BOARD OF DIRECTORS
MEETING
February 12, 2019

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Wendy Grogan, Administrative Assistant
Maria Jorgensen, Community Impact
Brian Ferrans, Community Impact
Jess Fear, Community Impact
Kristen Cochran-Ward, Mental Health Connections
Sue Hewitt, Evaluation

Others Present:
Lisa Poppow, Crossroads Safehouse

CALL TO ORDER, INTRODUCTIONS, APPROVAL OF AGENDA

President Michael Liggett called the meeting to order at 4:01 p.m. A brief update on the
meetings regarding tax increment financing for the Drake/College project was added to the
agenda.

MOTION: To approve the agenda as amended
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT
Lisa Poppow, Executive Director of Crossroads Safehouse speaking on behalf of Crossroads and
Directing Change, stated that while they truly appreciate the Health District’s work on behavioral
health, she requested that the Health District not seek needed funds from the CDBG funds but
instead fund the CAYAC need from the Health District budget. She mentioned that the library
has a policy not to compete for funding, and asked that the Health District do the same.

DISCUSSION AND ACTIONS
State Legislative Proposals
Alyson Williams updated the Board on the legislative session; 40 days in, there are 311 bills.
HB1004: Public Option for Health Insurance
This proposal would require that three state agencies (HCPF, DOI, and DORA) develop and submit to the General Assembly a proposal detailing the design, costs, benefits, and implementation of a state option for health insurance coverage. The intent is to address the affordability of health insurance by developing an option that could offer a lower-cost plan option for those who don’t get ACA financial assistance through the marketplaces. The agencies would have to perform a detailed analysis of a proposed state option, various ways of implementing, and identify statutory or rule changes necessary for implementation. Once the proposal goes to the State, the agencies would prepare any federal waivers or state plan amendments necessary to fund and implement the plan.

Staff noted that at this point, a Medicaid buy-in option has more support than a Medicare for All proposal. A Board question was whether there is an estimate of related costs, and what population the plan would assist. It is too early to tell costs, since the type of proposal is still undetermined. Many unknowns remain, for example what the level of cost-sharing would be, and whether the option would be on or off the marketplace. This will be a complex analysis, and it is hard to determine at this point the scope of the intended consequences, and too early to project unintended consequences.

MOTION: To Strongly Support HB1004: Public Option for Health Insurance
Moved/Seconded/Carried Unanimously

HB1033: Local Regulation of Nicotine Products
This bill would allow counties to impose regulations on nicotine products that are more stringent than state regulations, and removes the prohibition on counties imposing fees, licenses, or taxes on cigarettes as a condition of receiving their share of the state cigarette tax revenues. Locally, this might relate to the County’s “Communities That Care” program, which is working on policy specifically related to socio-emotional health for youth, “Tobacco at 21”, and licensing and taxation possibilities. If the bill is passed, Larimer County would be able to pursue local policy changes without being penalized for those funds.

MOTION: To Strongly Support HB1033: Local Regulation of Nicotine Products
Moved/Seconded/Carried Unanimously

HB1076: Electronic Smoking Device Addition to Clean Indoor Air Act
This bill would add electronic smoking devices to the scope of the Colorado Clean Air Act, augmenting regulations already in place for some localities. It also eliminates existing exceptions for businesses (hotels and restaurants) where smoking may be permitted and amends the smoke-free radius around the entryway of locations subject to the act from 15 feet to 25 feet.

Staff believes the main intent of the bill is to decrease the normality of youth using such devices; Colorado’s rates are much higher than the national average, and youth use has almost doubled (rates increased from 11.7% to 20.8% in one year). The evidence of harm from e-cigarettes is limited/nuanced at this time, in part because they are a relatively new approach. A question arose around how this might impact those whose business is to sell tobacco; it would not apply to cigar and tobacco bars, which are regulated differently.
MOTION: To Support HB1076: Electronic Smoking Device Addition to Clean Indoor Air Act
Moved/Seconded/Passes 4-1 (ML Opposed)

SB 005: Importation of Prescription Drugs from Canada
The bill would direct HCPF to design a program to import prescription drugs from Canada to be sold to Colorado residents. Before implementation, it would have to ensure the safety of the products and cost savings for consumers, receive federal approval, and create a funding mechanism to cover administrative costs.

The HCPF analysis would be complex; no state has successfully accomplished this yet. On the positive side, this would allow for a quality examination of all of the impacts prior to implementation. While there is the promise of potential savings for medications that are known to have big disparities in costs between Canada and the United States, it is possible that the actual costs for administering this program may negate some of the savings. It is likely that an amendment will be added to create an escape clause, allowing the State to pull out and not spend more funds if the analysis shows that it isn’t possible to create savings.

It was noted that, since Federal law permits states to do this, there would likely not be a trade problem as long as federal conditions are met: drug track and trace, as well as the safety and security measures inherent to the Drug Chain Security Act. Top priorities if the bill were to be passed would be to achieve significant savings for consumers, and adherence to protocols for the safety of the supply chain.

MOTION: To Strongly Support SB005: Importation of Prescription Drugs from Canada
Moved/Seconded/Carried Unanimously

HB1089: Exemption From Garnishment For Medical Debt
The Board brought up this Bill, which would exempt a person’s earnings from garnishment if the person’s family income does not exceed 400% of federal poverty guidelines and the judgment is for medical debt. They noted that a similar situation relates to liens that can be placed related to medical costs and wondered if there was legislation for that situation. This bill has been killed, and other one related to liens is also likely to die. Staff noted that currently, if you cannot pay a bill in a reasonable time, it is possible for medical providers to garnish wages and/or put a lien on your home regardless of the dollar amount. The Board wondered whether bankruptcy provisions would apply, and would like more information on this issue in the future.

Other
Explaining that the Health District prioritizes the critically important items on the Bill matrix, staff reminded the Board that they are always encouraged look closely at the Bill matrix to see if there are additional bills they would like to raise for discussion.

City of Fort Collins Social Sustainability Application
Staff is seeking approval to move forward with the full funding application to the City of Fort Collins Social Sustainability fund, due Friday, February 15, for $24,000 to support a CAYAC school navigator position. Up until December, it looked likely that Poudre School District would be able to increase their funding for the school navigator from .2 FTE, eventually to .8 FTE.
However, when the district made the decision to switch school start times, their budget changed and they did not have the budget to fund this position. The hope is that, in the long-term, PSD will once again fund the position as part of their staff, because having someone internal to the school district is how communications work best. Since the Health District can’t use its own funds to pay for a staff person hired by another agency, external funding is needed to have a person hired by PSD. If that is not achieved, there will be a significant burden on the CAYAC team.

The Health District has been increasing its funding of the program over each of the past three years, and now has a budget that can support 8.2 FTE, but the other 3.2 FTE are currently covered by grants. For 2020, though the Health District may be able to cover some of the funding currently covered by grants, we will likely need to find grants for the rest.

There was discussion about the City of Fort Collins funding, and the letter from some of the members of Directing Change, requesting that the Health District not apply for this funding. Staff noted that, when they met with the City, they were encouraged to apply; the City is honing in and more accurately defining their priorities (i.e. rather than broad “mental health,” they have specifically mentioned “mental health with early identification and intervention for youth” – which is a good fit between the work of CAYAC and the City’s Strategic Goals). It was noted that City funds grow every year, and that organizations that have been funded have generally received consistent funding.

In regard to partnerships with other organizations, staff noted that the CAYAC program has partnered with several organizations, including providing eight hours a month at Crossroads. The CAYAC staff regularly works with hundreds of providers and organizations. Its unique service is timely and affordable psychiatric and psychological testing, and staff have significant experience in making the right referrals for the child’s particular need.

A question was asked regarding how big the Social Sustainability fund is; for this portion of funding, there are about a million dollars allocated. Our request would be for $24,000. Many of the members of Directing Change have received funding in the past; a couple have not – it is not known whether they applied or not.

Different board members expressed different perspectives. Ms. Kling noted that if the Health District doesn’t apply, it doesn’t mean that the members of Directing Change would get more funding, since it is unknown who else would be applying. Ms. Gutilla stated that she has heard quite a bit of public input, and believes our responsibility is to represent the community. Mr. Liggett noted that the Board’s fiduciary responsibility is to the Health District. Dr. Naqvi stated his belief that the City process should be competitive, and that the Health District is very sensitive to using taxpayer funding well, and believe this project is very important to the community. Mr. Liggett felt that the Health District was being asked to manipulate the process of the grantor, which had asked for applications related to its goals. He felt that the Health District’s fiduciary duties were clear, and, having been on the library board, didn’t remember a policy about not competing for funds.

Dr. Prows requested that Ms. Poppaw be allowed to respond. She noted that City funding for this pot of money is not anticipated to increase this year. She indicated her appreciation for the conversation, noted that the organizations receiving funds from CDBG don’t receive tax dollars,
MOTION: To Approve Application to Fort Collins Social Sustainability
Moved/Seconded/Passes 3-2 (Yes - FN, CK, ML; No - JP, MG)

After the vote, Ms. Gutilla noted the importance of carefully considering our reserve expenditures during budgeting. Ms. Kling responded that this situation was an unexpected one. Dr. Naqvi stated that grants are as important to the Health District as our other funding, and our ability to pursue a variety of funding sources is critical to our work. He was uncomfortable with any organization asking another to ‘not go after’ funding.

STAFF REPORT: NATIONAL HEALTH POLICY AND ISSUES
National Issues Discussed at National Health Conferences
Staff reported on the key considerations coming out of the national Health Policy and Health Action Conferences. Most notable was the fact that the States and the Federal government are wrestling with the same problems.

Ms. Williams reported that key issues being discussed at the national level include surprise billing, covering the uninsured, and market consolidation.

In developing plans to better cover the uninsured, several states have developed innovative approaches, including New York (with an individual dispute process), Massachusetts (with mandates from Romney Care), and Maryland (with health insurance down-payment plans). Colorado is looking at statutory-mandated reimbursements. There was a question about whether the Massachusetts Health Plan might work here – they have found that their economy did not suffer, although one challenge is that they fund it through tobacco money, which could decline over time (and Colorado already uses its tobacco money for other purposes).

Ms. Plock noted that key issues included the cost of prescription drugs - ‘low hanging’ solutions discussed included reimportation, prohibiting the ‘pay for delay’ approach, transparency, and greater access to samples; more challenging solutions include allowing Medicare negotiation for Parts D and B, addressing rebates, patent reform, and creating an international pricing index for Medicare Part B. Other key discussions included ACA stabilization, creating a Medicaid buy-in program for those over 50 (which is highly popular), addressing challenges with nursing homes, funding for community health centers, and significantly changing practices in the provision of treatment for substance use disorders. Preparedness for the aging population is a major concern; speakers noted that we are not prepared for baby-boomer retirements. The level of the spending cap in the preparation of the federal budget is also of great concern, since there will need to be a lot of offsets due to recent tax reform, and it is not yet clear which programs will have cuts.

UPDATE ON DRAKE AND COLLEGE TAX INCREMENT FINANCING (TIF) PROJECT
Staff reported that the project review committee (PRC) is nearing the end of its work, and there is now work on a potential inter-governmental agreement that could be used by all entities, although the contribution to TIF would differ by entity, depending on what it would cost that entity to provide services in the community that this project creates. The PRC is examining the list of projects to be funded by TIF. Historically, TIF projects have been allowed for 25 years,
and the City could use the funding for anything related to the project over that time. The PRC is likely to propose that funding be approved only for an accepted list of projects, and only until they are completed.

Health District representations have met with the City of Fort Collins for an introduction to the negotiations and will return for a second negotiation. The original deadline of February 27th to submit agreements to the URA board has been moved to March. The negotiating team will bring their recommendations back to the full board for decision once the documents are ready.

ANNOUNCEMENTS
- February 26, 4:00 pm – Regular Board Meeting

EXECUTIVE SESSION
A motion was made to go into Executive Session.

MOTION: For the Purpose of Discussion of Matters Pursuant to C.R.S. §24-6-402(4)(e) regarding negotiations
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:15 p.m.
The Board came out of Executive Session at 5:30 p.m.

ADJOURN

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

The meeting was adjourned at 5:32 p.m.

Respectfully submitted:

Anita Benavidez, Executive Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutiella, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCH Health-North/PVHS Board