



**BOARD OF DIRECTORS
SPECIAL MEETING
February 9, 2021**

Health District Office Building
120 Bristlecone Drive, Fort
Collins Remote Meeting

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary
Molly Gutilla, MS DrPH, Board Vice President
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Brian Ferrans, CIT Director
James Stewart, Medical Director
Lorraine Haywood, Finance Director
Karen Spink, Assistant Director
Laura Mai, Asst. Finance Director
Dana Turner, Dental Director
Richard Cox, Communications Director

Staff Present:
Kristen Cochran-Ward, MH/SU Director
Lin Wilder, Special Projects Director
Suman Mathur, Evaluator & Data Analyst
Alyson Williams, Policy Coordinator
Jessica Shannon, Resource Dev. Coordinator
Anita Benavidez, Executive Assistant
Public Present:
Becca Schulte

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:01 p.m.

A Board member requested an addition to the agenda titled “Document sharing and technology.”

MOTION: **To approve the agenda as Amended**
Moved/Seconded/Carried Unanimously

Brief note from Carol Plock that staff has been working like crazy to prepare to administer vaccinations including notification to those eligible and the physical set up at the Health District.

PUBLIC COMMENT

None

PRESENTATIONS & DISCUSSION

Policy

Policy Coordinator Alyson Williams reviewed both State and Federal policy activity.

State Legislative Proposals

Restoration of Medicaid Adult Benefit to \$1500. Last year, due to the need to balance the state budget because of COVID, the state legislature passed a measure to reduce the adult Medicaid dental benefit from \$1,500 to \$1,000, beginning when the higher federal match afforded through the federal

"Families First Coronavirus Response Act" expires. At the time, it was unclear when that might be. The Federal Match Rate is now in effect at least until March 2022. Given the need for adequate funding for dental services, the recommendation is for strong support of a 2021 bill to restore the Medicaid Adult Dental Benefit limit to \$1,500.

MOTION: To strongly support the restoration of the Medicaid Adult Dental Benefit to its prior limit of \$1,500.

Moved/Seconded/Carried Unanimously

A draft of a bipartisan bill entitled Law Enforcement Community Partnerships is intended to expand the purpose of the Peace Officers Mental Health Support Grant Program to include funding for response services to enhance law enforcement's handling of calls for services related to mental health and social service needs, including calls that do not require the presence of a peace officer.

MOTION: To support the upcoming 2021 House Bill on Law Enforcement Community Partnerships

Moved/Seconded/Carried Unanimously

Federal Policy Issues

The Health Force & Resilience Force Act

There is a proposal before federal legislators that would establish a "Health Force" and a "Resilience Force." The concept would provide federal funds to state, local and tribal governments to hire, train, and retain community members to serve in key public health roles. In the short term this would include vaccine outreach, contact tracing and other COVID-19 duties, while long-term duties would depend on the needs of the community. The Resilience Force would provide a surge workforce for FEMA, broadening opportunities for unemployed Americans while supporting the COVID-19 response plan and other activities as defined. It has a price tag of \$40B over three years and then is scaled back beyond that. If it looks like it will move, more information will be provided in the future.

COVID Relief/Stimulus Package

The Senate has passed a budget resolution (51 to 50, with the Vice President breaking the tie) to kick off the reconciliation process, paving the way for a stimulus bill with very direct impacts on health insurance affordability and income stability. The House Ways and Means Committee released its COVID relief proposal including providing full subsidies for those with incomes between 100 and 150% for health insurance premium benefits on the market place, subsidies for those with incomes over 400% FPL on the marketplace (to address the 'cliff effect'), and providing 100% subsidies for those on unemployment – all for a period of two years.

The plan also proposes a new child tax credit of \$3,600 for children 0-6 and \$3,000 for those ages 6 – 17, although it diminishes for a single individual making \$75K or a couple making \$150K. The proposal extends unemployment benefits to end of August and raises the benefit to \$400/week, establishes a \$15 minimum wage, and provides a direct payment stimulus check of \$1,400 at the same income levels used for the original stimulus checks, although those levels are an area of contention. Other proposals would provide enhanced funding for states that have not yet expanded Medicaid, in an effort to lower the rate of uninsured in the country. It is not yet clear whether local government funding will be included in the stimulus package. While the package is moving, what can be included will be in part up to the determination of the Parliamentarian, since the reconciliation process has limits.

President Biden's Health Care Executive Orders and Rulemaking. Biden has directed a special enrollment period for the ACA marketplaces, from Feb 15 through May 15, 2021. Colorado opened a similar special enrollment period Feb 8 through May 15, although it was a little different because it was only for those who are uninsured. The new Administration is anticipated to carefully examine

current policies, and may make rulemaking changes to address recent changes, such as policies that undermine protections for pre-existing conditions; demonstration and waiver policies for Medicaid that may reduce coverage, such as block-granting Medicaid, and work requirements; short-term policies and association health plans; etc. They will also be looking for ways to fix the ‘family glitch’ – a part of the ACA that determines ‘affordability’ based on whether insurance is affordable for the individual employee, not the whole family – often making family coverage unaffordable. The rulemaking process includes a “notice of proposed rulemaking”, sharing of proposals, a comment period, and finalization.

Selection of New Liaison to UCHHealth Board

Director Naqvi, who will be resigning from the Board in March, gave a review of the responsibilities of the Liaison appointed to serve on the UCHHealth North/PVH Board role. The Liaison serves as a member of the UCHHealth North/PVH Board, but not the MCR Board, and is expected to attend and vote during the combined PVH/MCR meetings and the PVH meetings, but not the MCR meetings. Meeting topics are about the business of UCHHealth, and are also attended by senior management. Board members are expected to also serve on two sub committees – Finance, Government, Quality, and Foundation. The time commitment is typically a half day once/month for Board meetings, an additional 1-2 hours for each subordinate committee meeting per month, an overall retreat consisting of two days per year, and about an hour for any adhoc meetings (typically announced a couple of days in advance, along with joint meetings with the overall UCHHealth Board, the Health District, and Longmont/Steamboat.

The key obligation in this role is to represent the best interests of the Health District; not to become immersed in all of the UCHHealth work, but to delineate what it does that is most related to our work, to understand the finances and what links the two organizations, and to foster support for programs. He noted that while UCHHealth has had a strong financial position, COVID may create more of a financial burden in the future. A board question was how relevant would a medical background be – he responded that the UCHHealth/PVH board needs (and has) one, but that in every discussion, there is a room full of physicians. The board thanked Director Naqvi for his past work in the Liaison position.

MOTION: To appoint Director Celeste Kling as the new Liaison to the UCHHealth Board.
Moved/Seconded/Carried Unanimously

Board Member Replacement Process and Timeline

Ms. Plock provided the Board with a potential process, based on what has been used in the past, for the appointment of a Board member to fill the upcoming open position. Documents included a process and timeline for appointment (the timeline should be considered tentative), a call for candidates, and an application form. The board considered various options for selection, and decided to have an open application process. Candidates from the 2020 election process will be specifically invited to apply, and, keeping in mind the desire for diversity on the Board, the announcement will also go out to representatives of diverse entities within the community. Candidates will be informed that the term is until the next election, in May of 2022. The process will be changed so that the board will have the flexibility of how many interviews, if any, to hold. The Call for Candidates will include a statement about encouraging diversity. The board made a few changes to the application form, and it will not include the request for a resume or CV. Director Naqvi set his resignation for March 1.

Document Sharing and Technology

Director Gutilla suggested that the Board begin using a document-sharing platform (she has used My Committee) for ease in accessing documents. This system would be an archive only – the board would not use it to work on documents. Staff will do some research, consult with board members regarding their needs and experience, and come back to the Board with options and costs. Karen Spink, Assistant Director, noted that she is already looking at that sort of platform. There was also a question

about archiving board member emails; staff will also determine the current status of that process.

DICUSSION

Brief Status Update – COVID and the Health District

Ms. Plock updated the Board that the COVID-19 “dial” metrics changed at the state level – widening the bands for number of cases in a community, the percent of positive tests, and hospitalizations; and adding a 7-day case rate. As a result, Larimer County moved to Yellow on the dial on Saturday, which moves capacity for many things, including restaurants, gyms, retail and some indoor events. For offices, remote work is still strongly encouraged. The current 7 day case rate in Larimer County is 113, which compares to 30-50 over the summer; the 14 day case rate is 260. There are currently 22 COVID-19 patients in the hospitals vs. a peak of 122. Despite the numbers falling, we are still at greater rates than the summer metrics.

The Health District has been approved as a vaccine provider and the staff scrambled to get clinic times up and running at the end of this week after short notice that they would receive 100 doses this week. Suman Mathur has been appointed coordinator of vaccinations, with Dr. Stewart directing the effort. Larimer County has moved to phase 1B.2 for those eligible for vaccines, but are lagging in vaccinations for some healthcare workers (1B.1). Larimer County will provide us with their priority populations to be vaccinated.

In addition to the Health District’s first vaccination clinic on Thursday, staff will be moving out of the Loveland Hotel IRQ back to Myrtle House the same day. Though not guaranteed, it is looking promising that funding will be available to cover those costs, either through relief funds, or through FEMA funds available through a special allocation that does not require a match and is allowing for retroactive funding. Other COVID costs will be an increase in PRN staffing for those giving vaccinations. In other news, the special open enrollment period opened for the ACA marketplaces, so Larimer Health Connect is back to enrollment mode.

In a brief discussion regarding meetings with UCHealth, the Health District Board and the UCHealth North/PVH Board will aim to have their joint board meeting around June, and we will request that CEO Kevin Unger attend the Health District’s Board meeting in April to review their Master Plan. We will ask Mr. Unger to also address Community Benefit at that meeting.

PUBLIC COMMENT (2nd opportunity)

None

ANNOUNCEMENTS

- February 23, 2021, 4:00 pm, Board of Directors Regular Meeting (Mike not available)
- March 9, 2021, 4:00 pm, Board of Directors Special Meeting
- March 23, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

MOTION: To Adjourn the Meeting
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:48 p.m.