CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:03 p.m.

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

PUBLIC COMMENT
None

DISCUSSION AND ACTIONS
Policy: State Legislative Proposals (Alyson Williams)
HB19-1168: State Innovation Waiver Reinsurance Program
This is a complex proposal to create a reinsurance program in the Division of Insurance, contingent on approval from the federal government that would provide reinsurance payments to health insurers to aid in paying high-cost insurance claims, in order to reduce premium costs in the individual market.

There are about 175,000 people in the individual market in Colorado; about 3.3% of the insured population, and only 124,000 who do not already receive the federal Advance Premium Tax Credits; this proposal would apply ONLY to those individuals. Reinsurance is the concept of insurance for insurers. The proposal would allow the Division of Insurance to set an attachment
point above which the reinsurance program would pay a portion of the insurance claims up to a cap. For example, if the attachment point was $25,000 and the cap was $250,000 - but the cost of the claim were $275,000, the insurance company would pay the first $25,000, the reinsurance would cover a portion of the claim between $25,000 and $250,000 (for example, 80%), and the insurance company would pay the remainder.

The bill proposes having the DOI set provider rates, using a Medicare benchmark (exempting behavioral health, primary care, and rural hospitals), and utilizing the savings in the state share of federal pass-through funding to fund the program. The idea is that savings for insurance companies will drive down premiums, lower the cost of the benchmark plan, and create tax credit savings to fund the program. No other state has funded a reinsurance program in this way.

This would be a State run insurance system, similar to Cover Colorado. It relies on securing a Section 1332 waiver from the federal government, which has four “guardrails,” as noted in the overview, that must be met.

Due to the lack of an actuarial analysis and the complexity of the proposal, the board’s consensus was to put off any decision about this proposal until an actuarial analysis is completed.

SB19-139: More Colorado Road & Community Safety Act Offices/iDrive
There is an iDrive campaign to expand the number of offices of the Division of Motor Vehicles (DMV) that offer drivers’ licenses to immigrants without documentation residing in Colorado; there were originally six, but due to budget cuts, the number has reduced to three, and due to a cap on the numbers of licenses, the number could drop to just one in the state. SB19-139 is expected to address the DMV cap, allow for online renewals of current license-holders, and enable individuals with taxpayer identification numbers or Social Security numbers to qualify for the program.

MOTION: To Strongly Support SB19-139 and sign on as supporters of the iDrive campaign
Motion/Seconded/Carried Unanimously

HB19-1131: Prescription Drug Cost Education
This Bill requires the manufacturer, or their representative, to disclose to the prescriber the Wholesale Acquisition Costs (WAC) of the drug when they are sharing other information about that drug. They must also provide the WAC of three generics in the same therapeutic class.

The issue is that the WAC is not the actual cost to the patient. It is similar to a suggested retail price created by the manufacturers for wholesalers or direct purchasers, but is only occasionally relevant to the pricing of generic and brand-name drugs. The actual cost to a patient will vary widely, depending on their insurance, what tier that drug falls in, and many other factors (including rebates) in the complicated system of drug price-setting. The impact could be that, while physician recommends the drug they believe will be most affordable to their patient that might not actually be the case. While the board does like the concept of being able to give accurate cost information to the patient, this bill is probably not able to achieve that.
The Board decided to take a neutral position on this bill.

HB19-1120: Youth Mental Health Education & Suicide Prevention
This bill reduces the mental health consent age for outpatient care from fifteen to twelve, and would create a resource bank for suicide prevention and youth mental health resources to be used in schools in the state.

Thoughts on this bill vary from person to person, both within the Health District and in the larger mental health community. Some believe twelve is too young to understand the care they are getting, and parental involvement may be best to ensure appropriate care for the child, and assure the child’s safety and support. However, in a difficult family situation, the priority is access to help that would protect the child and provide a sense of security. There are also concerns about unintentional disclosure through billing practices, requests for charts, etc. It also does not specify those instances when parents can/will be informed, and providing that information could reduce the possibility of a minor seeking help.

MOTION: To SUPPORT/motion failed for lack of second

The Board did not take a position on the bill; staff will provide updates on its progress.

HB19-1009: SUD Recovery
This bill would provide supports for persons recovering from substance use disorders, including expanding a program in the Department Of Local Affairs (DOLA) that provides housing vouchers, setting regulation and requiring licensure of recovery residences, and creating an ‘opiod crisis recovery funds advisory committee’ to advise and collaborate with the Department of Law on the uses of any funds received by the state as a result of opioid-related litigation.

MOTION: To Support HB19-1009
Motion/Seconded/Carried Unanimously

Additional updates include:
- HB19-1169: Mental Health Involuntary Hold – killed; will amend it next year.
- HB19-1033: Local Registration of Nicotine Products – passed, on way to Governor.
- HB19-1044: Advance Behavioral Health Orders – passed, on way to Governor.
  Anticipating a “clean-up” Bill in 2020 to address issues that arise.
- The “Out-of-Network” Surprise Bill – passed Senate; on to the House.

DISCUSSION
Coloradoans Struggle with Health Care Affordability but Agree on Solutions Report, Colorado Consumer Health Initiative (Alyson Williams/Carol Plock)
Included in the board packet was survey data recently published from Altarum’s Consumer Heathcare Experience State Survey. An interesting finding is that respondents from both political affiliations have similar opinions on many issues about how the US health care system should change. Just a few examples of where there is strong support (83-96% agree or strongly agree) for particular changes:
- The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- The government should set standard prices for drugs to make them more affordable
- Require hospitals and doctors to provide upfront patient cost estimates
- Set standard payment to hospitals for specific procedures

**Increasing Public Awareness of the Health District (Michael Liggett)**

Since the board members have now had the chance to review the ideas submitted by Toolbox Creative, Director Liggett asked for any comments. While the group still likes the first option, they also like the concept of “Our health, our community, our health district,” and the term “Our Health District,” and are in favor of having those incorporated in the model selected. The next step is to finalize the elements, and create a new contract; the next steps are already in the budget. The new concept could potentially be aligned with the Triennial Community Health Assessment. It was requested that the contract be brought back to the Board prior to being signed.

**UPDATES & REPORTS**

Ms. Plock presented a few updates: this is the midst of the annual performance review season, so supervisors are very busy with reviews. Work continues on a revision to the Harmony Condos agreement. Major work is happening in the area of transforming substance use disorder approaches: we have contracted with Equitas, a group working on changing the criminal justice system, to work directly with law enforcement, the DA’s office, the Public Defender’s office, probation, and judges to develop a plan for making changes in their systems locally. We are continuing to work with County personnel around the implementation of the 1A expansion of mental health services concept.

The evaluation team has been doing research on options for developing a useful dashboard to track social-determinants of health; it is a complex field but good progress is being made. When we have developed the concept further, we will present to the Board. The evaluation of the MACC (Medicaid Accountable Care) Program is nearly complete, and is showing some cost-savings; when final, we will bring it to the Board. This is grant season; from mid-February through March there were six major grant reports or grant requests, keeping everyone in all the programs hopping. We are bringing in at least two candidates for the Medical Director for all-day visits, and have extended the posting.

**PUBLIC COMMENT (2nd opportunity)**

None.

**ANNOUNCEMENTS**

- March 26, 4:00 pm – Board of Directors Regular Meeting

**ADJOURN**

**MOTION:** To Adjourn the Meeting

Moved/Seconded/Carried Unanimously
The meeting was adjourned at 4:50 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

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 UCH Health-North/PVHS Board