



Hello!

First off, I would like to thank those RPEA members who attended today's (August 17) RPEA Executive Board Meeting and those who spoke during the period set aside for member comment. All eight of the Board's current eight members were present; however, effective as of today's date, Delisa Culpepper has been appointed to the Medical Information Director position previously vacated by Gene Furman, which brings the number of board members to nine.

Per a motion at today's meeting to ensure that the general membership was apprised of the action to not adjourn — but continue — today's regular board meeting, this is to advise all members that today's Executive Board Meeting was recessed until this coming Friday, August 20, 2021 at 10:00 a.m.

Two matters remain on the Board's agenda for this coming Friday, the disposition of

1. an RPEA member complaint against another RPEA member; and
2. a recall petition against six of the nine RPEA board members.

The Board will therefore reconvene at 10:00 a.m. on Friday August 20th, but please know that the board intends to immediately go into executive session to address the two matters listed above. We are beginning this portion of the meeting in executive session as these matters clearly involve the reputations of members and are thus understood, to the extent possible, to be confidential until action or resolution.

Once the Executive Board has concluded the executive session that begins at 10:00 a.m., it will come out of executive session, and either at that time publicly report on its decisions with respect to the two matters at hand, or it will again recess to another time and date. The Zoom link for this meeting is posted on the RPEA website on the [Executive Board page](#).

Regardless, procedurally, the Executive Board — at least with respect to the recall petition — must publicly report on the status of the recall no later than August 30th (15 days from the receipt of the first of two potential recall petitions).

There were other matters on the agenda today that the Board was not able to take up, given the length of the meeting. Specifically, the Chapter and Committee Reports, but those matters can fortunately be appropriately held over until the September meeting, given that the chapters and most committees are usually inactive during the Alaska summer.

I regret to report that the recall petition, in particular, obviously creates some tension on the Board, and that this was certainly evident during today's meeting. I am hopeful, however, that the Board will shortly find a path forward. This notice is being sent to apprise all RPEA members of the Executive Board's action to recess its regular August 17 meeting until August 20, and to explain the reason for this recess and the possible continuation of this meeting even further after this coming Friday.

Please also note that the Board did discuss the notice sent to retirees regarding

proposals impacting the AlaskaCare Defined Benefit Retiree Health Plan. We heard from Cammy Taylor, who is a member of the Retiree Health Plan Advisory Board (RHPAB), regarding both proposals, and board members raised some issues to Cammy regarding the proposals. The Board referred the two proposals to the RPEA's Medical Information Committee (MIC), now headed by Director Delisa Culpepper, a long term member of the MIC before becoming its director, asking for an MIC report later this month. The turn-around for the MIC is short as we want to comment to the RHPAB before the RHPAB meets with the DRB a final time on September 9th to make a recommendation on the proposals.

I think sentiment during the board meeting was that the expanded preventive care coverage was a positive enhancement to the retiree health plan. Further, while there is legitimate concern that the pre-authorization for specialty medication proposal might result in some retirees having to go through that process in the future, given that most health plans in the U.S. already require pre-authorizations for specialty medications (including current State of Alaska employees, for example), it may well be that only by gathering data from retirees following the implementation of this plan amendment in 2022 that the RPEA will be able to truly assess whether specialty medication pre-authorizations impact (i.e., substantially diminish or impair) our retiree group health plan.

Thank you,

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