

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
March 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

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Brian Ferrans, CIT Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Dana Turner, Dental Director
Richard Cox, Communications Director
Kristen Cochran-Ward, MH/SU Director
Suman Mathur, Evaluator & Data Analyst

Staff Present:

Alyson Williams, Policy Coordinator
Jessica Shannon, Resource Dev. Coordinator
MJ Jorgensen, Project Impl. Coordinator
Ida Cossitt-Glesner, Public Policy Specialist
Anita Benavidez, Executive Assistant

Public Present:

Elaine Branjord
Rev. Gretchen Haley

CALL TO ORDER; APPROVAL OF AGENDA

Director Celeste Kling called the meeting to order at 4:00 p.m.

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

PUBLIC COMMENT

Rev. Gretchen Haley, Senior Minister at Foothills Unitarian Church expressed her deep gratitude for the Health District's efforts in response to the pandemic and on the Vaccine Equity Project. She has worked with Dr. Stewart and MJ Jorgensen on the equity effort and appreciates their non-stop generosity, flexibility, desire to align around core values of equity, and support.

DISCUSSION & ACTIONS

Policy

Policy Coordinator Alyson Williams introduced the Health District's new Public Policy Specialist, Ida Cossitt-Glesner. Ms. Cossitt-Glesner has her Master's Degree in Public Administration and is actively engaged in this year's legislative work. Ms. Williams reviewed both State and Federal policy activity. The Legislature has been in session for 25 days with 413 bills introduced, 19 bills killed or lost, and 8 issues on which the Health District has taken a position.

State Legislative Proposals

HB21-1021: Peer Support Professionals Behavioral Health

The bill requires the Department of Human Services to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services. It permits recovery support services organizations to bill Medicaid for eligible peer support services and allows HCPF to reimburse those organizations. The bill passed committee this afternoon, unanimously, with amendments to be more explicit about definition of a qualified mental health provider and clarification on language of how recovery organizations work.

MOTION: To support HB21-1021: Peer Support Professionals Behavioral Health.
Moved/Seconded/Carried Unanimously

HB21-1054: Housing Public Benefit Verification Requirement –

Currently both federal and state law require that individuals verify lawful presence to receive certain government benefits. This bill removes that requirement for public or assisted housing benefits. A question related to how this would be different from federal law; the current law mostly mimics federal law, but states are allowed to exempt themselves from federal law on lawful presence verification, for state benefits only (not federal benefits).

MOTION: To strongly support HB21-1054: Housing Public Benefit Verification Requirements.
Moved/Seconded/Carried Unanimously

HB21-1117: Local Government Authority Promote Affordable Housing Units

A board member asked whether this bill is on our radar. The bill clarifies that the existing authority of cities and counties to plan for and regulate the use of land includes the authority to regulate development or redevelopment in order to promote the construction of new affordable housing units. Ms. Williams is monitoring the bill, but no analysis was ready for this meeting.

SB21-011: Pharmacist Prescribe Dispense Opiate Antagonist

The bill requires a pharmacist who dispenses an opioid prescription to inform the patient of the potential dangers of an opioid and to offer to prescribe the patient an opiate antagonist in the following circumstances: (1) If, in their professional judgment, the patient would benefit; (2) The patient has a history of opioid overdose or substance use disorder (SUD); (3) At the same time, the patient is also prescribed a benzodiazepine, a sedative hypnotic drug, carisoprodol; tramadol, or gabapentin and (4) The prescription is a 90 milligram morphine equivalent (MME) or more. While the concept is a good one because opiate antagonists like naloxone can temporarily reverse an overdose and save lives and is not dangerous, one concern raised was how a pharmacist would know if the patient has an issue with substance use. The Board in general was concerned about the weight of that responsibility and would like to see verbiage that ensures no liability on behalf of the pharmacist. One recommendation was that every pharmacy could include a notice with every dispensed opioid prescription that this option is available.

MOTION: To support SB21-011: Pharmacist Prescribe Dispense Opiate Antagonist, with an amendment declaring no liability on the part of the pharmacist for not offering it (if language stays as written), or an amendment indicating that the notice that an opiate antagonist can be prescribed and provided is to be included with every prescription.
Moved/Seconded/Carried Unanimously

SB21-016: Protecting Preventive Health Care Coverage codifies into Colorado state law several preventive health care services provided under the federal “Patient Protection and Affordable Care Act”. Such codification requires Colorado health insurance carriers to provide these services without policy deductibles, copayments, or coinsurance. However, it also expands preventive health services

to include screenings for osteoporosis and urinary incontinence for men, and expanded coverage for counseling, prevention, screening, and treatment of a sexually transmitted infection, which are not preventive services recommended by the USPSTF, HRSA, or NAM

MOTION: To support SB21-016: Protecting Preventive Health Care Coverage, but only for those preventive services on the ACA list, as recommended by USPSTF, HRSA, or NAM.

Moved/Seconded/Carried Unanimously

SB21-085: Actuarial Review Health Insurance Mandate Legislation – By November 1, 2021, the Division of Insurance is to retain a contractor that has experience with health care policy and actuarial reviews. The contractor is to perform actuarial reviews on proposed legislation that may impose a new health benefit mandate on health plans. Under the direction of the DOI, the contractor is to conduct such reviews of up to 5 legislative proposals that are being or will be considered for each regular session, at the request of a legislator. If the DOI gets more than 5 requests, the chair of the House Health & Insurance Committee and the chair of the Senate Health & Human Services Committee shall select which legislative proposals the contractor is to review. After significant discussion of the pros and cons for this bill, the Board recognizes that it would be helpful to understand the impact of proposed legislation. However, their strong concern is that due to timing, cost, and other challenges, it would be incredibly difficult for the concept to work well. While the Board cannot support the bill, it decided to take an amending position to try to get to a neutral position.

Amendments the board supported include the following: 1) Legislator requests should not include actuarial review of legislation that focuses on expansion of benefits in public health insurance; 2) Section VI should be stricken; 3) It should allow a legislator to request an actuarial analysis when it is being proposed that an insurance benefit would be cut or reduced; 4) The actuarial analysis should make clear who would benefit from the proposal (and include demographics); 5) The report should include an equity analysis by a qualified contractor; 6) The actuary should be selected through a process that includes consumer stakeholders; 7) Sections IV, V, VI, and VII should include required reporting of potential costs or savings; 8) Section VII should include more detail, including impact on: premiums and cost sharing, out of pocket spending, and near and long-term impact to Medicaid, CHIP, TANF, SNAP, and WIC, as appropriate; 9) Increases in productivity should be estimated; 10) Section VII should be amended to include cost savings over at least a 10 year window, and Section IX include health benefit over at least a five and ten year window; 11) Any coverage mandate resulting in a premium impact of <1% should be deemed negligible, and the contractor should not perform further work except for equity impacts; 12) The length of time required for the analysis should not prohibit a bill from moving in a single legislative session, which may require flagged bills to be identified prior to the start of session.

MOTION: To take an amending position on SB21-085: Actuarial Review Health Insurance Mandate Legislation, with the amendments listed above required for a neutral position.

With the complexity of the issue, the Board encourages the development of a Task Force to work out more detail rather than pass this legislation this session.

Moved/Seconded/Carried Unanimously

SB21-175: Prescription Drug Affordability Board is a very complex bill that establishes a Prescription Drug Affordability Board (PDAB) to collect and evaluate information concerning the cost of prescription drugs sold to Colorado consumers, conduct affordability reviews, to set upper payment limits (UPLs) on certain expensive prescription drugs, and to make policy recommendations to the General Assembly to improve affordability. Any savings from setting UPLs must be used by carriers to reduce consumer cost. The Fiscal Note has not been officially drafted but a similar bill reviewed last

year was \$1.3M annually.

MOTION: To strongly support SB21-175: Prescription Drug Affordability Board.
Moved/Seconded/Carried Unanimously

HB21-XXX: A proposed **Public Option bill** has not yet been introduced, so there is no specific language to review, but it is expected to require that ‘each health-care provider shall accept consumers who are enrolled in any health benefit plan offered by the authority,’ which would impact the Health District’s functioning. The Board supports drafting a proposed amendment to ensure Health District operations can continue as they currently operate for direct services.

Federal Policy Issues

COVID Relief (Stimulus Package) – Not much has changed – the COBRA subsidy now includes coverage of 100% (formerly 85%) of premiums from the month after enactment through 9/30/2021. The minimum wage increase has been dropped due to a parliamentarian decision that it does not qualify for the reconciliation process. There is \$6B available nationally for state and local government funding; in CO, it is still likely that some of those funds will pass through the State, and hopefully that some will come to Special Districts.

Vaccine Equity Project – Karen Spink and MJ Jorgensen presented the potential of the Health District’s involvement with a rapidly evolving Vaccine Equity Project; a memo about the project was included in the board packet. MJ Jorgensen and Dr. Stewart were invited into conversations with a group involved in developing a proposal to ensure effective equitable distribution of the COVID-19 vaccines in Larimer County, specifically in reaching Latinx, Immigrant, Black, and Indigenous community members. A proposal was sent to our Executive Director about a week ago, and a meeting was held with group leaders last Thursday evening. Participants were excited about this comprehensive, community-integrated solution. United Way, the Bohemian Foundation, City of Fort Collins, Larimer County, and the Health District are all considering providing funding. This effort aligns with Health District equity goals and the desire to aid in getting people vaccinated and protected from COVID-19.

There are two areas in which staff believes the Health District can bring value: Assisting with: (1) Coordinated, Community Based Mobile Vaccination Sites; and (2) Coordination of Communication Strategies. The details are still being worked out. The group is being agile with the project and working to include other BIPOC entities. Health District staff is requesting approval for up to \$60K to support this effort. Funding may be available in the reserves budget from the COVID line item, or if not, would come from a general “other community health needs” line item. Success will be in part evaluated by the numbers participating in equity clinics.

MOTION: To approve up to \$60K funding through December 31, 2021, to support a collaborative community COVID-19 Vaccine Equity initiative with BIPOC communities in the areas noted.

Moved/Seconded/Carried Unanimously

DISCUSSION

Brief Status Update, COVID and the Health District

The Health District’s involvement in directly providing vaccines is starting to increase. While during February, we received vaccine for only two clinics, in March, we will be providing second does for those clinics and also assisting Salud with one or more of their clinics. It is difficult to plan clinics, since confirmation of vaccine doesn’t arrive until Sunday night or Monday morning. We are hoping to do pop-up clinics for the Northern CO Health Network, Abyssinian Church, and Red Feather Lakes area. Colorado has received its first 400K doses of the Janssen vaccine, while Pfizer and Moderna

increase production. Larimer County has 36K residents fully immunized (about one in 10), and about 2/3 of those 70+ are vaccinated. The state is seeing some growth in the variant viruses with 3 – 6% of cases tested specimens being variant-related. Colorado is currently in the upper third of states' case rates, vs. the bottom third previously. The IRQ is serving 2 – 5 people at any one time, which is a relief after the Blue Spruce shelter was showing two outbreak weeks where 4-5 people were testing positive each week. We made a special effort to do a pop-up vaccination clinic at that shelter during or shortly after the outbreak, but were unable to get either county or state approval.

Board Member Replacement Update

There are currently two applicants for the empty Board seat and acceptance of applications closes on March 11. After Chris Sheafor has ensured candidate eligibility, staff will send received applications to the Board with a link to indicate which candidates they might want to interview; no decisions will be made on interviews until a brief Board meeting March 16. If held, interviews will be conducted in a 90-minute window (5:30 – 7:00 pm) on Wednesday, March 24. Staff anticipates making the decision at the April 13 Special Board meeting unless all board members can't be present; in which case the decision would be made at the regular meeting in April.

PUBLIC COMMENT (2nd opportunity)

None

ANNOUNCEMENTS

- March 23, 4:00 pm – Board of Directors Regular Meeting
- April 13, 4:00 pm – Board of Directors Special Meeting
- April 27, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:36 p.m.