

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
May 11, 2021

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

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Board President
Joseph Prows, Board Treasurer
Molly Gutilla, Board Vice President
Johanna Ulloa Giron, Psy.M., MSW

EXCUSED ABSENCE: Celeste Kling, Board Secretary & Liaison to UCH-North/PVH

Staff Present:
Carol Plock, Executive Director
Chris Sheafor, Support Services Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Richard Cox, Communications Director
Kristen Cochran-Ward, MH/SU Director
Lorraine Haywood, Finance Director

Staff Present:
Brian Ferrans, CIT Director
Alyson Williams, Policy Coordinator
MJ Jorgensen, Project Implementation Coord
Lin Wilder, Special Projects Director
Laura Mai, Assistant Finance Director
Anita Benavidez, Executive Assistant

CALL TO ORDER, INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:03 p.m.

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

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

Policy

Brief update on legislative session

Policy Coordinator Alyson Williams updated the Board on the legislative session which has been in session for 88 days, has had 621 bills introduced, 94 bills killed or lost, 134 signed, and the Board has taken a position on 24 issues thus far. The session is anticipated to end on June 12.

State Legislative Proposals

HB21-1258: Rapid Mental Health Response for Colorado Youth

This bill establishes a year-long program, the Youth Mental Health Services Program, within the Office of Behavioral Health to facilitate access to mental health services in response to identified mental health needs, including those resulting from the COVID-19 pandemic. The program reimburses providers for up to three mental health sessions. By July 1, 2021, a vendor has to be contracted with to create or use an existing website or application as a portal for both youth and providers to facilitate the program. The

program is repealed June 30, 2022. The Board expressed concern with the three-session limit, which is often not enough to deal with mental health issues, though they noted that this is better than what currently exists. They also noted the importance of assuring cultural attunement in providing mental health services.

MOTION: To support HB21-1258: Rapid Mental Health Response for Colorado Youth, while advocating that more sessions be allowed, and noting the importance of cultural attunement.

Moved/Seconded/Carried Unanimously

HB21-1297: Pharmacy Benefit Manager & Insurer Requirements

This bill enacts the “Pharmacy Fairness Act”, which imposes requirements regarding contracts between pharmacy benefit managers (PBMs) and pharmacies. It requires a health insurer or PBM to respond in real time to a request from an insured, their provider, or a third party acting on behalf of the insured or provider for data regarding the cost, benefits, and coverage under their plan for a particular drug. Further, the bill requires a health insurer or PBM that removes a prescription drug from the prescription drug formulary or moves it to a higher cost tier on the formulary during the benefit year to notify a covered person that is prescribed that drug at least thirty days before the action and allow the covered person to continue using the drug without prior authorization and at the same coverage level for the remainder of the benefit year, with some exceptions.

Staff believe that the provision that protects the consumer from mid-year formulary shifts is particularly important. A challenge would be how the ‘real time’ could actually work, though Director Prows noted that real time information is very important for practicing physicians. A key point raised is that there does not appear to be a sanction for failure to comply.

MOTION: To support HB21-1297: Pharmacy Benefit Manager & Insurer Requirements overall, while Strongly Supporting the key elements regarding mid-year shifts in formularies, as well as the real-time information sharing requirement.

Moved/Seconded/Carried Unanimously

SB21-137: Behavioral Health Recovery Act

This bill concerns a variety of issues and programs related to behavioral health and substance use. In part, this bill would restore funding to certain behavioral health programs that received a reduction in funding during the 2020 legislative session due to the budgetary impact of the pandemic. It sets aside \$4M per fiscal year for housing assistance to persons in recovery, transitioning from treatment or receiving treatment. Ms. Williams found an error in the bill, which was fixed when she pointed it out.

MOTION: To support SB21-137: Behavioral Health Recovery Act

Moved/Seconded/Carried Unanimously

SB21-158: Increase Medical Providers for Senior Citizens

This bill modifies the Colorado Health Service Corps program administered by the Primary Care Office in the Department of Public Health and Environment (CDPHE) to allow geriatric advanced practice providers, which include advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for at least two years. This is a new pot of money directed specifically to those working in geriatrics. The bill requires the General Assembly to appropriate money from the General Fund to CDPHE for the purpose of helping repay loans for geriatric advanced practice providers through 2025-26, but the requirement is repealed on September 30, 2026.

MOTION: To support SB21-158: Increase Medical Providers for Senior Citizens

Moved/Seconded/Carried Unanimously

SB21-018: Continuation of Necessary Document Program

This bill continues the Necessary Document Program (known as the Colorado ID Project), indefinitely. The project helps people who are elderly, disabled, have low incomes, are unhoused, are the victims of domestic abuse, or have been impacted by a natural disaster obtain the documents they need to seek services and assistance. It is currently scheduled to repeal on September 1, 2021.

MOTION: To support SB21-018: Continuation of Necessary Document Program
Moved/Seconded/Carried Unanimously

HB21-1232: Standardized Health Benefit Plan Colorado Option

The bill creates a standardized health insurance plan by the Division of Insurance (DOI) for carriers to offer in areas where they currently offer plans in both the individual and small group markets. The standardized plan would be a choice for those Coloradoans who acquire health insurance through either of those markets, alongside currently offered plans. It requires insurance carriers to work with other groups of the health care industry (i.e., hospitals, prescription drug manufacturers, providers) to reduce their insurance premiums by six percent each year over three years. The standardized plan would be an option in the individual and small group market, which is only a small portion of the state population. The advisory committee would be made up of consumer advocates and other individuals appointed by the governor and ratified by the Senate.

The Commissioner of Insurance is required to apply to the secretary of the United States Department of Health and Human Services (HHS) for a waiver and include a request for a pass-through of federal funding to capture savings as a result of the implementation of the standardized plan. The board did not take a position on the bill.

Federal

American Families Plan

The draft plan was released last week. A few relevant proposals include two years of post-secondary education at no cost and an increase in Pell Grants; a universal Pre-K; child care fees on a sliding scale based on income; a national paid family and medical leave program with up to 12 weeks of leave; the school nutrition program expanded through summer with healthy food incentives; unemployment insurance reform, automatically adjusting the length and amount of benefits depending on the issue (i.e., for crises like the pandemic); extension of ACA premium tax credits; extension of child tax credit increases through 2025; and making the earned income tax credit for childless workers permanent, as well as a Child and Dependent Care Tax Credit. It also proposes a top tax rate of 39%. It is yet to be introduced.

FDA action on Menthol Tobacco: In 2009 a bill was passed restricting sale of flavor-infused cigarettes but it did not cover menthol. It is anticipated that a new rule will be re-enacted within the next year that will include menthol, as well as all flavors in cigars.

LETA: Continue inclusion in Agreement?

Ms. Plock raised the question of whether the Health District would elect to continue to be a signatory in the LETA Intergovernmental Agreement (IGA). Details on the issue were included in a memo in the board packet. The Health District has been included in the IGA from the outset, originally in 1990. While participating in LETA is of no cost to the Health District, several reasons to continue to be involved were discussed. LETA will be working with the involved organizations to draft new language, which will be brought back to the Board for consideration.

MOTION: To continue to be a participant in the LETA IGA.
Moved/Seconded/Carried Unanimously

DISCUSSION

Timing: ED Report, Equity Work Session, Board Retreat

Proposed timing for pending topics in future board meetings will include an Executive Session with the Executive Director in May; an Equity Work Session the same day as the June meeting; and the Board retreat, likely in August. Since one board member can't attend the regular June date, staff will see if another date can be set.

Brief Status Update, COVID and the Health District

COVID and the Health District

Vaccines - Ms. Plock reported that May continues to be a busy month for the vaccination team, including clinics at Red Feather Lakes, Holy Family Church, the Abyssinian Church, Northern Colorado Health Network, special efforts for those experiencing homelessness, and a community-organized event for the Latinx community at the Holiday Twin Drive-In. Staff is also focusing on Health District clients to ensure they have had the opportunity to get vaccinated. A team is working to identify ways to creatively address vaccine hesitancy. Pfizer is very close to approval for 12-15 year olds; in anticipation, the State is working on adding primary care providers and planning school clinics, and allowing vaccine to be ordered in smaller batches. Currently, the state is at 60% of those eligible receiving at least their first dose with a goal of 65% by May 25.

COVID - Colorado currently has the second highest case rate in the US, despite a lower percent of positivity than some other states with high case rates. While Larimer County's case rate is going down, it is now at the same (significant) level as it was in October 2019. The majority of Coloradans under age 65 are not yet immune (about 41% of all Coloradoans are immune). Overall in Colorado, transmission controls are the lowest they have been since March 2020 – with more infectious variants and the number of people still to be vaccinated, that is cause for concern.

Isolation/Recovery and Quarantine - The IRQ has had no COVID positive or quarantine guests for nearly two weeks, and no new cases testing positive in the shelters that we are aware of. The plan is to close the IRQ at the end of May, but Homeward Alliance will assume responsibility for housing future people in need of IRQ services in hotels.

A board question was how long the Health District might continue to offer vaccines. In discussion, it was noted that other vaccine providers have supported the Health District's niche as a smaller, more flexible option, and that there is still a ways to go in getting to adequate vaccine levels. A board comment was that to the extent that by us 'staying in the game' we can vaccinate hard to reach people, it is valuable. Staff will continue to evaluate whether our assistance is helpful, and can be provided efficiently, and the issue can be considered at the retreat, in consideration of how it relates to our mission and the status of COVID at that point.

ANNOUNCEMENTS

- May 25, 4:00 pm – Board of Directors Regular Meeting
- June 22, 4:00 pm – Board of Directors Regular Meeting (date may change)
- July 27, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 5:05 p.m.