

1 New Mexico Patient's Compensation Fund Advisory Board
2 Continued Hearing on Patient's Compensation Fund
3 Surcharge Rates
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8 Moderated by William Ritchie, M.D.

9 Thursday, September 22, 2022

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A P P E A R A N C E S

List of Attendees:

Barry J. Berenberg, Esq., New Mexico Patient's
Compensation Fund (by videoconference)

Troy Clark, Member, New Mexico Patient's Compensation
Fund Advisory Board (by videoconference)

Mike Dekleva, Member New Mexico Patient's Compensation
Fund Advisory Board (by videoconference)

Anna Krylova, Chief Actuary, New Mexico Office of
Superintendent of Insurance (by videoconference)

Kathleen "Kathy" J. Love, Esq., Vice Chair, New Mexico
Patient's Compensation Fund Advisory Board (by
videoconference)

Debbie Luera, Director of Operations, Integrion Group,
Inc. (by videoconference)

Sylvia Lyon, Executive Director, Greater Albuquerque
Medical Association (by videoconference)

Alfonso "Alben" Martinez, MSN, FNP-BC, Representative,
New Mexico Nurse Practitioner Council (by
videoconference)

William L. Ritchie, MD, Chair, New Mexico Patient's
Compensation Fund Advisory Board (by videoconference)

Ezra Spitzer, Member, New Mexico Patient's
Compensation Fund Advisory Board (by videoconference)

Ellen Stevens (by videoconference)

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A P P E A R A N C E S (Cont'd)

List of Attendees (Cont'd):

Ray M. Vargas, II, Member, New Mexico Patient's
Compensation Fund Advisory Board (by videoconference)

R. Alfred Walker, Esq., New Mexico Office of
Superintendent of Insurance (by videoconference)

Vincent J. Ward, Esq., Member, New Mexico Patient's
Compensation Fund Advisory Board (by videoconference)

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P R O C E E D I N G S

DR. RITCHIE: We don't want to go late. So let me call the meeting to order. And can we please call the roll? I know we're going to be short a few people. So let's find out who exactly is on.

MS. LUERA: Sure. Dr. Ritchie.
Chairman Ritchie is here.

DR. RITCHIE: Here.

MS. LUERA: Vice chair Love?

MS. LOVE: I'm here.

MS. LUERA: Mr. Vargas?

MR. VARGAS: I'm here.

MS. LUERA: Mr. Clark? Mr. Dekleva?
Dr. Carson we know was unable to join. Ms. Stevens?

MS. STEVENS: I'm here.

MS. LUERA: Mr. Spitzer?

MR. SPITZER: Yeah, present. Thank
you.

MS. LUERA: And Mr. Martinez.

DR. RITCHIE: Okay. And I think
Mr. Clark said he might be a few minutes late as I
recall.

So then let's get started. This is a
continuation because of the open meetings
requirements, etc. Then really we're working just off

1 of a continuation of the agenda from our last meeting,
2 with this more or less being a continuation of the
3 discussion and set up the means to arrive at exactly
4 what recommendations we're going to be sending to the
5 superintendent of insurance. And so we're going to be
6 discussing what's been presented to us so far.

7 Unfortunately we don't have the minutes
8 from the last meeting. I haven't gotten any of the
9 exhibits yet, Vince.

10 MR. WARD: I sent them. And I
11 apologize. I guess in my mind I thought they were
12 circulated. And that's probably on me. I think Barry
13 sent to me to circulate to you all.

14 So I just send those just now. So you
15 should be getting them.

16 DR. RITCHIE: Okay.

17 MR. WARD: But just so you know, we had
18 the report previously.

19 DR. RITCHIE: Yeah. Here they are.

20 MR. WARD: Yep.

21 DR. RITCHIE: So that includes just the
22 PCF report, right? The final --

23 MR. WARD: Yeah.

24 DR. RITCHIE: And the rate hearing.

25 MR. WARD: Yep.

1 DR. RITCHIE: Okay. That's fine.

2 MR. VARGAS: This is Ray Vargas. I'm
3 wondering if anybody has the status on the transcript
4 from the hearing.

5 DR. RITCHIE: That's what we --

6 MS. LUERA: Sure.

7 DR. RITCHIE: That's what we were just
8 discussing. We don't.

9 MR. VARGAS: Okay. Oh --

10 MS. LUERA: We asked for a rush on it,
11 Mr. Vargas. And it's been radio silence from the
12 court reporting company.

13 MR. VARGAS: Oh.

14 MS. LUERA: Our court reporter who's on
15 today said there was a discussion this morning about
16 still trying to get it out to us, but as of now I have
17 not received anything.

18 MR. VARGAS: Okay. Thank you. I just
19 sort of feel like we kind of need the transcript
20 before we can start talking about what we heard last
21 week.

22 DR. RITCHIE: Well I think we could
23 definitely discuss in general. If we start getting at
24 the exact -- some of the fine numbers, we're going to
25 have to depend on people's memories and the OSI's

1 actuary, etc. I think.

2 MR. BERENBERG: This is Barry.

3 DR. RITCHIE: Yes.

4 MR. BERENBERG: If it helps I could
5 send to Vince my outline of questions. And I don't
6 think we went much outside of that.

7 DR. RITCHIE: Okay. Thank you, Barry.
8 That's a good starting point to jog everyone's memory
9 for what was asked. That was a good slate of
10 questions so ...

11 MR. BERENBERG: Yeah; I'll send that to
12 Vince right now. Just to let you know, I have to pick
13 up my kids from school. I'm going to stay on on Zoom,
14 but once I leave, I won't be able to e-mail anything.

15 DR. RITCHIE: Okay. No; that's
16 terrific.

17 And so while we wait to get that list
18 of questions, then I'm going to open the floor really
19 to people to start asking questions. Mr. Berenberg
20 had his list of questions which he got a chance to
21 ask.

22 And I want to give the committee a
23 chance to ask questions and then we'll also give the
24 participants from the OSI their opportunity to ask
25 questions as well to make sure we're as complete as we

1 can be.

2 And so I'll start with Ms. Love. If
3 you have any questions to ask at this point.

4 MS. LOVE: Are you suggesting that we
5 ask questions of Mr. Berenberg? Or that we have a
6 conversation and discuss what our thoughts are about
7 what we should recommend?

8 DR. RITCHIE: Both. I'm sorry; I
9 misspoke 'cause you're right. It would be questions
10 to ask of Mr. Berenberg of what answers he got from
11 his questions and of the OSI and their actuary
12 Ms. Krylova.

13 And then also a discussion of where we
14 think -- you know, where do we stand, points we want
15 to bring up, questions we might have of the others in
16 the group.

17 MS. LOVE: Okay. Well I don't have any
18 questions of anyone else. And I would like to see the
19 transcript in order to be able to sort of
20 more-meaningfully discuss actual numbers.

21 But having heard the evidence from
22 Mr. Berenberg and from the actuary, you know, I think
23 I don't have any remaining questions I guess or doubts
24 as to the actuarial report. I don't think there's any
25 evidence to contradict his findings.

1 So I think, you know, as -- since it's
2 our responsibility to try to, number one, shore up the
3 fund as well as set surcharge rates based on evidence
4 in the record, you know, I think that we are, frankly,
5 a little bit bound to what the recommendations are.

6 And what we have to decide is at what
7 confidence level we want to recommend the surcharge
8 rates -- the rates to superintendent of insurance.

9 DR. RITCHIE: Okay. Thank you. I mean
10 and I understand your points. We don't have those
11 transcripts certainly to reflect on or question. And
12 do you have any other comments on what was presented
13 then, absent the actual transcript?

14 MS. LOVE: Well I mean I guess that it
15 bears pointing out what, you know, we all know, which
16 is that it seems as if there is some frustration among
17 independent providers about the lack of data regarding
18 the deficit and how the deficit should be apportioned.

19 But I also feel as if many members of
20 this committee have asked for different data and
21 information in many different ways and the Integriion
22 as well as the Office of the Superintendent of
23 Insurance have done everything that they can as far as
24 I know to produce as much data as possible.

25 And I feel like at this point we are

1 now stuck with what we've got. And, you know, having
2 invited other parties to intervene in the proceedings
3 last year and also having many public conversations
4 where we have invited people to bring additional
5 suggestions for how to parse out that data, I think at
6 this point I don't know what else we can do.

7 DR. RITCHIE: Okay.

8 Mr. Clark, do you have any comments?
9 Thank you for joining us. And do you have any
10 comments to put into the record, absent -- you know,
11 realize we do not have the minutes.

12 We are going to get Mr. Berenger's
13 questions, but that doesn't include the minutes with
14 the answers. Berenberg; I'm apologize. So do you
15 have any comments?

16 MR. CLARK: Just a couple brief ones.
17 And I understand we don't have the minutes to reflect
18 on. We'll have those in the future, but it's my
19 recollection, Mr. Chair and Ms. Love, that the actuary
20 was -- and that Mr. Rob was very clear in identifying
21 whether we liked the answer or not, that they had the
22 data that they needed to parse between independent and
23 hospitals where there was some blurred line.

24 But in their opinion I believe he used
25 the word that it was irrelevant or would be -- not

1 less than helpful was parsing between an employed
2 physician and a hospital, since the two are
3 interchangeable and mixed together.

4 That's my recollection from their
5 testimony, what they said and they're rated together
6 or they're subject to the same cap. I think I'm
7 mostly in agreement with Ms. Love comments that, you
8 know, there's not a whole lot to dispute with the
9 actuaries.

10 It's our job to make a recommendation
11 to the superintendent on what those values should be,
12 but I would say that I think we -- I don't think that
13 our hands are totally tied to just accept his
14 recommended values.

15 I think we have one additional
16 obligation as a board and that's taking into account
17 the viability of the impacts of whatever decision that
18 we recommend to the superintendent.

19 I.e., you know, be a little bit off the
20 edge with this, but if we were to -- if the
21 recommendation was a 200 percent increase and we know
22 that that may cause use to lose a number of providers
23 in the state, I think we as a advisory board --
24 although we don't make the decision, I think the
25 recommendation we make has to take into account what

1 the impact is on access to healthcare and making sure
2 that we still have healthcare available to the
3 citizens of our state.

4 So I would just add to Ms. Love's
5 comment. I think we have one additional fiduciary
6 type of responsibility in our decision as a advisory
7 board in our recommendation to the superintendent.
8 Other than that, no further comments.

9 DR. RITCHIE: All right. Thank you
10 very much.

11 Mr. Vargas?

12 MR. VARGAS: Thank you, Mr. Chair. I
13 just want to follow up on that last comment by
14 Mr. Clark.

15 I think I agree as an advisory board we
16 need to be looking at all of those things, but when
17 we're acting in our role as the factfinder in an
18 evidentiary hearing, that's a different role than as
19 the advisory board.

20 And that's the whole point to us
21 inviting interveners to come and present other
22 evidence to us. And unfortunately in this case nobody
23 intervened. And so what we have is undisputed record
24 that we have to examine and make recommendations based
25 on that.

1 You know, again, it's kind of -- this
2 is all unusual. I think if you recall last year we
3 were all a little bit caught off guard that we were
4 told we would be the factfinders.

5 So I think in this case we need to
6 adhere to our role as the factfinder and leave it up
7 to the policy folks to filter out those other things,
8 but when we step out of our role as a factfinder and
9 are just an advisory board then absolutely we can
10 consider those types of things.

11 But that's not the role we're in today.
12 And that's my only comment.

13 DR. RITCHIE: Okay.

14 Mr. Spitzer?

15 MR. SPITZER: Mm-hmm, yes. Thank you.
16 I don't really have any further comments. I mean I
17 found the evidence presented gave us some options and
18 some choices to make in terms of what we recommend.

19 And I mean I don't have any reason to
20 question what the actuary all said. So I feel ready
21 to move forward with the recommendations.

22 DR. RITCHIE: Okay. Thank you,
23 everyone, for their comments. Based on not much
24 information at this point without having, you know,
25 the minutes, etc., however --

1 MS. LOVE: There are a couple of people
2 who haven't spoken yet, including --

3 DR. RITCHIE: Oh, I'm sorry. You're
4 right.

5 MS. LOVE: -- and Ellen Stevens.

6 DR. RITCHIE: I apologize.

7 Ms. Stevens, certainly.

8 MS. STEVENS: Hi. You know, as kind of
9 a layman here -- I'm very new to this board -- it
10 would be nice for me to see some examples of what the
11 surcharge means. Like, if we talk about a general
12 surgeon employed at a hospital.

13 I'm just trying to wrap my head around
14 this and what it would look like, what the impact
15 would be, what they're currently paying an insurance,
16 and what they'd be paying afterwards. If they have
17 to -- my independent family practitioner that we go
18 to.

19 Does that make sense to everyone? Just
20 some examples so I can wrap my head around it better.
21 I saw all kinds of charts and spreadsheets and, you
22 know, millions of dollars. So just the individual
23 impact would've been helpful for me.

24 MS. LOVE: I would suggest -- I can't
25 remember the exhibit number. Is it 10?

1 MS. STEVENS: Yeah.

2 MS. LOVE: Barry, you may remember off
3 the top of your head, but I can send her -- I'll look
4 it up, but there's an exhibit attached that has -- all
5 the different --

6 MR. BERENBERG: I --

7 MS. LOVE: Go ahead, Barry.

8 MR. BERENBERG: If I had to say I think
9 it was Exhibits 18 through 20, which had the breakdown
10 of the surcharges for providers and it was by type of
11 provider.

12 MS. STEVENS: Okay. I think I remember
13 that. We already talked about this, but we haven't
14 been sent that though, have we?

15 DR. RITCHIE: Yes.

16 MS. STEVENS: We have.

17 MS. LOVE: It's attached to the
18 actuary's reports. It's just the report is
19 super-super-long and it's one of the attachments that
20 has the teeny, tiny little print.

21 And it identifies by provider the
22 current rate and then also with a certain percentage
23 increase what the rate would be.

24 MR. BERENBERG: Yeah; that's Exhibit 19
25 to the final report.

1 MS. STEVENS: Who would've sent me that
2 final report? 'Cause that could be what I'm missing
3 here.

4 MR. WARD: I'm wondering if -- so I
5 just sent an e-mail. Do you think since you're a new
6 member -- I'm wondering if you're not on the --

7 MS. STEVENS: I -- yeah.

8 MR. WARD: Yeah; let me --

9 MS. STEVENS: 'Cause I don't see it.
10 And I've been looking since the meeting last week just
11 so I can --

12 MR. WARD: If you give me your e-mail I
13 can send it to you right now.

14 MS. STEVENS: Yeah; it's Elena,
15 E-L-E-N-A, Rita, R-I-T-A, 76 at Gmail.

16 DR. RITCHIE: Thank you, Vince; I think
17 that may be what happened exactly.

18 MR. WARD: Yep. Yep. Okay. I'm
19 sending it right now --

20 MS. STEVENS: That would be really
21 helpful. Thank you.

22 MR. WARD: Mm-hmm.

23 DR. RITCHIE: And that is, for the nuts
24 and bolts, when you look at that table, there's
25 approximately nine different categories of provider

1 depending on their basically risk of the cost of their
2 work -- of their malpractice, how much risk they have
3 to the fund.

4 And the lowest is nonoperative --
5 particularly pediatrics, family practice. Then it
6 goes on up to the highest is obstetrics and
7 neurosurgery for instance.

8 MS. STEVENS: Okay. Thank you.

9 DR. RITCHIE: And so it is apportioned
10 individually to them. And they have a different
11 effect on the cost to the PCF because there's many
12 more, say, family practitioners than there are
13 neurosurgeons.

14 MS. STEVENS: Okay. I remember this.
15 I need to look at it again.

16 DR. RITCHIE: Yeah.

17 MS. STEVENS: And I thank you for
18 resending it. I just received it. Okay.

19 That's all I have now. Thanks.

20 DR. RITCHIE: Okay. Okay. Thank you.

21 Mr. Dekleva?

22 MR. DEKLEVA: Yes. Thank you, Chairman
23 Ritchie.

24 I mean I could add a couple comments I
25 guess. One is we do have kind of a dilemma on our

1 hands in the sense that I think this actuarial report
2 and the testimony of the actuary is essentially
3 undisputed evidence.

4 And I thought it was fairly compelling
5 in the sense that I thought this particular witness
6 did a very good job of explaining a lot of the reasons
7 why there's a deficit and making recommendations on
8 various surcharge levels.

9 And I recognize that we don't have the
10 data in front of us today or the transcript to
11 actually reduce it to numbers, but there's a couple
12 issues that I think that we need to be thinking about
13 and moving forward.

14 One would be whether we believe the
15 legislature or the governor will release or pay or
16 authorize payment of another \$30,000.00 on behalf of
17 the physicians toward the deficit. Because I do think
18 that makes a difference in how we handle the physician
19 surcharges.

20 And I also want to just out -- and this
21 is fine detail that I'm probably getting into the
22 weeds about that we don't need to really decide today,
23 but in presenting his recommendations, there were
24 recommendations where surcharges were recommending
25 that would account for the deficit funding in addition

1 to the needed surcharge for the year to make the fund
2 essentially solvent.

3 And then I think there were ways of
4 looking at it where the surcharge and the deficit were
5 handled in different ways.

6 And so I think we need to think about
7 how we want to approach that subject in terms of
8 deficit reduction versus surcharges for the upcoming
9 year.

10 Other than that, I would say
11 philosophically it's a difficult job that we have
12 because, as we saw, the surcharge levels are quite
13 high.

14 And his comment was, "well, you know,
15 essentially if you don't follow some form of what I'm
16 recommending, you're just going to compound the
17 problem into the future."

18 But I also acknowledge that some of
19 those surcharge percentage would create a disincentive
20 for groups of insureds to participate in the act. So
21 I think that's the dilemma that we're going to have to
22 wrestle with.

23 As for that actuarial report, I'm not
24 troubled by what we heard in terms of data. I think
25 that he explained why he felt confident in his

1 actuarial report. He did use some industry data to
2 shore up missing information that he felt that he
3 didn't have.

4 And I think actuarial science by its
5 very nature -- and this is really something I'm saying
6 based on what I heard this year and last year -- is a
7 little bit a function of dealing with some unknowns.
8 And that's just part of the process that they are used
9 to go through.

10 So and him testifying about the
11 efficacy of his report and the validity of his report
12 I felt like what he had to say made me feel anyway
13 that it was his findings and his recommendations were
14 valid.

15 Other than those comments,
16 Mr. Chairman, I don't have anything else at this time.

17 DR. RITCHIE: Yeah. Thank you very
18 much. Points well taken. Okay.

19 Does anyone else have anything real
20 quick? I do some have comments and questions then
21 that I want to throw out.

22 MR. BERENBERG: This is Barry.

23 MR. CLARK: -- and I've got an
24 individual with their hands raised. Alben Martinez.

25 DR. RITCHIE: Yes. Go ahead. Just saw

1 you.

2 MR. MARTINEZ: Yes. Yeah, hi there.
3 Alfonso Martinez here. I also kind of want to
4 reverberate off of what was just said in kind of
5 ensuring that there is going to be a solvent fund in
6 the future, making sure that we don't, you know, make
7 any too-sudden moves that scare people away few
8 too-large of a hike.

9 I also agree that this actuarially made
10 a report; it's much better than what we got from
11 Millaman [ph]. And I really did appreciate the
12 information coming from other patient compensation
13 funds in other states.

14 I think what would be a wonderful idea
15 is to reach out to those other patient compensation
16 funds and see what they are doing and kind of look at
17 some of their nuts and bolts as well.

18 And as far as trying to tackle the
19 deficit that we have, you know, I think we do have to
20 make a larger stray.

21 We know our recommendation last year
22 was not followed and we can't be guaranteed \$30
23 million worth of help from the state every so often.

24 So I think if we are going to get money
25 from the state that it will be a good thing obviously,

1 but I don't think we can plan on that. I think if we
2 do get that money it'll just be kind of like the icing
3 on the cake, if you will.

4 And also, with me representing nurse
5 practitioners, one thing that I have found -- I am
6 actually a regional member for the Nurse Practitioner
7 Council for New Mexico. And the people that I
8 represent are mainly in Bernalillo, but I do get into
9 the, you know, outer areas.

10 And the feedback I'm getting from them
11 is that it's almost impossible for them to get
12 involved in the patient compensation fund and it's not
13 due to the surcharges. It's actually due to the
14 under-coverage, the below-\$250,000.00 coverage there.

15 That there are no underwriters. There
16 are only two underwriters that will take it. And with
17 those underwriters, their charges, their premiums
18 they're actually more expensive than if they were to
19 take a full policy that covers two to four million
20 dollars.

21 And so that's kind of something we
22 might have to look forward at once the hospitals are
23 no longer involved in the patient compensation fund.
24 Because that's going to have to be a source of revenue
25 I'm thinking for the fund itself.

1 I myself work in the hospital. And the
2 hospital does cover all of my surcharges and all my
3 insurances. So, you know, in the future that might be
4 something that I need to look at -- whether or not I
5 need to get myself involved in the patient
6 compensation hospital once the hospitals aren't
7 involved anymore.

8 So I know that's a little off topic,
9 but that's something that is going to be one of my
10 concerns here kind of going forward.

11 As far the study I think we can't
12 dispute it. I think our suggestion should be a little
13 bit more than minimal, but definitely if we do the
14 maximum we are going to definitely scare people away.
15 So thank you.

16 DR. RITCHIE: Thank you very much,
17 Mr. Martinez. And I apologize for not calling on you
18 directly.

19 Mr. Berenberg?

20 MR. BERENBERG: And this is a issue for
21 probably Vince to address, but I've a few comments
22 about how much weight to Mr. Walling's report.

23 And he testified as an expert. And if
24 the rules of evidence are being followed the
25 factfinder is allowed to give what weight it deems

1 appropriate to expert testimony.

2 But, Vince, you'll probably whether
3 that criteria applies in a hearing of this type.

4 MR. WARD: Yeah; I think that's a fair
5 point that Barry makes. I think the advice that I
6 give you is threefold.

7 I think you need to have an evidentiary
8 basis for your decision. Number two, I think that as
9 the board, you retain discretion to weigh the evidence
10 as you all see fit.

11 And then third, you have an expert
12 witness, as Barry has described, who has provided you
13 with his informed opinions. You accepted him as an
14 expert with respect to the characterizations of that
15 evidence.

16 So I think the point here is that you
17 have the power to exercise your discretion, but you
18 need to do avoid doing so in sort of an arbitrary way.

19 DR. RITCHIE: Very good. Thank you.
20 Very well taken. All right.

21 I have a series of questions primarily
22 and I'd like to direct them -- at least this first
23 one -- to our OSI representatives Mr. Walker and
24 Ms. Krylova or whoever, you know, might be able to
25 start answering some of these.

1 Number one, you know, with the batch
2 claims and reinsurance. You know, it's a little
3 unclear whether that's -- you know, we talked about
4 that going away in the past, but obviously it was
5 accounted for in the current information from
6 Mr. Wallenberg [sic].

7 And so my question is though do we
8 really need that? Or do we really need insurance
9 specifically for potential future batch claims if
10 we're really going to stick to the regulations and
11 individual practitioners only have three occurrences
12 and then hospitals have unlimited, but that should be
13 accounted for within their rate setting?

14 So, Ms. Krylova, Mr. Walker, can you
15 address that?

16 MS. KRYLOVA: This is Anna Krylova with
17 the OSI.

18 With the reinsurance last year, we
19 talked about it going away because we essentially got
20 nonrenewed. And we had trouble finding replacement
21 coverage for several months.

22 We eventually did find coverage that
23 became effective February 1st I believe. It's a
24 slightly different coverage. Frankly, it's less
25 coverage for the same amount of money, but it's

1 something. So that policy is effective until February
2 of next year.

3 At that point it's anybody's guess, you
4 know, if we're going to get nonrenewed again and if
5 we'd be able to find different coverage. You know, we
6 just don't know at this point.

7 With respect to your other question, if
8 we need the coverage. If we get rid of this coverage,
9 if we -- we would still have to essentially set aside
10 some money to cover any potential batch claims that
11 might happen in the future.

12 And as you mentioned, the statute does
13 allow only for three occurrences, but that's per year.
14 So what we've seen with the last batch of claims is
15 that they had claims coming from about five years'
16 worth of practice.

17 So one of those doctors was doing his
18 procedures for five years. So technically that would
19 still leave the PCF on the hook for 15 claims.

20 So depending on how long the doctor
21 employs the practice at question, we might be on the
22 hook for three claims. It might be six claims, nine
23 claims, you know? It depends.

24 DR. RITCHIE: All right. Thank you.
25 As just a quick follow-up, do you feel like what was

1 presented by the actuary in the responses to the
2 questions, do you feel like that has been accounted
3 for and the costs of that have been accounted for in
4 the expert's testimony?

5 MS. KRYLOVA: You mean the cost of
6 reinsurance?

7 DR. RITCHIE: Correct.

8 MS. KRYLOVA: Yeah; I believe there was
9 a provision for cost of reinsurance.

10 DR. RITCHIE: Yeah, there was, but with
11 an increase of 5.5 percent I believe for next year.

12 MS. KRYLOVA: You know, I really can't
13 recall off the top of my head. That's something that
14 you might consider following up with Mr. Walling
15 about, just to make sure how that was accounted for
16 exactly.

17 DR. RITCHIE: Okay. All right. Thank
18 you.

19 Next question. Again, probably to
20 Mr. Walker, maybe Ms. Krylova. What about any
21 residual left over when hospitals leave -- you know,
22 after the five years -- or now four years there still
23 are claims that are going to trickle in.

24 And is there any mechanism set up
25 already for if those claims follow the hospitals out

1 to pay for them? Or do they stay in the PCF and
2 independent physicians are going to be responsible for
3 them?

4 MR. WALKER: And Anna might be able to
5 answer this better, but the way I read the statute and
6 I understand the PCF, what is being collected now is
7 intended to pay for those claims after the hospitals
8 leave the fund.

9 In other words, any occurrences this
10 year will be paid for the surcharges that have been
11 assessed this year. Any occurrences from next year
12 will be paid during that year or based on the
13 surcharges that year and so forth.

14 There is a provision in the MMA for
15 what happens when there's not enough money in the
16 fund. I suppose if at some future time if there's
17 not -- if there are claims against hospitals that were
18 not planned for during these years perhaps there's a
19 way to say, "well we don't have the money. And so
20 we're going to prorate the recoveries."

21 I'm not really sure, but that's the
22 best I can give you from my understanding of how the
23 PCF works and how the MMA works.

24 And if I've completely misstated it,
25 Anna, please let me know.

1 MS. KRYLOVA: Sure; I'll follow up on
2 that. I do believe you are correct, Alfred.

3 Dr. Ritchie, to the extent that the
4 hospital claims may have been underestimated, which is
5 always a possibility because the actual estimate is
6 only the best estimate; it's not meant to be an exact
7 amount. I mean obviously nobody has a crystal ball.

8 So to the extent that prior claims have
9 been underestimated, the fund would be left with the
10 remainder of the deficit once the hospitals leave.

11 And as Alfred mentioned -- or rather
12 other than the option that Alfred mentioned, I don't
13 believe that there is any provision currently that
14 would allow the PCF to go after the hospitals for the
15 additional amounts after they leave the fund.

16 DR. RITCHIE: So they would remain in
17 the fund after the hospitals leave? Those deficits.

18 MS. KRYLOVA: Correct.

19 DR. RITCHIE: Those obligations I
20 guess.

21 MS. KRYLOVA: Correct.

22 DR. RITCHIE: Okay.

23 MR. CLARK: Mr. Chair, this is Troy.
24 If I could just a follow-up.

25 I believe corresponding to that is if

1 the estimate of the deficit is overstated at the
2 departure for the hospitals -- meaning they leave and
3 the actual payouts are less -- there's also no
4 mechanism by which to renumerate that back to the
5 hospitals.

6 MS. KRYLOVA: Correct; to the extent
7 that the claims could also have been overestimated, it
8 is possible that the deficit was overestimated.

9 And in that case there will be
10 something left over that would need to potentially be
11 refunded or just phased with the PCF for, you know,
12 the benefit of the remaining members.

13 DR. RITCHIE: Okay. So there might
14 actually be a possibility that be refunded to the
15 hospitals?

16 MR. WALKER: I don't see a way to do
17 that. I don't think that would happen, but we can
18 have that fight with the hospitals in a few years down
19 the road. After I retire.

20 MS. LOVE: I don't think there's any
21 mechanism whereby anybody gets refunded their
22 surcharges. It's not a dollar-for-dollar deal; it is
23 a -- you know, you assess the risk. You pay for your
24 coverage. And then everybody's stuck with the result.

25 MR. CLARK: I would concur. I don't

1 believe there's a mechanism back. And it's more a
2 comment I think from our side as we look at how the
3 estimate is calculated as we near that fifth year,
4 when the hospitals depart.

5 One of the items I questioned in
6 testimony had to do with the way they estimated the
7 most-current years, which, philosophically, in the big
8 picture over time makes absolute sense.

9 But when you have a cutoff time and you
10 estimate the most-current years, the more you pay, the
11 greater you calculate the deficit is when you're
12 trying to pay it off. So it exacerbates the problem.

13 So in the final two years of this there
14 will be a greater questioning I think by the hospitals
15 of saying is, "we pay extra to pay down the deficit."

16 The two measures that they used to
17 estimate the most two current years is all based on a
18 percentage gross of what your additional -- or your
19 total surcharges are.

20 So if you pay more to pay down a
21 deficit, you're inherently saying the most two current
22 years that your deficit's growing when over time that
23 makes sense, but with a cutoff, date that would be an
24 implication.

25 DR. RITCHIE: Yeah --

1 MR. CLARK: Not an issue that we have
2 to fight with this year. Just have to be aware of it.

3 MS. KRYLOVA: No.

4 DR. RITCHIE: And hopefully the
5 actuarial estimates become more accurate with more
6 data and more time. Yeah. Okay.

7 Then I guess the other main one is this
8 is a comment on -- and really for Mr. Walling, who's
9 not here, but you alluded to it, Mr. Clark, that
10 lumping the employed MDs together with the hospital,
11 he stated that it really wouldn't make any difference;
12 that it came out in the wash, came from the same pot
13 of money, etc.

14 However, I don't think that's entirely
15 true because, as the conversation just a little while
16 ago on there's different ratings for each speciality.
17 And so if you're lumping all the money together in
18 aggregate then you're potentially skewing the
19 specialty losses.

20 They're not accounting for the
21 differential losses per specialty. So that is a
22 question I think we may want to ask of our experts.

23 And, Ms. Krylova, you might have an
24 opinion on that, but if we lump the employed
25 physicians just all together as one together with the

1 hospitals then how do you go about assessing different
2 costs, different experiences per specialty?

3 MS. KRYLOVA: I think it would be a
4 better idea to check with Mr. Walling on that because
5 I'm -- you know, I wasn't a participant in their
6 working discussions on how that was developed.

7 But to the extent that the new statute
8 does define employed providers as falling in the
9 hospital bucket, for all, you know, practical
10 purposes, a hospital-employed provider is essentially
11 a hospital.

12 Yeah; that's the answer I'll give for
13 now, but I would prefer that you checked with
14 Mr. Walling.

15 DR. RITCHIE: Okay. Yeah; I think
16 that's a question -- I don't know if anyone has a
17 comment on that, but that's just something that
18 occurred to me, that it's going to skew the way
19 rate-setting is performed, particularly for different
20 specialties.

21 I think everyone spoke -- or several
22 people mentioned the cost, the increase. You know,
23 dependent on what confidence level you choose, but,
24 you know, 19 percent was kind of an average increase.
25 And that's just for the PCF portion of a physician's,

1 you know, cost to medical malpractice.

2 And so that certainly is something
3 that, in our discussions, will need to be something
4 that -- you know, Mr. Toal certainly last year took
5 that into account when he set his rates and made
6 comment of it.

7 And so that is on the table for us, not
8 that we would I think set an exact amount or opine on
9 exactly how much is too much or too little.

10 It is just bearing in mind what that
11 will do to the number of people that participate in
12 the PCF and their ability to sustain the cost of the
13 PCF and the cost of any deficit, going forward.

14 So I think that that is something that
15 when we discuss -- get into our discussions or when we
16 write our opinion -- our recommendations, it will be
17 something to keep in mind.

18 Also brought up a little while ago was
19 if we did receive another amount of money -- \$30
20 million -- from the legislature, what happens to that
21 money? Does it go to pay down all of the PCF deficit?
22 Does it go to pay down the physician portion of the
23 deficit and the batch claims that were assigned to
24 physicians and the underpricing of surcharges to
25 physicians for so many years?

1 You know, I don't know that we will
2 opine on that or not in our recommendation. However,
3 we may want to go on record as to how the committee
4 feels about that.

5 And in my opinion that is all well and
6 good and throwing out some number like \$30 million
7 again or even the entire deficit of approximately 103
8 million and start over from scratch.

9 However, the changes in the law, in the
10 regulations, in the act that added the inflationary
11 increases that are compounded I think will definitely
12 affect the ability going forward being able to not get
13 in the same situation in which the fund faces itself
14 now.

15 And so if we're trying to pay off and
16 set rates that continue to keep the PCF out of the
17 deficit position then we're really going to have to
18 take into account the cost of that unknown or
19 changeable inflation amount.

20 And so yeah; I think that that is
21 something that we need to get a handle on now going
22 forward because it is compounded. So any other
23 comments?

24 Ms. Love, I think you're muted.

25 MS. LOVE: Yeah; the only comment I had

1 was that I think that Mr. Walling's recommendation was
2 that the 2 \$30 million legislative infusions be
3 attributed to the independent provider side of the
4 deficit.

5 And I don't know if the committee wants
6 to have a conversation about whether that's
7 appropriate. I certainly don't have any objection to
8 it.

9 DR. RITCHIE: Mr. Clark?

10 MR. CLARK: I would just respond and
11 say we had objection to the first \$30 million being
12 attributed that way. It's not dictated out, but we
13 absolutely would want to have further discussion about
14 allocation of future funds as -- even if we're
15 attributing it to physicians, over half of the
16 physicians are employed by hospitals.

17 So attributing to physicians, we would
18 absolutely seek for that public assistance I guess you
19 would call it to be attributed equally across all
20 physicians. So we would have that discussion if that
21 happens in the future.

22 But there's no effort on our part nor
23 argument or attempts to try and go change the
24 allocation of the first 30 million. We accepted that
25 that went to the physicians and are accepting of that.

1 DR. RITCHIE: Well and we're speaking
2 like that there might be another 30 million. And I'm
3 not aware of any realistic talk of that. Is anyone
4 aware of anything concrete --

5 MS. LOVE: Yes.

6 DR. RITCHIE: -- that might suggest it
7 might happen again?

8 MS. LOVE: Yes; I think it's very
9 likely.

10 MR. CLARK: I think there have been a
11 number of asks. Obviously we got a legislative
12 session to get through, yeah.

13 MS. LOVE: And an election, but my
14 understanding is that it's definitely on the table.
15 It's been discussed with legislative finance as early
16 as when they first asked for the first 30 million and
17 warned that they were going to come back and ask for a
18 second 30 million.

19 In fact I think it was legislative
20 finance that said instead of asking for 60 million at
21 once, parse it out over 2 different sessions.

22 DR. RITCHIE: Okay. I don't believe
23 there's been any budget recommendations submitted yet
24 though. So we haven't really seen anything -- okay?

25 Does anyone know if the OSI has

1 requested anything yet? Mr. Walker?

2 MR. WALKER: So I don't know of any
3 formal requests. I think there have been some
4 contacting of those who make those kinds of decisions,
5 but I don't know the status of those conversations.

6 DR. RITCHIE: Okay. Thank you. Got
7 it. Our recommendations will have to be based maybe
8 yes, maybe no I guess.

9 MR. WALKER: Yeah.

10 DR. RITCHIE: Okay. Thank you. And
11 that was where I thought we stood. So I appreciate.

12 Any other comments or questions to put
13 on the record from any of the rest of the committee?
14 Okay.

15 Seeing none, now, Mr. Ward, I know we
16 spoke about not wanting to make any decisions, but I
17 think we do have a quorum now. I believe. And so we
18 need to decide how we're going to publish or write a
19 preliminary recommendation -- write a recommendation
20 and then edit and vote on that.

21 MR. WARD: Right. Well I would
22 recommend that you consider the process that you used
23 last year. Last year you picked a small group -- I
24 think there were three members; I don't recall
25 exactly.

1 And those three members were the
2 working group that put together the draft written
3 recommendation. And then that draft written
4 recommendation was presented at the next board
5 meeting.

6 And my advice with respect to that
7 issue is that because of the issue of the rolling
8 quorums, it's important that the drafting committee,
9 you know, do its job, put together a written
10 recommendation.

11 But those folks can't meet with each of
12 the individual board members to discuss what the
13 content of that is in a way that would suggest that
14 this was pre-decisional.

15 And so last year when we did this, the
16 draft recommendation was presented at the full board.
17 And then when discussed at the board meeting I think
18 there were edits that were made.

19 DR. RITCHIE: Mm-hmm.

20 MR. WARD: And then after the inclusion
21 of those edits, where it was discussed that the Board
22 with a proper quorum, that's when the report was
23 finalized.

24 DR. RITCHIE: All right. So a
25 subcommittee or a drafting committee will draft a

1 recommendation. And then the board will meet again to
2 discuss and edit that draft. And then vote upon it.

3 MS. LOVE: Can I add one thing?

4 DR. RITCHIE: Yes, ma'am.

5 MS. LOVE: Last year what we did is --
6 all of that I think is correct except that last year
7 what we did is we e-mailed around to all of the board
8 the draft, with an understanding that no one would
9 comment or discuss on e-mail, but so that everybody
10 could have a --

11 DR. RITCHIE: Right.

12 MS. LOVE: -- it in advance of the
13 meeting because it's too much to wordsmith, as
14 everybody's reading it for the first time.

15 MR. WARD: Good point.

16 DR. RITCHIE: And yes; that's what I
17 remember.

18 And that's okay, Mr. Ward?

19 MR. WARD: I'm fine with that. I think
20 that the big point here is we just don't want to
21 violate the rolling quorum requirements.

22 MR. CLARK: Mr. Chair?

23 DR. RITCHIE: Yes, sir?

24 MR. CLARK: I would ask Mr. Vargas and
25 Ms. Love to concur because it's been more than 12

1 hours. So my memory may not be correct.

2 But as I recall when the three of us
3 got together as the subcommittee we actually left with
4 already having a discussion from this group of what
5 the bullet point overall objective was.

6 We didn't go create a recommendation
7 and bring it back for a review. We tried to put into
8 words what the consensus of this group was. So I
9 think as a body we owe that to whoever will be on that
10 subcommittee to charge them with, "here's what we're
11 thinking. You go put it into words."

12 Am I correct on that, Mr. Vargas and
13 Ms. Love?

14 MR. VARGAS: I think that's right. I
15 don't remember if we had the transcript last time, but
16 given all the information we got last week I'd sure
17 whoever is on the committee would like to have that
18 before we have that discussion.

19 MR. WARD: I did just want to point out
20 though that, remember, this is a continuation of the
21 hearing. So this isn't the meeting where you're
22 making a decision as to what the recommendation would
23 be.

24 MR. VARGAS: Understood.

25 MR. WARD: So I just know it's more

1 than semantics, although it may seem like semantics,
2 that the input that is going to the drafting committee
3 is still subject to final review and decision at a
4 later time.

5 MS. LOVE: Right.

6 MR. CLARK: Are you suggesting,
7 Mr. Ward, that we have a separate meeting for the
8 advisory board to give the direction to the
9 subcommittee of what our consensus is?

10 MR. WARD: No; I'm just making sure
11 that we're acting consistent with the Open Meetings
12 Act so that the meeting that occurs where you adopt
13 your -- because, remember, this is a continuation of
14 the hearing in your capacity as the hearing officer,
15 okay?

16 The next meeting that you have is where
17 you're meeting as the board to actually issue the
18 recommendation.

19 So what I'm just making sure here is
20 that the record is very clear that the decision that
21 you're making as the board is occurring at that
22 meeting and that what you're providing right now is
23 the input that the drafting committee's going to
24 utilize to put together the draft report. Does that
25 make sense?

1 MR. CLARK: Makes sense to --

2 DR. RITCHIE: And, Mr. Ward, then
3 obviously all of us feel that we are a little bit
4 hamstrung by not having the minutes of the questions
5 and answers of the expert to really make decisions and
6 make recommendations so --

7 MR. WARD: What are the options?

8 DR. RITCHIE: Yeah, exactly.

9 MR. WARD: Well I think you could
10 continue this hearing to after, you know, when we
11 receive the minutes.

12 So you would have another meeting and
13 then do it so that's -- and I'm sure that it would
14 help with respect to gaining some preliminary input to
15 the drafting committee.

16 I know though that there was this
17 intention of trying to act a little quicker than last
18 year to give the superintendent more time.

19 So, you know, I think that you could
20 either try to do your best without the minutes. Give
21 the input that you give to the drafting committee and
22 then let them do their work. Or we could try to get
23 that report and then continue this hearing part until
24 after you've been able to look at that.

25 I think the next hearing is October

1 4th. And I think the difficult is we don't really
2 know exactly -- right? -- when we're getting the
3 meeting minutes. I don't think we can say with
4 certainty when those are going to be circulated. Is
5 that right?

6 DR. RITCHIE: Is that right, Ms. Luera?

7 MR. WARD: I suppose you --

8 MS. LUERA: Sorry; I was just checking
9 my e-mail one more time if they perhaps have come in.
10 I will get on the phone and call them right now and
11 get them to commit to a date and time.

12 So I'm going to off camera real quick
13 to try to get to talk to somebody.

14 MR. WARD: Can I also just say, Debbie,
15 just really quick I actually think it's okay, since
16 you can look at a rough version of the transcript in
17 my opinion for this purpose.

18 Because what you probably will do at
19 some point is sort of adopt minutes from that hearing,
20 which you've done in the past, after you've had a
21 chance to look at them.

22 But for purposes of this exercise, one
23 option would be to make clear that you're essentially
24 looking at a rough version of the transcript so you
25 could at least get started on this work.

1 DR. RITCHIE: And so we could do that
2 strictly by e-mail is what you're saying.

3 MR. WARD: Yeah.

4 Kathy, were you going to chime in --

5 MS. LOVE: Well I think maybe it's
6 worth having the foundational conversation of does
7 anybody dispute the validity or soundness of evidence
8 that was presented by Mr. Walling?

9 And if not then I guess what we're
10 doing is we're working from the recommendations of
11 Mr. Walling in regard to both the deficit and the
12 future rate settings. And then the conversation that
13 needs to happen is at what level we want to accept his
14 recommendations.

15 Because if the answer to the first
16 question is that anyone disputes that then we need to
17 figure out, you know, how many of us or how many of
18 you and what we do with that information.

19 But if that's not the case then it's a
20 much-narrower question of, you know, within those
21 bounds which of his recommendations are we adopting.

22 DR. RITCHIE: So you really think that
23 we need to have a continuation of this hearing after
24 we receive?

25 MS. LOVE: No; I think that I'd like to

1 know does anybody have any disputes or believe that
2 the actuarial report or the evidence we received was
3 unsound and should be rejected and we've got to come
4 up with our solutions or are we working from the
5 recommendations of Mr. Walling.

6 MR. DEKLEVA: I don't have a dispute,
7 Kathy, in terms of what was presented, if it speeds
8 the process along from my vantage point. I'm not
9 going to be saying that his report and findings are
10 invalid or arguing that.

11 MR. VARGAS: I don't dispute them
12 either.

13 MR. CLARK: This is Troy. I would say
14 in general I don't either. If there was something in
15 the final transcript that may be a nuance, but in
16 general I don't dispute those.

17 In fact my comments earlier about our
18 job as a board, taking into consideration the effect,
19 we're more within the parameters of that report of
20 whether or not we went to a 75 percent confidence
21 level, etc.

22 But from the report I think he's given
23 us parameters that, yeah, the facts are there for us
24 to base a decision upon.

25 DR. RITCHIE: Okay. Does anyone on the

1 board have an objection to the final report or dispute
2 anything about Mr. Walling's report or not want to
3 base that --

4 MR. WARD: Before that's answered can
5 we just be clear? Dr. Ritchie, are we sure that -- so
6 I'm not counting right now. Let's see. Did we
7 definitely have a quorum of members at this point?

8 MS. LOVE: I think we have everybody
9 except Dr. Carson.

10 MR. WARD: Okay.

11 DR. RITCHIE: I believe so. That's my
12 understanding too I believe.

13 So then hearing no objections then I
14 think that we can establish that committee, but get
15 the minutes out as soon as possible, as a rough draft
16 of the minutes contain the answers from the expert on
17 which to base everyone's initial draft and edits to
18 the draft.

19 MS. LOVE: And I think this year is a
20 little easier because we don't have to make any
21 decisions about, you know, processes or identifying
22 the deficit or the distribution of the deficit.

23 This year really is just at what
24 percentage are we going to increase the rates, if at
25 all, right?

1 MR. CLARK: I would concur.

2 MS. LUERA: Yeah.

3 DR. RITCHIE: Well I mean I think that
4 there are some comments or some things we leave open
5 mentioned for the superintendent as far as, you know,
6 commenting on the reinsurance -- anyway.

7 I believe we do have -- there's a few
8 things. You're right. It is primarily looking at the
9 numbers and deciding what confidence and what numbers
10 to accept there, but there are comments to be made on
11 some of the things that I've brought up perhaps --

12 MR. CLARK: Mr. Chair, you got muted.
13 You'll need to unmute.

14 DR. RITCHIE: There you go. Thank you.
15 That's fine with me.

16 So as I said, you know, I think there
17 are comments, but in general it will be that deciding
18 the confidence levels and exactly what we would
19 recommend to the superintendent, but with comments on
20 some of the things that are brought up and that others
21 brought up as well.

22 So then we need to establish that
23 drafting committee. Last year it was Ms. Love,
24 Mr. Ward -- or Mr. Clark and Mr. Vargas?

25 That was you, yeah. I thought so.

1 Do we know, Mr. Ward, how many could be
2 on that committee without a rolling quorum?

3 MR. WARD: Well as long as we don't
4 have a quorum of the group I think that that size
5 seems pretty logical to me.

6 DR. RITCHIE: Okay. Well yeah; three.
7 How about four? Could we do four?

8 MR. WARD: Well how many total members
9 do we have here? We just can't get to a point of
10 having a decision here. Large enough to have a
11 decision.

12 MR. CLARK: I believe the advisory
13 board is nine members.

14 MR. WARD: Nine members? Yeah. So if
15 you wanted to I think you could add one more. You
16 don't have the majority of the board.

17 DR. RITCHIE: Right. We could do four
18 or under if we have a nine-member board was my
19 thought, correct?

20 MR. WARD: Correct.

21 DR. RITCHIE: Okay. So anyway. The
22 people who were on it last year. Is everyone
23 interested in serving on it again? Or are sick and
24 tired?

25 MR. VARGAS: I'd be willing to serve

1 again.

2 MS. LOVE: Happy to help. I guess the
3 answer is yes and yes.

4 DR. RITCHIE: Mr. Clark?

5 MR. CLARK: My calendar's getting a lot
6 tighter than last year. If nobody else will I'll be
7 willing to. It just makes things very tight. So if
8 there's somebody else who is willing and interested
9 I'd be gracious to allow them to step in. If not, if
10 I'm needed I'll step in.

11 DR. RITCHIE: Understood. Well and not
12 hearing a lot of volunteers, I will --

13 MR. DEKLEVA: I'll volunteer. I'll
14 volunteer and take Troy's spot if it helps.

15 MR. CLARK: Thank you, Mike.

16 MR. DEKLEVA: Okay.

17 DR. RITCHIE: Yeah. Well and I'm
18 trying to get representation from pretty much kind of
19 the interested parties. And so then I'm going to go
20 ahead and put my name on the committee as well to help
21 out, okay?

22 And so that will be the people on the
23 committee. And so the next meeting is 4 October,
24 correct?

25 MR. WARD: Correct.

1 DR. RITCHIE: And so, Mr. Ward, we can
2 circulate this rough draft of the committee's
3 recommendations prior to that?

4 MR. WARD: Yes; again, I'm just going
5 to keep saying this, as long as there isn't any
6 deliberation or discussion that would give the
7 impression that you all are making a decision about
8 any of it.

9 So I would review it, make whatever
10 comments you have for yourself, and then bring those
11 comments and edits to the committee meeting on the
12 4th.

13 DR. RITCHIE: Okay. We'll try to stay
14 in line. Then I will propose that we try to have a
15 rough draft written by the end of next week so that
16 people have the weekend of the 1st, 2nd, and then the
17 3rd to look over everything prior to the meeting on
18 the 4th.

19 Does anyone wish to have more time than
20 that to review the draft? And the members of the
21 committee think we can get it done by then?

22 MS. LOVE: Yeah.

23 DR. RITCHIE: Okay. All right. Then I
24 think that's the business of the meeting. Does anyone
25 else have any comments or other business?

1 MS. LUERA: Dr. Ritchie, I just got off
2 the phone with the court reporter. They have it in
3 their system that the project due date is tomorrow.
4 So it's a good thing I was on mute because I yelled at
5 them and told them we were supposed to have it
6 Tuesday.

7 They will give me a firm time that we
8 will have it. So we'll have it tomorrow. I will know
9 what time we'll have it tomorrow by the end of the day
10 today.

11 DR. RITCHIE: Excellent. Excellent.
12 Yes; we really should have it before the weekend so we
13 can get started on it.

14 MS. LUERA: Absolutely.

15 DR. RITCHIE: Okay. Thank you very
16 much. Thank you very much.

17 All right. Now, I don't believe we
18 really have any housekeeping to do, but minus the time
19 on the 4th. Is that the one we changed?

20 MR. WARD: I believe it's two o'clock.

21 DR. RITCHIE: Yeah; it's two o'clock is
22 what I have down as well. So want to just make sure
23 everyone's on the same page. Two o'clock on Tuesday,
24 the 4th for our next meeting and to review the draft
25 and then vote on the recommendations for the

1 superintendent. All right.

2 MR. CLARK: Mr. Chair, quick question
3 then. So will the drafting committee be assembling
4 the assumption for the board into the draft that
5 they're going to bring back within the parameters of
6 the report as issued?

7 Or did you want to have some discussion
8 to help guide that committee on what the thoughts are
9 within the parameters of the report of what the
10 board's thoughts and feelings are?

11 And I just say that out of being on the
12 committee last year, the three of us left, saying,
13 "here's what we all collectively think. You go put it
14 into words," and then I'm not having that comfort
15 level.

16 And since I'm not on the committee
17 having to -- I wouldn't want to have to try and assume
18 what other people's positions were to bring it back
19 into there, but I haven't heard any discussions within
20 the parameters of the report of where people's
21 thoughts are --

22 MR. VARGAS: I think what we could do
23 is put the alternatives based on the testimony. And
24 then the board, when we meet on the 4th, can say,
25 "yeah; you know, we vote for that one and not that

1 one."

2 MR. CLARK: Okay.

3 MR. VARGAS: That might be the easiest
4 way because I just don't feel like any of us are
5 prepared to make those decisions today.

6 DR. RITCHIE: I agree and I don't think
7 we have time for another continuance of this hearing.
8 So we don't --

9 MR. CLARK: That makes sense. Yeah; I
10 would want to see a final transcript as well. So that
11 makes sense. I appreciate that recommendation, Ray.

12 DR. RITCHIE: So we'll go over the
13 transcript and then basically write the report, but
14 with options I guess as we see it. Is everyone
15 comfortable with that?

16 MR. DEKLEVA: Sounds good to me. This
17 is Mike Dekleva.

18 DR. RITCHIE: Thank you.

19 All right. Okay then. I think that's
20 all the business. And anyone else have any other
21 questions or comments on that plan?

22 Okay. Hearing none then we'll close
23 this hearing finally with continuance after just not
24 too much over an hour. So thank you very much for
25 everyone being prompt, although I understand it's

1 partly because we don't have that transcript.

2 So, everyone, look for the transcript
3 tomorrow. We'll get that out as soon as we possibly
4 can. And then we'll get the committee together once
5 we receive the transcript to decide when we start
6 discussing it, all right?

7 Then well meeting is adjourned then.
8 Thank you very much.

9 THE REPORTER: Off the record at
10 3:43 p.m.

11 (Whereupon, the meeting concluded at
12 3:43.)

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CERTIFICATE OF DEPOSITION OFFICER

I, BRETT TORRENCE, the officer before whom the foregoing proceedings were taken, do hereby certify that any witness(es) in the foregoing proceedings, prior to testifying, were duly sworn; that the proceedings were recorded by me and thereafter reduced to typewriting by a qualified transcriptionist; that said digital audio recording of said proceedings are a true and accurate record to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise :
outcome of this action.



BRETT TORRENCE
Notary Public in and for the
State of Missouri

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ALICE AMUSIN

[10 - answer]

| | | | |
|-------------------------|------------------------|-------------------------|-----------------------------|
| 1 | 6 | acknowledge | 12:15,19 13:9 42:8 49:12 |
| 10 14:25 | 60 37:20 | 19:18 | affect 35:12 |
| 103 35:7 | 7 | act 19:20 35:10 | agenda 5:1 |
| 12 40:25 | 75 46:20 | 42:12 43:17 | aggregate 32:18 |
| 15 26:19 | 76 16:15 | acting 12:17 | ago 32:16 34:18 |
| 18 15:9 | 8 | 42:11 | agree 12:15 21:9 |
| 19 15:24 33:24 | 827-5832 1:15 | action 56:12,16 | 54:6 |
| 1st 25:23 51:16 | 87501 1:14 | 57:8,12 | agreement 11:7 |
| 2 | a | actual 8:20 9:13 | ahead 15:7 |
| 2 36:2 37:21 | ability 34:12 | 29:5 30:3 | 20:25 50:20 |
| 20 15:9 | 35:12 56:10 | actuarial 8:24 | alben 2:18 20:24 |
| 200 11:21 | 57:7 | 18:1 19:23 20:1 | albuquerque |
| 2022 1:9 | able 7:14 8:19 | 20:4 32:5 46:2 | 2:16 |
| 22 1:9 | 24:24 26:5 28:4 | actuarially 21:9 | alfonso 2:18 |
| 250,000.00 22:14 | 35:12 43:24 | actuaries 11:9 | 21:3 |
| 26290 57:14 | absent 9:13 | actuary 2:9 7:1 | alfred 3:5 29:2 |
| 26372 56:16 | 10:10 | 8:11,22 10:19 | 29:11,12 |
| 2:33 1:10 | absolute 31:8 | 13:20 18:2 27:1 | alice 57:2,15 |
| 2nd 51:16 | absolutely 13:9 | actuary's 15:18 | allocation 36:14 |
| 3 | 36:13,18 52:14 | add 12:4 17:24 | 36:24 |
| 30 21:22 34:19 | accept 11:13 | 40:3 49:15 | allow 26:13 |
| 35:6 36:2,11,24 | 45:13 48:10 | added 35:10 | 29:14 50:9 |
| 37:2,16,18 | accepted 24:13 | addition 18:25 | allowed 23:25 |
| 30,000.00 18:16 | 36:24 | additional 10:4 | alluded 32:9 |
| 3:43 55:10,12 | accepting 36:25 | 11:15 12:5 | alternatives |
| 3rd 51:17 | access 12:1 | 29:15 31:18 | 53:23 |
| 4 | account 11:16 | address 23:21 | amount 25:25 |
| 4 50:23 | 11:25 18:25 | 25:15 | 29:7 34:8,19 |
| 4th 44:1 51:12 | 34:5 35:18 | adhere 13:6 | 35:19 |
| 51:18 52:19,24 | accounted 25:5 | adjourned 55:7 | amounts 29:15 |
| 53:24 | 25:13 27:2,3,15 | adopt 42:12 | amusin 57:2,15 |
| 5 | accounting | 44:19 | anna 2:9 25:16 |
| 5.5 27:11 | 32:20 | adopting 45:21 | 28:4,25 |
| 505 1:15 | accurate 32:5 | advance 40:12 | answer 10:21 |
| 5491842 1:21 | 56:9 57:5 | advice 24:5 39:6 | 28:5 33:12 |
| | | advisory 1:1 2:6 | 45:15 50:3 |
| | | 2:8,12,22,24 3:4 | |
| | | 3:8 11:23 12:6 | |

[answered - call]

| | | | |
|--|---|---|---|
| <p>answered 47:4 answering 24:25 answers 8:10 10:14 43:5 47:16 anybody 6:3 30:21 45:7 46:1 anybody's 26:3 anymore 23:7 anyway 20:12 48:6 49:21 apologize 5:11 10:14 14:6 23:17 applies 24:3 apportioned 9:18 17:9 appreciate 21:11 38:11 54:11 approach 19:7 appropriate 24:1 36:7 approximately 16:25 35:7 arbitrary 24:18 areas 22:9 arguing 46:10 argument 36:23 arrive 5:3 aside 26:9 asked 6:10 7:9 9:20 37:16 asking 7:19 37:20 asks 37:11 assembling 53:3 assess 30:23</p> | <p>assessed 28:11 assessing 33:1 assigned 34:23 assistance 36:18 association 2:17 assume 53:17 assumption 53:4 attached 15:4,17 attachments 15:19 attempts 36:23 attendees 2:2 3:2 attorney 56:14 57:10 attributed 36:3 36:12,19 attributing 36:15,17 audio 56:8 57:3 authorize 18:16 available 12:2 average 33:24 avoid 24:18 aware 32:2 37:3 37:4</p> | <p>28:12 31:17 38:7 53:23 basically 17:1 54:13 basis 24:8 batch 25:1,9 26:10,14 34:23 bc 2:18 bearing 34:10 bears 9:15 behalf 18:16 believe 10:24 18:14 25:23 27:8,11 29:2,13 29:25 31:1 37:22 38:17 46:1 47:11,12 48:7 49:12 52:17,20 benefit 30:12 berenberg 2:3 7:2,4,11,19 8:5 8:10,22 10:14 15:6,8,24 20:22 23:19,20 berenger's 10:12 bernalillo 22:8 best 28:22 29:6 43:20 56:10 57:6 better 14:20 21:10 28:5 33:4 big 31:7 40:20 bit 9:5 11:19 13:3 20:7 23:13 43:3 blurred 10:23</p> | <p>board 1:1 2:6,8 2:12,22,24 3:4,8 11:16,23 12:7,15 12:19 13:9 14:9 24:9 39:4,12,16 39:17,21 40:1,7 42:8,17,21 46:18 47:1 49:13,16,18 53:4,24 board's 53:10 body 41:9 bolts 16:24 21:17 bound 9:5 bounds 45:21 breakdown 15:9 brett 1:20 56:2 56:17 brief 10:16 bring 8:15 10:4 41:7 51:10 53:5 53:18 brought 34:18 48:11,20,21 bucket 33:9 budget 37:23 bullet 41:5 business 51:24 51:25 54:20</p> |
| | b | | |
| | <p>back 30:4 31:1 37:17 41:7 53:5 53:18 ball 29:7 barry 2:3 5:12 7:2,7 15:2,7 20:22 24:5,12 base 46:24 47:3 47:17 based 9:3 12:24 13:23 20:6</p> | | |
| | | | c |
| | | | <p>c 2:1 3:1 4:1 cake 22:3 calculate 31:11 calculated 31:3 calendar's 50:5 call 4:3,4 36:19 44:10</p> |

[calling - conversation]

| | | | |
|--|--|--|--|
| <p>calling 23:17 camera 44:12 cap 11:6 capacity 42:14 carson 4:14 47:9 case 12:22 13:5 30:9 45:19 categories 16:25 caught 13:3 cause 8:9 11:22 16:2,9 certain 15:22 certainly 9:11 14:7 34:2,4 36:7 certainty 44:4 certificate 56:1 57:1 certify 56:4 57:2 chair 2:11,21 4:9 10:19 12:12 29:23 40:22 48:12 53:2 chairman 4:7 17:22 20:16 chance 7:20,23 44:21 change 36:23 changeable 35:19 changed 52:19 changes 35:9 characterizatio... 24:14 charge 41:10 charges 22:17 charts 14:21 check 33:4</p> | <p>checked 33:13 checking 44:8 chief 2:9 chime 45:4 choices 13:18 choose 33:23 circulate 5:13 51:2 circulated 5:12 44:4 citizens 12:3 claims 25:2,9 26:10,14,15,19 26:22,22,23 27:23,25 28:7,17 29:4,8 30:7 34:23 clark 2:5 4:13,21 10:8,16 12:14 20:23 29:23 30:25 32:1,9 36:9,10 37:10 40:22,24 42:6 43:1 46:13 48:1 48:12,24 49:12 50:4,5,15 53:2 54:2,9 clear 10:20 42:20 44:23 47:5 close 54:22 collected 28:6 collectively 53:13 come 12:21 37:17 44:9 46:3 comfort 53:14</p> | <p>comfortable 54:15 coming 21:12 26:15 comment 12:5 12:13 13:12 19:14 31:2 32:8 33:17 34:6 35:25 40:9 commenting 48:6 comments 9:12 10:8,10,15 11:7 12:8 13:16,23 17:24 20:15,20 23:21 35:23 38:12 46:17 48:4,10,17,19 51:10,11,25 54:21 commit 44:11 committee 7:22 9:20 35:3 36:5 38:13 39:8,25 41:17 42:2 43:15,21 47:14 48:23 49:2 50:20,23 51:11 51:21 53:3,8,12 53:16 55:4 committee's 42:23 51:2 company 6:12 compelling 18:4 compensation 1:1,2 2:4,5,7,12 2:22,24 3:4,8 21:12,15 22:12</p> | <p>22:23 23:6 complete 7:25 completely 28:24 compound 19:16 compounded 35:11,22 concerns 23:10 concluded 55:11 concrete 37:4 concur 30:25 40:25 48:1 confidence 9:7 33:23 46:20 48:9,18 confident 19:25 consensus 41:8 42:9 consider 13:10 27:14 38:22 consideration 46:18 consistent 42:11 cont'd 3:1,2 contacting 38:4 contain 47:16 content 39:13 continuance 54:7,23 continuation 4:24 5:1,2 41:20 42:13 45:23 continue 35:16 43:10,23 continued 1:2 contradict 8:25 conversation 8:6 32:15 36:6 45:6</p> |
|--|--|--|--|

[conversation - dollars]

| | | | |
|---|---|--|---|
| <p>45:12 conversations 10:3 38:5 correct 27:7 29:2,18,21 30:6 40:6 41:1,12 49:19,20 50:24 50:25 corresponding 29:25 cost 17:1,11 27:5 27:9 33:22 34:1 34:12,13 35:18 costs 27:3 33:2 council 2:19 22:7 counsel 56:11,14 57:7,10 counting 47:6 couple 10:16 14:1 17:24 18:11 court 6:12,14 52:2 cover 23:2 26:10 coverage 22:14 22:14 25:21,22 25:24,25 26:5,8 26:8 30:24 covers 22:19 create 19:19 41:6 criteria 24:3 crystal 29:7 current 15:22 25:5 31:7,10,17 31:21</p> | <p>currently 14:15 29:13 cutoff 31:9,23</p> <hr/> <p style="text-align: center;">d</p> <hr/> <p>d 4:1 data 9:17,20,24 10:5,22 18:10 19:24 20:1 32:6 date 31:23 44:11 52:3 day 52:9 deal 30:22 dealing 20:7 debbie 2:14 44:14 decide 9:6 18:22 38:18 55:5 deciding 48:9,17 decision 11:17 11:24 12:6 24:8 41:22 42:3,20 46:24 49:10,11 51:7 decisional 39:14 decisions 38:4 38:16 43:5 47:21 54:5 deems 23:25 deficit 9:18,18 18:7,17,25 19:4 19:8 21:19 29:10 30:1,8 31:11,15,21 34:13,21,23 35:7 35:17 36:4 45:11 47:22,22</p> | <p>deficit's 31:22 deficits 29:17 define 33:8 definitely 6:23 23:13,14 35:11 37:14 47:7 dekleva 2:7 4:13 17:21,22 46:6 50:13,16 54:16 54:17 deliberation 51:6 depart 31:4 departure 30:2 depend 6:25 dependent 33:23 depending 17:1 26:20 depends 26:23 deposition 56:1 described 24:12 detail 18:21 developed 33:6 dictated 36:12 difference 18:18 32:11 different 9:20,21 12:18 15:5 16:25 17:10 19:5 25:24 26:5 32:16 33:1,2,19 37:21 differential 32:21 difficult 19:11 44:1 digital 56:8 57:3</p> | <p>dilemma 17:25 19:21 direct 24:22 direction 42:8 directly 23:18 director 2:14,16 discretion 24:9 24:17 discuss 6:23 8:6 8:20 34:15 39:12 40:2,9 discussed 37:15 39:17,21 discussing 5:6 6:8 55:6 discussion 5:3 6:15 8:13 36:13 36:20 41:4,18 51:6 53:7 discussions 33:6 34:3,15 53:19 disincentive 19:19 dispute 11:8 23:12 45:7 46:6 46:11,16 47:1 disputes 45:16 46:1 distribution 47:22 doctor 26:20 doctors 26:17 doing 21:16 24:18 26:17 45:10 dollar 30:22,22 dollars 14:22 22:20</p> |
|---|---|--|---|

[doubts - february]

| | | | |
|--|---|--|--|
| <p>doubts 8:23 dr 4:2,6,8,14,20 5:16,19,21,24 6:1,5,7,22 7:3,7 7:15 8:8 9:9 10:7 12:9 13:13 13:22 14:3,6 15:15 16:16,23 17:9,16,20 20:17 20:25 23:16 24:19 26:24 27:7,10,17 29:3 29:16,19,22 30:13 31:25 32:4 33:15 36:9 37:1,6,22 38:6 38:10 39:19,24 40:4,11,16,23 43:2,8 44:6 45:1 45:22 46:25 47:5,9,11 48:3 48:14 49:6,17,21 50:4,11,17 51:1 51:13,23 52:1,11 52:15,21 54:6,12 54:18 draft 39:2,3,16 39:25 40:2,8 42:24 47:15,17 47:18 51:2,15,20 52:24 53:4 drafting 39:8,25 42:2,23 43:15,21 48:23 53:3 due 22:13,13 52:3 duly 56:5</p> | <p style="text-align: center;">e</p> <p>e 2:1,1 3:1,1 4:1 4:1 7:14 16:5,12 16:15,15 40:7,9 44:9 45:2 earlier 46:17 early 37:15 easier 47:20 easiest 54:3 edge 11:20 edit 38:20 40:2 edits 39:18,21 47:17 51:11 effect 17:11 46:18 effective 25:23 26:1 efficacy 20:11 effort 36:22 either 43:20 46:12,14 election 37:13 elena 16:14 ellen 2:25 14:5 employed 11:1 14:12 32:10,24 33:8,10 36:16 56:11,14 57:8,11 employee 56:13 57:10 employs 26:21 ensuring 21:5 entire 35:7 entirely 32:14 equally 36:19 es 56:4 esq 2:3,11 3:5,7</p> | <p>essentially 18:2 19:2,15 25:19 26:9 33:10 44:23 establish 47:14 48:22 estimate 29:5,6 30:1 31:3,10,17 estimated 31:6 estimates 32:5 eventually 25:22 everybody 40:9 47:8 everybody's 30:24 40:14 everyone's 7:8 47:17 52:23 evidence 8:21,25 9:3 12:22 13:17 18:3 23:24 24:9 24:15 45:7 46:2 evidentiary 12:18 24:7 exacerbates 31:12 exact 6:24 29:6 34:8 exactly 4:5 5:3 16:17 27:16 34:9 38:25 43:8 44:2 48:18 examine 12:24 examples 14:10 14:20 excellent 52:11 52:11 executive 2:16</p> | <p>exercise 24:17 44:22 exhibit 14:25 15:4,24 exhibits 5:9 15:9 expensive 22:18 experiences 33:2 expert 23:23 24:1,11,14 43:5 47:16 expert's 27:4 experts 32:22 explained 19:25 explaining 18:6 extent 29:3,8 30:6 33:7 extra 31:15 ezra 2:23</p> <p style="text-align: center;">f</p> <p>faces 35:13 fact 37:19 46:17 factfinder 12:17 13:6,8 23:25 factfinders 13:4 facts 46:23 fair 24:4 fairly 18:4 falling 33:8 family 14:17 17:5,12 far 5:6 9:23 21:18 23:11 48:5 fe 1:14 february 25:23 26:1</p> |
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[feedback - half]

| | | | |
|--|--|--|---|
| <p>feedback 22:10 feel 6:19 9:19,25 13:20 20:12 26:25 27:2 43:3 54:4 feelings 53:10 feels 35:4 felt 19:25 20:2 20:12 fiduciary 12:5 fifth 31:3 fight 30:18 32:2 figure 45:17 filter 13:7 final 5:22 15:25 16:2 31:13 42:3 46:15 47:1 54:10 finalized 39:23 finally 54:23 finance 37:15,20 financially 56:15 57:11 find 4:5 25:22 26:5 finding 25:20 findings 8:25 20:13 46:9 fine 6:1,24 18:21 40:19 48:15 firm 52:7 first 24:22 36:11 36:24 37:16,16 40:14 45:15 fit 24:10 five 26:15,18 27:22</p> | <p>floor 7:18 fnp 2:18 folks 13:7 39:11 follow 12:13 19:15 26:25 27:25 29:1,24 followed 21:22 23:24 following 27:14 foregoing 56:3,4 57:4 form 19:15 formal 38:3 forth 28:13 forward 13:21 18:13 22:22 23:10 34:13 35:12,22 found 13:17 22:5 foundational 45:6 four 22:19 27:22 49:7,7,17 frankly 9:4 25:24 front 18:10 frustration 9:16 full 22:19 39:16 function 20:7 fund 1:1,2 2:4,6 2:8,12,22,24 3:4 3:8 9:3 17:3 19:1 21:5 22:12 22:23,25 28:8,16 29:9,15,17 35:13 funding 18:25 funds 21:13,16 36:14</p> | <p>further 12:8 13:16 36:13 56:13 57:9 future 10:18 19:17 21:6 23:3 25:9 26:11 28:16 36:14,21 45:12</p> <hr/> <p style="text-align: center;">g</p> <hr/> <p>g 4:1 gaining 43:14 general 6:23 14:11 46:14,16 48:17 getting 5:15 6:23 18:21 22:10 44:2 50:5 give 7:22,23 16:12 23:25 24:6 28:22 33:12 42:8 43:18,20,21 51:6 52:7 given 41:16 46:22 gmail 16:15 go 4:2 14:17 15:7 20:9,25 29:14 33:1 34:21,22 35:3 36:23 41:6,11 48:14 50:19 53:13 54:12 goes 17:6 going 4:4 5:4,5 6:24 7:13,18 10:12 19:16,21</p> | <p>21:5,24 22:24 23:9,10,14 25:4 25:10,19 26:4 27:23 28:2,20 33:18 34:13 35:12,17,21 37:17 38:18 42:2,23 44:4,12 45:4 46:9 47:24 50:19 51:4 53:5 good 7:8,9 18:6 21:25 24:19 35:6 40:15 52:4 54:16 gotten 5:8 governor 18:15 gracious 50:9 greater 2:16 31:11,14 gross 31:18 group 2:14 8:16 38:23 39:2 41:4 41:8 49:4 groups 19:20 growing 31:22 guaranteed 21:22 guard 13:3 guess 5:11 8:23 9:14 17:25 26:3 29:20 32:7 36:18 38:8 45:9 50:2 54:14 guide 53:8</p> <hr/> <p style="text-align: center;">h</p> <hr/> <p>half 36:15</p> |
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[hamstrung - keep]

| | | | |
|---|--|---|---|
| <p>hamstrung 43:4 handle 18:18 35:21 handled 19:5 hands 11:13 18:1 20:24 happen 26:11 30:17 37:7 45:13 happened 16:17 happens 28:15 34:20 36:21 happy 50:2 head 14:13,20 15:3 27:13 healthcare 12:1 12:2 heard 6:20 8:21 19:24 20:6 53:19 hearing 1:2 5:24 6:4 12:18 24:3 41:21 42:14,14 43:10,23,25 44:19 45:23 47:13 50:12 54:7,22,23 help 21:23 43:14 50:2,20 53:8 helpful 11:1 14:23 16:21 helps 7:4 50:14 hereto 56:15 57:11 hi 14:8 21:2 high 19:13 highest 17:6</p> | <p>hike 21:8 hmm 13:15 16:22 39:19 hook 26:19,22 hopefully 32:4 hospital 11:2 14:12 23:1,2,6 29:4 32:10 33:9 33:10,11 hospitals 10:23 22:22 23:6 25:12 27:21,25 28:7,17 29:10,14 29:17 30:2,5,15 30:18 31:4,14 33:1 36:16 hour 54:24 hours 41:1 housekeeping 52:18</p> <hr/> <p style="text-align: center;">i</p> <hr/> <p>i.e. 11:19 icing 22:2 idea 21:14 33:4 identifies 15:21 identifying 10:20 47:21 ii 3:3 impact 12:1 14:14,23 impacts 11:17 implication 31:24 important 39:8 impossible 22:11 impression 51:7</p> | <p>include 10:13 includes 5:21 including 14:2 inclusion 39:20 increase 11:21 15:23 27:11 33:22,24 47:24 increases 35:11 independent 9:17 10:22 14:17 28:2 36:3 individual 14:22 20:24 25:11 39:12 individually 17:10 industry 20:1 inflation 35:19 inflationary 35:10 information 9:21 13:24 20:2 21:12 25:5 41:16 45:18 informed 24:13 infusions 36:2 inherently 31:21 initial 47:17 input 42:2,23 43:14,21 instance 17:7 insurance 2:10 3:6 5:5 9:8,23 14:15 25:8 insurances 23:3 insureds 19:20 integriion 2:14 9:21</p> | <p>intended 28:7 intention 43:17 interchangeable 11:3 interested 49:23 50:8,19 56:15 57:12 intervene 10:2 intervened 12:23 interveners 12:21 invalid 46:10 invited 10:2,4 inviting 12:21 involved 22:12 22:23 23:5,7 irrelevant 10:25 issue 23:20 32:1 39:7,7 42:17 issued 53:6 issues 18:12 it'll 22:2 items 31:5</p> <hr/> <p style="text-align: center;">j</p> <hr/> <p>j 2:3,11 3:7 job 1:21 11:10 18:6 19:11 39:9 46:18 jog 7:8 join 4:14 joining 10:9</p> <hr/> <p style="text-align: center;">k</p> <hr/> <p>kathleen 2:11 kathy 2:11 45:4 46:7 keep 34:17 35:16 51:5</p> |
|---|--|---|---|

[kids - meeting]

| | | | |
|--|---|--|---|
| <p>kids 7:13 kind 6:19 13:1 14:8 17:25 21:3 21:4,16 22:2,21 23:10 33:24 50:18 kinds 14:21 38:4 know 4:4,14 5:17 7:12 8:14 8:22 9:1,4,15,15 9:24 10:1,6,10 11:8,19,21 13:1 13:24 14:8,22 19:14 21:6,19,21 22:9 23:3,8 24:24 25:1,2,3 26:4,5,6,23 27:12,21 28:25 30:11,23 33:5,9 33:16,22,24 34:1 34:4 35:1,1 36:5 37:25 38:2,5,15 39:9 41:25 43:10,16,19 44:2 45:17,20 46:1 47:21 48:5,16 49:1 52:8 53:25 knowledge 56:10 57:6 krylova 2:9 8:12 24:24 25:14,16 25:16 27:5,8,12 27:20 29:1,18,21 30:6 32:3,23 33:3</p> | <p style="text-align: center;">l</p> <p>l 2:21 16:15 lack 9:17 large 21:8 49:10 larger 21:20 late 4:2,21 law 35:9 layman 14:9 leave 7:14 13:6 26:19 27:21 28:8 29:10,15,17 30:2 48:4 left 27:21 29:9 30:10 41:3 53:12 legislative 36:2 37:11,15,19 legislature 18:15 34:20 level 9:7 33:23 45:13 46:21 53:15 levels 18:8 19:12 48:18 liked 10:21 line 10:23 51:14 list 2:2 3:2 7:17 7:20 little 9:5 11:19 13:3 15:20 20:7 23:8,12 25:2 32:15 34:9,18 43:3,17 47:20 logical 49:5 long 15:19 26:20 49:3 51:5 longer 22:23</p> | <p>look 14:14 15:3 16:24 17:15 21:16 22:22 23:4 31:2 43:24 44:16,21 51:17 55:2 looking 12:16 16:10 19:4 44:24 48:8 lose 11:22 losses 32:19,21 lot 11:8 18:6 50:5,12 love 2:11 4:9,10 8:2,4,17 9:14 10:19 11:7 14:1 14:5,24 15:2,7 15:17 30:20 35:24,25 37:5,8 37:13 40:3,5,12 40:25 41:13 42:5 45:5,25 47:8,19 48:23 50:2 51:22 love's 12:4 lowest 17:4 luera 2:14 4:6,9 4:11,13,16,19 6:6,10,14 44:6,8 48:2 52:1,14 lump 32:24 lumping 32:10 32:17 lyon 2:16</p> <p style="text-align: center;">m</p> <p>m 3:3</p> | <p>m.d. 1:8 ma'am 40:4 mail 7:14 16:5 16:12 40:9 44:9 45:2 mailed 40:7 main 32:7 majority 49:16 making 12:1 18:7 21:6 41:22 42:10,19,21 51:7 malpractice 17:2 34:1 martinez 2:18 4:19 20:24 21:2 21:3 23:17 maximum 23:14 md 2:21 mds 32:10 mean 9:9,14 13:16,19 17:24 27:5 29:7 48:3 meaning 30:2 meaningfully 8:20 means 5:3 14:11 meant 29:6 measures 31:16 mechanism 27:24 30:4,21 31:1 medical 2:17 34:1 meet 39:11 40:1 53:24 meeting 4:3 5:1 5:8 16:10 39:5 39:17 40:13</p> |
|--|---|--|---|

[meeting - okay]

| | | | |
|---|--|--|---|
| <p>41:21 42:7,12,16 42:17,22 43:12 44:3 50:23 51:11,17,24 52:24 55:7,11 meetings 4:24 42:11 member 2:5,7,23 3:3,7 16:6 22:6 49:18 members 9:19 30:12 38:24 39:1,12 47:7 49:8,13,14 51:20 memories 6:25 memory 7:8 41:1 mentioned 26:12 29:11,12 33:22 48:5 mexico 1:1,14 2:3,5,7,9,11,19 2:21,23 3:3,5,7 22:7 mike 2:7 50:15 54:17 millaman 21:11 million 21:23 22:19 34:20 35:6,8 36:2,11 36:24 37:2,16,18 37:20 millions 14:22 mind 5:11 34:10 34:17 minimal 23:13 minus 52:18 minutes 4:21 5:7 10:11,13,17</p> | <p>13:25 43:4,11,20 44:3,19 47:15,16 missing 16:2 20:2 missouri 56:19 misspoke 8:9 misstated 28:24 mixed 11:3 mm 13:15 16:22 39:19 mma 28:14,23 moderated 1:8 money 21:24 22:2 25:25 26:10 28:15,19 32:13,17 34:19 34:21 months 25:21 morning 6:15 move 13:21 moves 21:7 moving 18:13 msn 2:18 mute 52:4 muted 35:24 48:12</p> | <p>25:8,8 26:8 30:10 34:3 35:21 38:18 45:16,23 48:13 48:22 needed 10:22 19:1 50:10 needs 45:13 neither 56:11 57:7 neurosurgeons 17:13 neurosurgery 17:7 new 1:1,14 2:3,5 2:7,9,11,19,21 2:23 3:3,5,7 14:9 16:5 22:7 33:7 nice 14:10 nine 16:25 26:22 49:13,14,18 nonoperative 17:4 nonrenewed 25:20 26:4 notary 56:18 nuance 46:15 number 9:2 11:22 14:25 24:8 25:1 34:11 35:6 37:11 numbers 6:24 8:20 18:11 48:9 48:9 nurse 2:19 22:4 22:6</p> | <p>nuts 16:23 21:17</p> <hr/> <p>o</p> <hr/> <p>o 4:1 o'clock 52:20,21 52:23 objection 36:7 36:11 47:1 objections 47:13 objective 41:5 obligation 11:16 obligations 29:19 obstetrics 17:6 obviously 21:25 25:4 29:7 37:11 43:3 occurred 33:18 occurrences 25:11 26:13 28:9,11 occurring 42:21 occurs 42:12 october 43:25 50:23 office 2:9 3:5 9:22 officer 42:14 56:1,2 oh 6:9,13 14:3 okay 4:20 5:16 6:1,9,18 7:7,15 8:17 9:9 10:7 13:13,22 15:12 16:18 17:8,14,18 17:20,20 20:18 27:17 29:22 30:13 32:6</p> |
| | <p>n</p> <hr/> <p>n 2:1 3:1 4:1 16:15 name 50:20 narrower 45:20 nature 20:5 near 31:3 need 6:19 12:16 13:5 17:15 18:12,22 19:6 23:4,5 24:7,18</p> | | |

[okay - practitioner]

| | | | |
|---|--|---|--|
| <p>33:15 37:22,24 38:6,10,14 40:18 42:15 44:15 46:25 47:10 49:6,21 50:16,21 51:13,23 52:15 54:2,19,22 once 7:14 22:22 23:6 29:10 37:21 55:4 ones 10:16 open 4:24 7:18 42:11 48:4 operations 2:14 opine 34:8 35:2 opinion 10:24 32:24 34:16 35:5 44:17 opinions 24:13 opportunity 7:24 option 29:12 44:23 options 13:17 43:7 54:14 order 4:3 8:19 osi 7:24 8:11 24:23 25:17 37:25 osi's 6:25 outcome 56:16 57:12 outer 22:9 outline 7:5 outside 7:6 overall 41:5 overestimated 30:7,8</p> | <p>overstated 30:1 owe 41:9</p> <p style="text-align: center;">p</p> <p>p 2:1,1 3:1,1 4:1 p.m. 1:10 55:10 page 52:23 paid 28:10,12 parameters 46:19,23 53:5,9 53:20 parse 10:5,22 37:21 parsing 11:1 part 20:8 36:22 43:23 participant 33:5 participants 7:24 participate 19:20 34:11 particular 18:5 particularly 17:5 33:19 parties 10:2 50:19 56:12,14 57:8,11 partly 55:1 patient 21:12,15 22:12,23 23:5 patient's 1:1,2 2:3,5,7,12,21,23 3:3,7 pay 18:15 28:1,7 30:23 31:10,12 31:15,15,20,20 34:21,22 35:15</p> | <p>paying 14:15,16 payment 18:16 payouts 30:3 pcf 5:22 17:11 26:19 28:1,6,23 29:14 30:11 33:25 34:12,13 34:21 35:16 pediatrics 17:5 people 4:5 7:19 10:4 14:1 21:7 22:7 23:14 33:22 34:11 49:22 50:22 51:16 people's 6:25 53:18,20 percent 11:21 27:11 33:24 46:20 percentage 15:22 19:19 31:18 47:24 performed 33:19 ph 21:11 phased 30:11 philosophically 19:11 31:7 phone 44:10 52:2 physician 11:2 18:18 34:22 physician's 33:25 physicians 18:17 28:2 32:25 34:24,25 36:15 36:16,17,20,25</p> | <p>pick 7:12 picked 38:23 picture 31:8 plan 22:1 54:21 planned 28:18 please 4:4 28:25 point 7:8 8:3 9:25 10:6 12:20 13:24 24:5,16 26:3,6 40:15,20 41:5,19 44:19 46:8 47:7 49:9 pointing 9:15 points 8:14 9:10 20:18 policy 13:7 22:19 26:1 portion 33:25 34:22 position 35:17 positions 53:18 possibility 29:5 30:14 possible 9:24 30:8 47:15 possibly 55:3 pot 32:12 potential 25:9 26:10 potentially 30:10 32:18 power 24:17 practical 33:9 practice 17:5 26:16,21 practitioner 2:19 14:17 22:6</p> |
|---|--|---|--|

[practitioners - recommendations]

| | | | |
|---|---|--|---|
| <p>practitioners 17:12 22:5 25:11 pre 39:14 prefer 33:13 preliminary 38:19 43:14 premiums 22:17 prepared 54:5 57:3 present 4:17 12:21 presented 5:6 9:12 13:17 27:1 39:4,16 45:8 46:7 presenting 18:23 pretty 49:5 50:18 previously 5:18 primarily 24:21 48:8 print 15:20 prior 29:8 51:3 51:17 56:5 probably 5:12 18:21 23:21 24:2 27:19 44:18 problem 19:17 31:12 procedures 26:18 proceeding 1:13 57:4 proceedings 10:2 56:3,5,6,9 57:6</p> | <p>process 20:8 38:22 46:8 processes 47:21 produce 9:24 project 52:3 prompt 54:25 proper 39:22 propose 51:14 prorate 28:20 provided 24:12 provider 15:11 15:21 16:25 33:10 36:3 providers 9:17 11:22 15:10 33:8 providing 42:22 provision 27:9 28:14 29:13 public 10:3 36:18 56:18 publish 38:18 purpose 44:17 purposes 33:10 44:22 put 10:10 38:12 39:2,9 41:7,11 42:24 50:20 53:13,23</p> <p style="text-align: center;">q</p> <p>qualified 56:7 question 9:11 13:20 25:7 26:7 26:21 27:19 32:22 33:16 45:16,20 53:2</p> | <p>questioned 31:5 questioning 31:14 questions 7:5,10 7:18,19,20,23,25 8:3,5,9,11,15,18 8:23 10:13 20:20 24:21 27:2 38:12 43:4 54:21 quick 20:20 26:25 44:12,15 53:2 quicker 43:17 quite 19:12 quorum 38:17 39:22 40:21 47:7 49:2,4 quorums 39:8</p> <p style="text-align: center;">r</p> <p>r 2:1 3:1,5 4:1 16:15 radio 6:11 raised 20:24 rate 5:24 15:22 15:23 25:13 33:19 45:12 rated 11:5 rates 1:3 9:3,8,8 34:5 35:16 47:24 ratings 32:16 ray 3:3 6:2 54:11 reach 21:15 read 28:5 reading 40:14</p> | <p>ready 13:20 real 20:19 44:12 realistic 37:3 realize 10:11 really 4:25 7:18 13:16 16:20 18:22 20:5 21:11 25:8,8,10 27:12 28:21 32:8,11 35:17 37:24 43:5 44:1 44:15 45:22 47:23 52:12,18 reason 13:19 reasons 18:6 recall 4:22 13:2 27:13 38:24 41:2 receive 34:19 43:11 45:24 55:5 received 6:17 17:18 46:2 recognize 18:9 recollection 10:19 11:4 recommend 8:7 9:7 11:18 13:18 38:22 48:19 recommendation 11:10,21,25 12:7 21:21 35:2 36:1 38:19,19 39:3,4 39:10,16 40:1 41:6,22 42:18 54:11 recommendati... 5:4 9:5 12:24</p> |
|---|---|--|---|

[recommendations - saw]

| | | | |
|---|---|--|--|
| <p>13:21 18:7,23,24 20:13 34:16 37:23 38:7 43:6 45:10,14,21 46:5 51:3 52:25</p> <p>recommended 11:14</p> <p>recommending 18:24 19:16</p> <p>record 9:4 10:10 12:23 35:3 38:13 42:20 55:9 56:9 57:5</p> <p>recorded 56:6</p> <p>recording 56:8 57:4</p> <p>recoveries 28:20</p> <p>reduce 18:11</p> <p>reduced 56:7</p> <p>reduction 19:8</p> <p>reflect 9:11 10:17</p> <p>refunded 30:11 30:14,21</p> <p>regard 45:11</p> <p>regarding 9:17</p> <p>regional 22:6</p> <p>regulations 25:10 35:10</p> <p>reinsurance 25:2 25:18 27:6,9 48:6</p> <p>rejected 46:3</p> <p>related 56:11 57:7</p> <p>relative 56:13 57:10</p> | <p>release 18:15</p> <p>remain 29:16</p> <p>remainder 29:10</p> <p>remaining 8:23 30:12</p> <p>remember 14:25 15:2,12 17:14 40:17 41:15,20 42:13</p> <p>remote 1:13</p> <p>renumerate 30:4</p> <p>replacement 25:20</p> <p>report 5:18,22 8:24 15:18,25 16:2 18:1 19:23 20:1,11,11 21:10 23:22 39:22 42:24 43:23 46:2,9,19,22 47:1,2 53:6,9,20 54:13</p> <p>reported 1:20</p> <p>reporter 6:14 52:2 55:9</p> <p>reporting 6:12</p> <p>reports 15:18</p> <p>represent 22:8</p> <p>representation 50:18</p> <p>representative 2:18</p> <p>representatives 24:23</p> <p>representing 22:4</p> <p>requested 38:1</p> | <p>requests 38:3</p> <p>requirements 4:25 40:21</p> <p>resending 17:18</p> <p>residual 27:21</p> <p>respect 24:14 26:7 39:6 43:14</p> <p>respond 36:10</p> <p>responses 27:1</p> <p>responsibility 9:2 12:6</p> <p>responsible 28:2</p> <p>rest 38:13</p> <p>result 30:24</p> <p>retain 24:9</p> <p>retire 30:19</p> <p>revenue 22:24</p> <p>reverberate 21:4</p> <p>review 41:7 42:3 51:9,20 52:24</p> <p>rid 26:8</p> <p>right 5:22 7:12 8:9 12:9 14:4 16:13,19 24:20 26:24 27:17 38:21 39:24 40:11 41:14 42:5,22 44:2,5,6 44:10 47:6,25 48:8 49:17 51:23 52:17 53:1 54:19 55:6</p> <p>risk 17:1,2 30:23</p> <p>rita 16:15</p> <p>ritchie 1:8 2:21 4:2,6,7,8,20 5:16 5:19,21,24 6:1,5 6:7,22 7:3,7,15</p> | <p>8:8 9:9 10:7 12:9 13:13,22 14:3,6 15:15 16:16,23 17:9,16 17:20,23 20:17 20:25 23:16 24:19 26:24 27:7,10,17 29:3 29:16,19,22 30:13 31:25 32:4 33:15 36:9 37:1,6,22 38:6 38:10 39:19,24 40:4,11,16,23 43:2,8 44:6 45:1 45:22 46:25 47:5,11 48:3,14 49:6,17,21 50:4 50:11,17 51:1,13 51:23 52:1,11,15 52:21 54:6,12,18</p> <p>road 30:19</p> <p>rob 10:20</p> <p>role 12:17,18 13:6,8,11</p> <p>roll 4:4</p> <p>rolling 39:7 40:21 49:2</p> <p>rough 44:16,24 47:15 51:2,15</p> <p>rules 23:24</p> <p>rush 6:10</p> <hr/> <p style="text-align: center;">s</p> <hr/> <p>s 2:1 3:1 4:1 santa 1:14 saw 14:21 19:12 20:25</p> |
|---|---|--|--|

[saying - surgeon]

| | | | |
|--|---|--|---|
| <p>saying 20:5 31:15,21 45:2 46:9 51:5 53:12 scare 21:7 23:14 school 7:13 science 20:4 scratch 35:8 second 37:18 see 8:18 14:10 16:9 21:16 24:10 30:16 47:6 54:10,14 seeing 38:15 seek 36:18 seen 26:14 37:24 semantics 42:1,1 send 5:14 7:5,11 15:3 16:13 sending 5:4 16:19 sense 14:19 18:1 18:5 31:8,23 42:25 43:1 54:9 54:11 sent 5:10,13 15:14 16:1,5 separate 42:7 september 1:9 series 24:21 serve 49:25 serving 49:23 session 37:12 sessions 37:21 set 5:3 9:3 26:9 27:24 34:5,8 35:16 setting 25:13 33:19</p> | <p>settings 45:12 shore 9:2 20:2 short 4:4 sic 25:6 sick 49:23 side 31:2 36:3 signature 56:16 57:14 silence 6:11 sir 40:23 situation 35:13 six 26:22 size 49:4 skew 33:18 skewing 32:18 skills 56:10 57:6 slate 7:9 slightly 25:24 small 38:23 solutions 46:4 solvent 19:2 21:5 somebody 44:13 50:8 soon 47:15 55:3 sorry 8:8 14:3 44:8 sort 6:19 8:19 24:18 44:19 soundness 45:7 sounds 54:16 source 22:24 speaking 37:1 speciality 32:16 specialties 33:20 specialty 32:19 32:21 33:2 specifically 25:9</p> | <p>speeds 46:7 spitzer 2:23 4:16 4:17 13:14,15 spoke 33:21 38:16 spoken 14:2 spot 50:14 spreadsheets 14:21 stand 8:14 start 6:20,23 7:19 8:2 24:25 35:8 55:5 started 4:23 44:25 52:13 starting 7:8 state 11:23 12:3 21:23,25 56:19 stated 32:11 states 21:13 status 6:3 38:5 statute 26:12 28:5 33:7 stay 7:13 28:1 51:13 step 13:8 50:9,10 stevens 2:25 4:14,15 14:5,7,8 15:1,12,16 16:1 16:7,9,14,20 17:8,14,17 stick 25:10 stood 38:11 stray 21:20 strictly 45:2 stuck 10:1 30:24 study 23:11</p> | <p>subcommittee 39:25 41:3,10 42:9 subject 11:6 19:7 42:3 submitted 37:23 sudden 21:7 suggest 14:24 37:6 39:13 suggesting 8:4 42:6 suggestion 23:12 suggestions 10:5 super 15:19,19 superintendent 2:10 3:6 5:5 9:8 9:22 11:11,18 12:7 43:18 48:5 48:19 53:1 suppose 28:16 44:7 supposed 52:5 surcharge 1:3 9:3,7 14:11 18:8 19:1,4,12,19 surcharges 15:10 18:19,24 19:8 22:13 23:2 28:10,13 30:22 31:19 34:24 sure 4:6 6:6 7:25 12:1 21:6 27:15 28:21 29:1 41:16 42:10,19 43:13 47:5 52:22 surgeon 14:12</p> |
|--|---|--|---|

[sustain - typewriting]

| | | | |
|--|--|---|--|
| <p>sustain 34:12 sworn 56:5 sylvia 2:16 system 52:3</p> | <p>23:15,16 24:19 26:24 27:17 38:6,10 48:14 50:15 52:15,16 54:18,24 55:8</p> | <p>thinking 18:12 22:25 41:11 third 24:11 thought 5:11 18:4,5 38:11 48:25 49:19 thoughts 8:6 53:8,10,21 three 25:11 26:13,22 38:24 39:1 41:2 49:6 53:12 threefold 24:6 throw 20:21 throwing 35:6 thursday 1:9 tied 11:13 tight 50:7 tighter 50:6 time 20:16 28:16 31:8,9,22 32:6 40:14 41:15 42:4 43:18 44:9 44:11 51:19 52:7,9,18 54:7 tiny 15:20 tired 49:24 toal 34:4 today 6:15 13:11 18:10,22 52:10 54:5 told 13:4 52:5 tomorrow 52:3,8 52:9 55:3 top 15:3 27:13 topic 23:8 torrence 1:20 56:2,17</p> | <p>total 31:19 49:8 totally 11:13 transcriber 57:1 transcript 6:3,19 8:19 9:13 18:10 41:15 44:16,24 46:15 54:10,13 55:1,2,5 57:3,5 transcriptionist 56:8 transcripts 9:11 trickle 27:23 tried 41:7 trouble 25:20 troubled 19:24 troy 2:5 29:23 46:13 troy's 50:14 true 32:15 56:9 57:5 try 9:2 36:23 43:20,22 44:13 51:13,14 53:17 trying 6:16 14:13 21:18 31:12 35:15 43:17 50:18 tuesday 52:6,23 two 11:2 22:16 22:19 24:8 31:13,16,17,21 52:20,21,23 type 12:6 15:10 24:3 types 13:10 typewriting 56:7</p> |
| <p>t</p> | <p>thanks 17:19 thing 21:25 22:5 40:3 52:4 things 12:16 13:7,10 48:4,8 48:11,20 50:7 think 4:20 5:12 6:22 7:1,6 8:14 8:22,24 9:1,4 10:5 11:6,12,12 11:15,23,24 12:5 12:15 13:2,5 15:8,12 16:5,16 18:1,12,17 19:3 19:6,6,21,24 20:4 21:14,19,24 22:1,1 23:11,12 24:4,5,7,8,16 30:17,20 31:2,14 32:14,22 33:3,15 33:21 34:8,14 35:11,20,24 36:1 37:8,10,19 38:3 38:17,24 39:17 40:6,19 41:9,14 43:9,19,25 44:1 44:3,15 45:5,22 45:25 46:22 47:8,14,19 48:3 48:16 49:4,15 51:21,24 53:13 53:22 54:6,19</p> | <p>total 31:19 49:8 totally 11:13 transcriber 57:1 transcript 6:3,19 8:19 9:13 18:10 41:15 44:16,24 46:15 54:10,13 55:1,2,5 57:3,5 transcriptionist 56:8 transcripts 9:11 trickle 27:23 tried 41:7 trouble 25:20 troubled 19:24 troy 2:5 29:23 46:13 troy's 50:14 true 32:15 56:9 57:5 try 9:2 36:23 43:20,22 44:13 51:13,14 53:17 trying 6:16 14:13 21:18 31:12 35:15 43:17 50:18 tuesday 52:6,23 two 11:2 22:16 22:19 24:8 31:13,16,17,21 52:20,21,23 type 12:6 15:10 24:3 types 13:10 typewriting 56:7</p> | |

[unable - written]

| | | | |
|---|--|--|--|
| <p>u</p> <p>unable 4:14 unclear 25:3 underestimated 29:4,9 underpricing 34:24 understand 9:10 10:17 28:6 54:25 understanding 28:22 37:14 40:8 47:12 understood 41:24 50:11 underwriters 22:15,16,17 undisputed 12:23 18:3 unfortunately 5:7 12:22 unknown 35:18 unknowns 20:7 unlimited 25:12 unmute 48:13 unsound 46:3 unusual 13:2 upcoming 19:8 use 11:22 20:1 utilize 42:24</p> | <p>vargas 3:3 4:11 4:12 6:2,2,9,11 6:13,18 12:11,12 40:24 41:12,14 41:24 46:11 48:24 49:25 53:22 54:3 various 18:8 version 44:16,24 versus 19:8 viability 11:17 vice 2:11 4:9 videoconference 2:4,6,8,10,13,15 2:17,20,22,24,25 3:4,6,8 vince 5:9 7:5,12 16:16 23:21 24:2 vincent 3:7 violate 40:21 volunteer 50:13 50:14 volunteers 50:12 vote 38:20 40:2 52:25 53:25</p> | <p>walling's 23:22 36:1 47:2 want 4:2 7:22 8:14 9:7 12:13 18:20 19:7 20:21 21:3 32:22 35:3 36:13 40:20 41:19 45:13 47:2 52:22 53:7 53:17 54:10 wanted 49:15 wanting 38:16 wants 36:5 ward 3:7 5:10,17 5:20,23,25 16:4 16:8,12,18,22 24:4 38:15,21 39:20 40:15,18 40:19 41:19,25 42:7,10 43:2,7,9 44:7,14 45:3 47:4,10 48:24 49:1,3,8,14,20 50:25 51:1,4 52:20</p> | <p>week 6:21 16:10 41:16 51:15 weekend 51:16 52:12 weigh 24:9 weight 23:22,25 went 7:6 36:25 46:20 william 1:8 2:21 willing 49:25 50:7,8 wish 51:19 witness 18:5 24:12 56:4 wonderful 21:14 wondering 6:3 16:4,6 word 10:25 words 28:9 41:8 41:11 53:14 wordsmith 40:13 work 17:2 23:1 43:22 44:25 working 4:25 33:6 39:2 45:10 46:4 works 28:23,23 worth 21:23 26:16 45:6 would've 14:23 16:1 wrap 14:13,20 wrestle 19:22 write 34:16 38:18,19 54:13 written 39:2,3,9 51:15</p> |
| <p>v</p> <p>valid 20:14 validity 20:11 45:7 values 11:11,14 vantage 46:8</p> | <p>w</p> <p>wait 7:17 walker 3:5 24:23 25:14 27:20 28:4 30:16 38:1 38:2,9 wallenberg 25:6 walling 27:14 32:8 33:4,14 45:8,11 46:5</p> | <p>warned 37:17 wash 32:12 way 24:18 28:5 28:19 30:16 31:6 33:18 36:12 39:13 54:4 ways 9:21 19:3,5 we've 10:1 26:14 46:3 weeds 18:22</p> | |

[yeah - zoom]

| y | |
|---------------|--|
| yeah | 4:17 5:19 5:23 7:11 15:1 15:24 16:7,8,14 17:16 20:17 21:2 24:4 27:8 27:10 31:25 32:6 33:12,15 35:20,25 37:12 38:9 43:8 45:3 46:23 48:2,25 49:6,14 50:17 51:22 52:21 53:25 54:9 |
| year | 10:3 13:2 19:1,9 20:6,6 21:21 25:18 26:2,13 27:11 28:10,11,11,12 28:13 31:3 32:2 34:4 38:23,23 39:15 40:5,6 43:18 47:19,23 48:23 49:22 50:6 53:12 |
| years | 26:15,18 27:22,22 28:18 30:18 31:7,10,13 31:17,22 34:25 |
| yelled | 52:4 |
| yep | 5:20,25 16:18,18 |
| z | |
| zoom | 7:13 |