan booklet. The intent is to outline the considerations the Plan Administrator may evaluate when developing a proposed change or plan amendment and describe the public notice process and opportunity to comment on proposed changes.
- 4) 2 AAC 39.399 will be amended to further define the term “administrator” and to define the terms “major medical insurance coverage” and “plan booklet.”

You may comment on the proposed regulation changes by submitting written comments to the Division of Retirement and Benefits at P.O. Box 110203, Juneau, AK 99811-0203, by fax at (907) 465-3086, and by electronic mail at doa.drb.alaskacare.retiree.plan@alaska.gov. Comments may also be submitted through the Alaska Online Public Notice System by accessing this notice on the system and using the comment link. The comments must be received not later than 4:30 p.m. Alaska Time on February 28, 2023.

A public teleconference will be held on January 26, 2023, at 2:00 p.m. Alaska Time. To participate, join the conference call at (907) 202-7104, Access code: 231 346 231#

If you are a person with a disability who needs a special accommodation to participate in this process, please contact Teri.Rasmussen@alaska.gov or (907) 465-4460 not later than January 13, 2023, to ensure that any necessary accommodation can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting AlaskaCare, Division of Retirement and Benefits at P.O. Box 110203, Juneau, Alaska 99811-0203, or by visiting AlaskaCare.gov.

After the public comment period ends, the Division of Retirement and Benefits will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. You should comment during the time allowed if your interests could be affected. Written comments received are public records and are subject to public inspection.

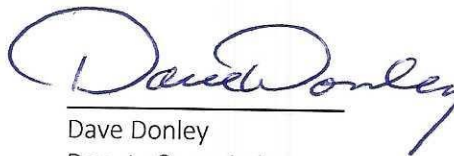
Statutory authority: AS 14.25.004; AS 14.25.005; AS 22.25.027; AS 39.35.004; AS 39.35.005.

Statutes being implemented, interpreted, or made specific: AS 14.25.168; AS 22.25.090; AS 39.30.090; AS 39.35.535.

Fiscal information: The proposed regulation changes are not expected to require an increased appropriation.

The Division of Retirement and Benefits keeps a list of individuals and organizations interested in its regulations. Those on the list will automatically be sent a copy of all the Division of Retirement and Benefits notices of proposed regulation changes. To be added to or removed from the list, send a request to the Division of Retirement and Benefits at P.O. Box 110203, Juneau, AK 99811-0203, giving your name, and either your email address or mailing address, as you prefer, for receiving notices.

Date: 12/13/22



Dave Donley
Deputy Commissioner
Department of Administration

Retiree Health Plan Advisory Board Regulation Committee Meeting Minutes

Date: Wednesday, April 20, 2022 1:00 to 3:00 p.m.

Location: Atwood Building, Anchorage; HSS Building, Juneau; WebEx (virtual)

Meeting Attendance

Name of Attendee	Title of Attendee	
<i>Retiree Health Plan Advisory Board (RHPAB), Regulation Committee Members</i>		
Lorne Bretz	Committee Chair (RHPAB)	Present
Nanette (Nan) Thompson	Committee Member (RHPAB)	Present
Wendy Woolf	Committee Member (RPEA)	Present
Paula Harrison	Board Member	Present
Dallas Hargrave	Board Member	
<i>State of Alaska, Department of Administration Staff</i>		
Emily Ricci	Chief Health Policy Administrator, Retirement + Benefits	
Betsy Wood	Deputy Health Official, Retirement + Benefits	
Teri Rasmussen	Program Coordinator, Retirement + Benefits	
Andrea Mueca	Health Operations Manager, Retirement + Benefits	
Elizabeth Hawkins	Lead Appeals Specialist, Retirement + Benefits	
Christina Fantasia	Appeals Specialist, Retirement + Benefits	
Kathy O'Leary	Administrative Support, Retirement + Benefits	
<i>Others Present + Members of the Public</i>		
Anna Brawley	Agnew::Beck Consulting (contracted support)	

Common Acronyms

The following acronyms are commonly used during board meetings and when discussing the retiree health plan generally:

- ACA = Affordable Care Act (formal name: Patient Protection and Affordable Care Act)
- ARMB = Alaska Retirement Management Board
- CMO = Chief Medical Officer
- CMS = Center for Medicare and Medicaid Services
- COB = Coordination of Benefits
- COVID-19 = Novel Coronavirus Disease (identified 2019), also known as SARS-CoV-2
- DB = Defined Benefit plan (for Tier 1, 2, 3 PERS employees, Tier 1, 2 TRS employees, and JRS employees)
- DCR = Defined Contribution Retirement plan (Tier 4 PERS employees, Tier 3 TRS employees)
- DOA = State of Alaska Department of Administration
- DRB = Division of Retirement and Benefits, within State of Alaska Department of Administration
- DVA = Dental, Vision, Audio plan available to retirees
- EGWP = Employer Group Waiver Program, a federal program through Medicare Part D that provides reimbursement for retiree pharmacy benefits

- EOB = Explanation of Benefits, provided by the plan administrator detailing claims coverage
- HIPAA = Health Insurance Portability and Accountability Act (1996)
- HRA = Health Reimbursement Arrangement account, a mechanism for the employer to reimburse high-income Medicare enrollees for any premium charge for their plan (IRMAA)
- IRMAA = Income Related Monthly Adjustment Amount, a surcharge from CMS for a Medicare plan for individuals or households earning above certain thresholds
- MA = Medicare Advantage, a type of Medicare plan available in many states
- MAGI = Modified Adjusted Gross Income, based on an individual or household's tax returns and used by CMS to determine what if any premium must be paid for a Medicare plan.
- OPEB = Other Post Employment Benefits; an accounting term used to describe retirement benefits other than pension benefits, and the retiree health trust
- OTC = Over the counter medication, does not require a prescription to purchase
- PBM = Pharmacy Benefit Manager, a third-party vendor that performs claims adjudication and network management services
- PEC = proposal evaluation committee (part of the procurement process to review vendors' bids)
- PHI = protected health information, a term in HIPAA for any identifying health or personal information that would result in disclosure of an individual's medical situation.
- PMPM = Per member per month, a feature of capitated or managed-care plans
- PPO = Preferred Provider Organization, a type of provider network
- RDS = Retiree Drug Subsidy program (a federal pharmacy subsidy program)
- ROI = Return on Investment
- RFP = Request for Proposals (a term for a procurement solicitation)
- RHPAB = Retiree Health Plan Advisory Board
- RPEA = Retired Public Employees of Alaska
- TPA = Third Party Administrator
- USPSTF: U.S. Preventive Services Task Force

Meeting Minutes

Item 1. Call to Order + Introductory Business

Chair Lorne Bretz called the committee meeting to order at 1:06 p.m.

Approval of Meeting Agenda

Materials: Agenda packet for 4/20/22 RHPAB Regulations Committee Meeting

- **Motion** by Wendy Woolf to approve the agenda as presented. **Second** by Nan Thompson.
 - **Result:** No objection to approval of agenda as amended. Agenda is approved.

Chair Bretz stated intent to include public comment at the end of the meeting before adjournment, if any members of the public join the meeting before adjournment.

Ethics Disclosure

Lorne Bretz requested that committee members state any ethics disclosures in the meeting.

- No members made ethics disclosures.

Item 2. Work Session: AlaskaCare Retiree Health Plan Regulations Process

Materials: Documents beginning on page 2 of the 4/20/22 agenda packet

Current Regulations Process

Lorne Bretz shared the purpose of today's meeting is to hold the first meeting of the newly established Regulations Subcommittee, including two RHPAB members (Bretz and Thompson) and one RPEA member (Woolf). This committee is intended to help implement some of the settlement agreement provisions, and outline the committee and Board's role in reviewing, adopting and updating regulations.

He invited Division staff to present:

Emily Ricci shared that the committee will discuss the regulations process for the Defined Benefit retiree health plan, and how the Division intends to implement changes negotiated in the settlement process. The presentation includes an outline of the current regulations process, as well as a framework for a proposed regulations update about the process of making changes to the health plan in the future.

Betsy Wood shared an overview of the current regulations process (slides 4-10). The regulations governing the health plans are specifically exempted from the Alaska Administrative Procedure Act, which applies to most other regulations enacted by a State agency. There are statutes (slide 4) specific to the health plan describing the regulatory process. There are statutory requirements for making changes to or enacting these regulations (slide 5): they must be published, they must follow the State's drafting manual format and style, and must have a public process including a 30 day notice and a public hearing. The regulations are not required to be adopted by the Lieutenant Governor, but are instead adopted by the Department of Administration Commissioner and take effect 30 days after adoption. There is also a process for emergency regulations, which have a public notice requirement (within 10 days) but can take effect immediately.

There are four general steps in the process: preparation work including drafting; public comment period, and revisions based on comments; finalizing the language and formal adoption; and implementation once the regulations take effect, including final legal review and publication.

1. **Preparation (slide 7):** Division staff work closely with Department of Law, with designated agency attorneys as well as attorneys in the Regulations section, to ensure the regulations are legally sound and appropriately worded. Once the language is fully drafted, including the public notice and any applicable fiscal notes, staff submit a request to open a new regulations file with the Division of Regulations Section, which is required to initiate the public process.
2. **Public Comment (slide 8):** The Division posts notice through multiple channels, including publication in major Alaska newspapers, via e-mail, e-newsletter subscription and on the Division website, mailed notice to members if possible and appropriate (a letter or postcard), and information about how to provide comments. Comments are accepted by e-mail and mail. If there is a public hearing (meeting), comments can also be accepted verbally. Comments are tracked and documented as they are received, to keep accurate record of what was provided.

Betsy also reiterated that the agency is committed to receiving public comments at any time, not just during public comment periods—members are always welcome to share comments with the Division, in writing or by calling Division staff. The public comment periods discussed are the required process for specific regulations process, but this does not limit the Division’s ability to accept comments.

- Lorne asked for more information about the retiree e-newsletter? How are people added to the list?
 - Betsy shared retirees can opt into a monthly e-newsletter from the Division. There is not a way to add e-mail addresses without someone opting in to receive the e-newsletter, since they need to agree to be signed up. The Division continues to encourage retirees to sign up for updates.
 - Teri added the e-newsletter is published monthly, along with other notifications such as the “save the date” announcements about Town Halls, upcoming board meetings, and other updates. Members can subscribe or unsubscribe at any time.
 - Lorne asked what the percent of readership is for the e-newsletter, how many open it?
 - Teri did not have the statistics on hand, but staff does closely track the click-open rates (how many people actually open and read the e-mails), and the response is generally strong. Staff also look at which web pages are visited most often. They work to tailor communications where people are seeking information, or where they are most likely to pay attention.
 - Wendy Woolf asked whether Health Matters is also provided to retiree members?
 - Emily responded yes, this is mailed annually. The publication is no longer sent quarterly. It could be a place to provide notice for items such as regulation changes, but is not as frequent and would not be appropriate depending on the timing.
 - Teri added the e-newsletters are monthly, while Health Matters is mailed twice per year.
 - Lorne asked how a member can sign up for the e-newsletter?
 - Teri responded there is a link on the Division website, or members can request to be added during Tele Town Halls, can contact the call center, or e-mail to ask to be added. Any communication method to reach the Division would work to be added to the e-newsletter list.
 - Wendy Woolf shared that RPEA publishes the sign-up link for the e-newsletter in their meeting agendas and other communications, to help members sign up and stay informed.
 - Wendy Woolf asked whether the regulations or public comment process have a requirement to participate or comment in order to have standing to oppose a regulation change? She offered an example of another department where this is required.
 - Emily Ricci shared staff will discuss this with Department of Law to ensure this is correct, but she does not believe this applies: the Division is subject to litigation at any time, and there is no specific requirement to have participated in a public process. But she will consult with Department of Law for an official answer.
 - Wendy Woolf commented that typically this language would be in the enabling statutes, if it is not defined there, it would not apply.
 - Emily confirmed that she is not aware of this language being in the enabling statutes.
3. **Finalization (slide 9):** The final package for regulations is prepared by staff and includes the final version of the regulations, a copy of public comments received and changes made as a result, and the Commissioner signs paperwork for formal adoption. The package is reviewed by the agency’s attorneys, then the package is transmitted to Department of Law, Division of Regulations, to conduct a final review and prepare the regulations for adoption and publication.

4. **Regulations Take Effect (slide 10):** Once sent to the Department of Law, there is a final legal review and ensuring that the Division has the statutory authority to adopt the regulations and that they are worded correctly. Once adopted, the regulations are effective after 30 days. A copy is provided to the Lieutenant Governor's office as well, for filing and preservation as part of code.
- Wendy Woolf asked when the discussion about what is allowed under statutes, and whether the Division has legal authority to adopt these regulations, occurs? Are there any last-minute surprises identified late in the process?
 - Betsy confirmed they work closely with attorneys throughout the process, including early during drafting to express their intent, whether and how this is achievable in the law. This helps ensure there are few, ideally no, "surprises" or issues at the end of this process. The final review becomes more of a formality, since issues would have been worked out earlier in the process.

Proposed Regulation: Process for Making Changes to the Defined Benefit Retiree Health Plan

Emily presented an overview of the settlement terms (slide 12) and the requirement to create this draft regulation about future plan changes. She also noted that the terms of the agreement, and this regulation process, are not negotiated rule-making, and also do not change the Commissioner's authority to administer the health plan.

Slide 13 illustrates what the process regulation needs to include: it must document the Division's current process for evaluating proposed plan changes, including the analysis components the Division uses (financial impacts, actuarial impacts, operational impacts, impacts to members, etc.). The regulation must also account for flexibility for the Division to respond to emergencies (such as the COVID-19 pandemic in 2020) as well as changing technologies and other health-related trends. The regulation must also document the requirement to provide members an opportunity to comment, and also include the notice and outreach requirements about proposed changes. Additionally, the settlement agreement states that the Commissioner will support adoption of this regulation, RPEA will also support adoption of this regulation. There will be a 60 day public comment period, including a public teleconference hearing.

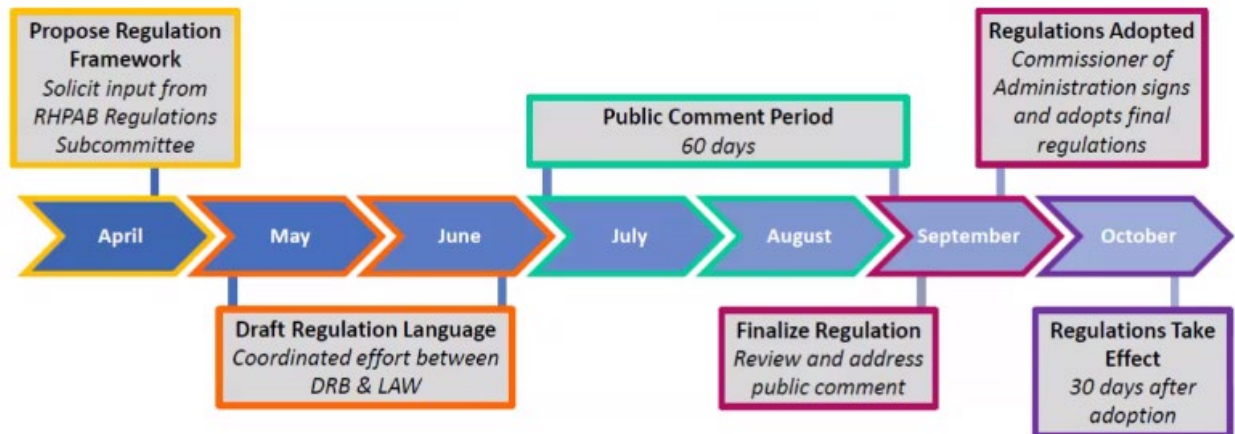
Slide 15 outlines the typical stakeholders involved in the process, including health plan members, Division staff, the Commissioner, Department of Law, and RHPAB.

Slide 16 outlines the analysis and steps involved in preparing a proposal for a plan change; this is consistent with the many potential plan changes that have been reviewed in recent years through the Regulation project. There are multiple components to the analysis, including financial and actuarial impacts, impacts to members and beneficiaries, and operational impact, to ensure they are feasible to implement and will achieve the intended objectives.

Slide 17 outlines the process for reviewing proposed changes, including the role of the Regulation Subcommittee, staff and vendors, and other agencies. Emily stressed that the process is iterative and takes a great deal of resources to review proposed changes, so they only undertake this process if an idea for a potential change has merit and potential benefits for the plan and members. This slide briefly summarizes the multi-step process that will be memorialized in the regulation.

Slide 18 details the proposed timeline for adopting this process regulation: Emily noted that staff will request the regulation subcommittee also meet periodically with the committee to review and discuss proposed changes to the regulation draft during the comment period, to be ready to update and finalize

the draft regulation after the comment period ends. The tentative goal is to be able to finalize the regulations in late September, adopt the final versions in October, and they take effect 30 days later.



- Lorne asked during the public comment period, would the committee also review comments while the comment period is still open?
 - Emily responded comments would be gathered during the period, and not released prior to it closing. Typically, the Division does not post comments while the period is open, but will review and compile all comments, redact any contact and personal health information that should not be public, and publish the full list of comments received after the period closes. The regulation committee would meet to review the draft and consider additional changes, but not directly discuss the public comments to date.
- Wendy Woolf commented on the timeline: in past years, members were frustrated with a public comment period that occurred during summer months, since many people are unavailable during the summer. She suggested extending the public comment period into September, to avoid frustration with this process.
 - Emily responded staff are open to extending the public comment period beyond 60 days to accommodate the summer schedule.
 - Betsy noted she is not aware of an issue with extending the comment period beyond that date.
 - Wendy clarified that it is more confusing to have an extended comment period (meaning, the end date extended beyond the original period to be open longer), she recommends having a longer comment period upfront, so members can plan for this in advance. She noted that with summer months and issues in August such as statewide elections, she wants to ensure members have adequate notice and time to review.
- Nan asked generally how detailed the regulations will be, and how this will be reflected in maintaining flexibility for the Division. She noted that in the development of proposed changes, it has been very useful to be able to pivot and be able to respond to changing needs or situations, such as various regulation proposals. She appreciates the need for clearly documenting this process, but also does not want to hamper the Division’s ability to be flexible.
 - Emily agreed: having flexibility is useful, and she has identified this as an area of concern as well. It will be important to consider issues such as defining the scope or magnitude of a plan change, and what should be subject to this formal process, versus policies or procedures that would not

be considered a significant change subject to this regulation process. This is one of several areas they will need to talk through and find the best approach.

Discussion

Page 20 includes a proposed framework. Emily noted RHPAB is not in statute, so it cannot be referenced in the regulation directly, they will need to work through that. She highlighted some items for future discussion, such as allowing for limited exceptions to the 30 day public comment period, in situations such as emergencies or if a more immediate plan change may be needed. Similarly, the Division would like to have an exception to the final public comment period of 30 days, such as adopting Teladoc which would be an added benefit for members and take relatively little implementation.

- Lorne Bretz commented the outline presented in the document is a good start.
- Wendy Woolf provided several comments:
 - The process is focused on requirements for notice and communication with members, which is providing information and what will be provided. It would be difficult to define and document more details about the analysis, what factors to be considered, and other aspects.
 - She also understands the complication of the fact that RHPAB (the Board) only exists as an executive order, and cannot be referenced in statute. She also recommends defining “stakeholders” in the regulations, and include RHPAB as a defined stakeholder, as well as any other groups to be consulted.
 - She noted it is possible to create a working group, other departments utilize this.
 - Additionally, she recommends defining an “emergency” clearly and when that would apply, to avoid perception that this exception to the 30-day comment period would be used inappropriately to avoid notice.
 - She also recommends clearly defining “plan change” versus “plan clarification” to be clear when this process is needed, or not needed, and when a change is being made.
- Nan offered several comments:
 - She recommended clearly defining “emergency” or “good cause” in terms of being able to alter the default timeline for comment and adoption, as that could be an area of confusion or concern, or people perceiving that as a way to side-step this process. She noted there is case law about “good cause.”
 - As an overall goal for the committee, having commitment from the Division and committee to provide adequate notice and opportunity to comment should be clearly stated, since this is the purpose of defining this process. She would like to see intent language making clear the purpose is for members to know in advance when changes are being proposed, given opportunity to be able to comment, and having a generally defined timeline for this process. That should be a priority to include in the regulations project.
 - She agreed with the distinction between plan change and clarification, but believes this will be complex to define.
- Wendy asked whether, after the regulation comment period is closed and before it is formally adopted by the Commissioner, there is an opportunity for the Board to officially review or take an advisory vote on the change?
 - Emily noted this as an area for discussion, this would likely be feasible but would require consideration of timing.
- Wendy asked whether staff anticipate a fiscal note with this regulation change?

- Emily commented at this time they do not anticipate a fiscal note, but this could change.
- Wendy noted if there is a working group associated with the change, if RHPAB no longer exists, that could trigger a fiscal note.

Emily thanked the committee for these initial comments and questions, and encouraged committee members, Board members and others to submit comments in writing! What was shared today was documented, but having written comments is helpful, as well as other thoughts. Comments can be sent to the Board's e-mail address at alaskarhpab@alaska.gov and teri.rasmussen@alaska.gov.

Item 3. Closing Thoughts + Meeting Adjournment

Lorne thanked the Division for preparing today's discussion!

Upcoming meetings:

- The Retiree Health Plan Advisory Board's next quarterly meeting on Thursday, May 5, 2022.
- The Regulation Subcommittee will meet in May, when staff are ready to present, date TBD.
- The Regulations Subcommittee will meet after the draft regulation is prepared, date TBD.
- **Motion** by Wendy Woolf to adjourn the meeting. **Second** by Nan Thompson.
 - **Result:** No objection to adjournment. The meeting was adjourned at 2:20 p.m.