Health District of Northern Larimer County
Board of Directors Meeting
April 23, 2019

BOARD OF DIRECTORS
MEETING
April 23, 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 UCHealth-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
Anita Benavidez, Executive Assistant
Alyson Williams, Policy Coordinator

CALL TO ORDER; APPROVAL OF AGENDA
Director 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

PRESENTATIONS
The Complexity of Pain and Pain Management – Dr. Bruce Cooper
Dr. Cooper presented on the complex issue of pain and pain management at the request of the board, prior to his retirement, due to the Health District’s stated interest in helping the community understand and better address the issue, and to his extensive research into the topic. He noted that the results of our 2016 Community Health Survey indicate that about one quarter of respondents experienced chronic pain (defined as pain every day or most days for the past six months or more), with 7% reporting “high-impact chronic pain” (pain that impairs daily activities and functioning). Research shows that as many as 80% of doctor visits are related to pain.

Pain is a conscious subjective experience there to warn us of danger. It is that experience we associate with actual or potential tissue damage. It is always unpleasant, and therefore also an emotional experience. There are no tests that can identify, predict, or measure pain. It is remarkable how much has been learned about pain in the past 20 years.
There are four pain pathways, and there are multiple pharmaceutical and other approaches available for use all along the pathway. Effective treatment differs according to the pain pathway:

- **Transduction:** when a sensory nerve cell (nociceptor), or a nerve ending, converts an intense stimulus into an electrical impulse. Analgesics (NSAIDs, Lidocaine) are used for this type of pain.
- **Transmission:** when nerve impulses are conducted to the dorsal horn of the spinal cord, eventually ascend to the thalamus and branch to the brainstem nuclei, after which impulses are relayed to multiple areas of the brain. The impulses may be targeted with local anesthetics, opioids, or nerve blocks.
- **Perception:** the process by which a noxious event is recognized as pain. Multiple areas of the brain are involved; there is no singular location where perception occurs. Perception involves the somatosensory cortex, the limbic system, and the frontal lobes. Therapies such as CBT, distraction, relaxation and imagery can assist with this level of the pain pathway. Some patients have an affective emotional component, and anxiety and depression must be treated in order to achieve effective pain control.
- **Descending modulation:** Descending input from the brainstem influences central transmission in the spinal cord. It may either increase or decrease pain. Inhibition of nociception through the release of neurotransmitters such as serotonin, norepinephrine and endogenous opioids and cannabinoids can impact the pain. Certain anti-depressants, SNRIs, and opioid analgesics can have direct effects on descending modulation in acute pain, but may have an aggravating effect in chronic pain. CBT is thought to modulate pain by reducing fear and anxiety.

As it turns out, a lot of chronic pain is not due to problems in the area of the body that is the site of pain, but with the sensory processing mechanisms of the central nervous system. The hallmark of 'centrally driven' pain conditions is a diffuse hyperalgesic state – as if the volume control for pain modulation is turned too high. The brain creates new synapses – permanent learning pathways – that can cause pain that originates in the brain, rather than the original nerve endings. The pain is real, but has a different cause. Fibromyalgia is an example of this type of pain, appearing as increased sensitivity to pain, fatigue, insomnia, memory problems, and a higher rate of anxiety and depression. Centralized pain creates pain that may feel indistinguishable from nociceptive pain, but the treatments are entirely different than those for pain with obvious physical damage. The first step in evaluating pain is to rule out a structural disorder; then rule in a neural pathway disorder.

Although there are three different causes for pain, any combination may be present in a painful condition:

- **Peripheral (nociceptive):** localized, inflammation or mechanical damage in tissues (acute pain, osteoarthritis, rheumatoid arthritis, cancer pain)
- **Peripheral Neuropathic:** Damage or dysfunction of peripheral nerves, pain in nerve distribution (diabetic neuropathic pain, sciatica)
- **Central Neuropathic or Centralized Pain:** Central disturbance in pain processing; pain is widespread, shifts; may include fatigue, sleep, memory, or mood disorders (fibromyalgia, tension headaches)
There are multiple methods of treatment along the entire pathway. In the case of centralized pain, non-pharmaceutical treatments are particularly important. They have found some success using a rehab approach including patient education, cognitive behavioral therapy (CBT), mindfulness exercises, re-engagement in physical and social activities, complimentary alternative therapies, and an interdisciplinary team approach.

These are amazing discoveries, and it’s important to remember that:
- The brain constructs all pain
- Stress and emotions can activate the danger/alarm mechanism and a pain/fear/pain cycle may ensue
- Brain pain can be distinguished from structural pain and treatments are different
- Movement is king

Our community has an increasing awareness of the need and challenges of finding ways to better address pain, and progress has been made in understanding centralized pain approaches, but we definitely need more comprehensive approaches and better training for providers, including behavioral health providers.

**Tax Increment Financing (TIF) Intergovernmental Agreement (IGA)** – Chris Sheafor

A draft Intergovernmental Agreement has been developed for the TIF project at Drake and College. The project will use a variety of financing methods, including tax increment financing. Locally, we have been working with other public entities, and have created a process and a Project Review Committee (PRC) to analyze how projects will impact entities that are the recipient of property taxes, using both a fiscal model and a qualitative evaluation. The PRC has reviewed the application of the fiscal model and the list of projects to be funded. The IGA specifies that the funds are to be used only for the stated improvements within the URA plan area, that expenditures may not exceed a predefined cap (with inflation escalator), adjusts for costs to taxing entities created by the project, and includes all major taxing entities. The duration is 25 years, unless the cap is reached earlier, or the projects completed earlier. When applied, the fiscal model reduced the Health District’s contribution of TIF funding by 34% due to the increased cost of providing services.

The IGA also has these provisions: that this does not set a precedent, that there are annual reporting requirements, it exempts future mill levy increases; and does not create unintended obligations or unintentionally waive rights. Projects that were not related to the core urban renewal purpose were removed at PRC request, and we are working on a potential escape clause so that if one or more of the other key players don’t contribute TIF, the Health District would not contribute either.

At this point, the Library District has approved the IGA, and the County approval process is underway. Poudre School District negotiations have been delayed and are going to arbitration which will cause significant delay. We are negotiating final agreement language, the URA Board Meeting to approve is April 24, and City Council approval is the final step (but cannot occur until the school district arbitration is complete). It was noted that this sets up a process for future opportunities as the group tries to create a common IGA. The Board may see the final agreement at the next general meeting.
DISCUSSION AND ACTIONS

Policy State Issues – Alyson Williams

We are 110 days into the Legislative session with only 10 days remaining. There have been 104 bills “pied”, 634 introduced, and 138 signed. There are about 304 bills still needing resolution.

New Bills for Board Consideration

SB19-227: Harm Reduction for SUDs – The bill creates the Opiate Antagonist Bulk Purchase Fund to facilitate bulk purchasing of opiate antagonists (like Naloxone) at a discounted price, although there is a question about whether the price would truly be discounted, since we currently pay $75 for 2 doses (and there may be even lower pricing for individuals); the anticipated cost is $95. The bill would expand the household medication take-back program in the CDPHE for the purpose of allowing the safe collection and disposal of needles, syringes, and other devices used to inject medication. The bill allows schools to develop policies related to supplying and administering opiate antagonists to individuals at risk of experiencing a drug overdose, and allows hospitals to operate syringe exchange programs. It includes an exemption for drug testing equipment from the definition of drug paraphernalia and requires a person, who is not a private entity, who makes an AED (automatic external defibrillator) available to aid the general public to also make an opiate antagonist available.

There was concern expressed about the AED & naloxone requirement for several reasons, including that it would be counterproductive to discourage anyone from having an AED on premises, and because Naloxone expires and must be replaced regularly. The bill is a mishmash of various concepts. Discussion focused on supporting the bill while urging lawmakers to consider if the Opiate Antagonist Bulk Purchase Fund will actually lead to lower costs, as well as looking for further clarification of what the phrase “person, who is not a private entity” means in relation to the AED and Naloxone portion of the bill.

MOTION: To Support SB19-227: Harm Reduction for SUDs, but to urge lawmakers to consider the fiscal impact of the Opiate Antagonist Fund on those who currently purchase the product, and to clarify the language related to whom the AED/Opiate Antagonist provisions impact. The Board is currently Neutral regarding the AED/Opiate Antagonist requirements.

Motion/Seconded/Carried Unanimously

SB19-228: SUD Prevention Measures – The bill creates specific programs in the Office of Behavioral Health (OBH): the Youth Opioid and Substance Use Prevention Grant Program, and the Maternal and Child Health Pilot Program. The bill appropriates funding to the Department of Public Health and Environment to pursue measures at the state and local level to address substance use disorder (SUD) priorities. The Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies is to implement a public awareness program and hire staff to provide grant assistance to local communities. The bill contains measures related to provider continuing education requirements.

This bill was amended greatly in Appropriations, including a decrease for local efforts funding from $3M to $2M, stipulating that $1.564M has to pass through to local public health agencies. This amendment took out the Local Substance Use Disorder Prevention and Recovery Pilot and Grant Program as well as the SBIRT Pilot Program and the Perinatal Data Linkage program.
Staff noted concern about the continuing education requirements as providers are already required to obtain CE that is applicable to their practice, and many have already been attending CE on opioids. Another concern was a requirement for an opioid warning label; that may be subject to Federal pre-emption by the FDA. Again, this is a bill with a wide variety of approaches; the board noted that it might have been better to separate out the issues. The Board did not take a position on the bill.

HB19-1312: School Immunization Requirements – The bill requires the Department of Public Health and Environment (CDPHE) to develop a standardized form and submission process for individuals to claim a medical, religious, or personal belief exemption to an immunization. In order to claim a personal or religious belief exemption for their child, parents would submit the standardized form to CDPHE or the appropriate local public health agency. The bill also directs CDPHE to develop educational materials.

In the Poudre School District, we have about 7 – 8% of students not immunized based on personal exemptions. The bill includes a recommendation that every child receive the HPV vaccination.

MOTION: To support HB19-1312: School Immunization Requirements

Motion/Seconded/Carried Unanimously

HB19-1296: Prescription Drug Cost Reduction Measures – The bill requires reporting on prescription drugs by manufacturers, insurers, pharmacy benefit managers (PBMs), and certain nonprofit organizations, with the intent of promoting cost reduction. The Commissioner of Insurance is required to post this information on the Division of Insurance (DOI) website, excluding any information that is proprietary. Further, the DOI is to conduct an analysis utilizing the reported information. PBMs are prohibited from retroactively reducing the payment provided on a clean claim submitted by a pharmacy unless the PBM determines, through an audit conducted in accordance with state law, that the claim was not a clean claim. Health insurers are required to reduce the cost sharing a covered person is required to pay for prescription drugs by an amount related to the average aggregate rebates received by the insurer.

This bill requires robust reporting, which has generated a great deal of concern. It would impact the entire market except for Medicare, Tricare, and self-funded plans. It has never been implemented in full in another state, so its impact is unknown. The fiscal impact is not yet determined. The board did not take a position on the bill.

Federal Issues
- Federal Comment: Proposed Regulation Regarding Employee Overtime

The federal Department of Labor (DOL) has published a proposed rule that would boost the level at which a person must be paid overtime if they work more than 40 hours per week from $455/week ($23,660/yr) to $679/week ($35,308/yr). While the proposal seems positive on the face of it, it creates a challenge by not adjusting the formula for part-time workers. Currently the Health District has a handful of full time and part time staff who are performing the same duties and are all classified as Exempt. This rule would require that some part-time professional workers become hourly, non-exempt employees,
subject to different processes such as use of a timeclock. Staff recommends submission of comments to the DOL urging them to consider allowing pro-ration of the salary requirements for part time workers in the case where at full time, the position meets both the salary threshold and duties requirements, particularly with the professional exemption. The Board approved the submission of such comment by consensus.

Other: Late Breaking News

Gallagher Amendment Residential Assessment Rate – The Gallagher Residential Rate, originally projected to drop from 7.2% to 6.95%, is now projected to drop from 7.2 to 7.15%, which means that public entities that rely on property tax revenue will see less of a drop in revenues. The estimated impact to the Health District at the 6.95% rate would have been a drop of roughly $160K, while at the 7.15% rate, the drop is estimated at $32,000.

Other: Updates on bills where the Board has taken previous positions

Alyson reviewed current status of bills on which the Health District Board has taken a position:

Of those bills strongly supported by the Board, three have passed: HB19-1004: Public Option; HB19-1033: Local Government Regulate Nicotine; and HB19-1038: Dental Services for Pregnant Women. Two were killed: HB19-1169: Mental Health Involuntary Transportation Hold and SB19-012: Mobile Devices while Driving. Eight are still in play.

Of those supported by the Board, four have passed: HB19-1010: FSED Licensure; HB19-1044: Advance Behavioral Health Orders; SB10-139: IDrive; and Zero Suicide Implementation Funding. Eight are still in play.

Of those of concern but for which the Board took no position, one has passed: HB19-1131: Prescription Drug Cost Education. Three are still in play.

General Approval of Restroom Renovation Project and Agreement – Chris Sheafor

Mr. Sheafor presented the agreement for restroom renovations in the 202 Bristlecone Building. He noted that the buildings are about 20 years old. Funds of $45,000 were approved in the 2019 Budget for this project. In addition to the restrooms we will be finishing the carpet replacement at 120 Bristlecone. Chris is requesting General Board approval for the restroom renovations.

MOTION: To approve the contract to renovate restrooms in the 202 building.
Motion/Seconded/Carried Unanimously

Memo Correcting December 13, 2018 Board Meeting Minutes – Carol Plock

This change is to correct a typo in the December 13, 2018 Board minutes. The resolution itself was correct but the Minutes had the wrong year for spending revenues into reserves.

MOTION: To approve the correction to the December 13, 2018 Board Minutes, changing the statement “To spend 2017 Revenues into Reserves” to “To spend 2018 Revenues into Reserves.”
Moved/Seconded/Carried, 4 ayes, 1 abstention
Liggett abstained due to absence at the meeting.
UPDATES & REPORTS

Executive Director – Ms. Plock noted that the day-long interviews with Medical Director candidates are underway. The Health District is working with community partners including the Larimer County jail and SummitStone Health Partners to apply for funding for a MAT program in the jail; in a recent phone call with the potential funder, they expressed possible interest but could not fund one of the requests, so the request will be reconfigured. The Dental Services Coordinator is undertaking the complicated process of re-analyzing the demand for dentist hours in the Dental Clinic, because recently one of our dentists resigned. Ms. Plock recently met with members of the Directing Change group, presenting on Health District priorities and engaging in a discussion about what data would be useful for participating organizations. Although there is interest in indicators for social determinants of health, the group was most interested in finding ways to help the general public understand the barriers that the people they are working with are experiencing (in order to generate public will for changes), so the discussion leaned towards ways to collect information from their existing clients. We anticipate further work with the group.

UCHealth-North/PVHS Board Liaison Report – Director Naqvi

Director Naqvi noted that UCHealth is stable financially. UCHealth North will be opening a new hospital in Greeley soon, and they anticipate significant demand. Interestingly, UCHealth outpatient revenues have topped hospital revenues. There have been some discussions regarding whether UCHealth would be a provider for the new Mental Health Center. The relationship between hospitals in the state and HCPF seems to be antagonistic at this point; there is strong concern from hospitals regarding how some of the legislative proposals will be funded, and whether hospitals will start seeing major losses. Should the threat be substantive, hospitals may need to take a critical look at money-losing programs like Medicaid and psychiatric services.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA AND DECISION

The Minutes for 3/28/2019 were pulled off the consent agenda due to the absence of Director Naqvi.

- Approval of the Consent Agenda.
  
  MOTION: To Approve the Consent Agenda, including the March 12, 2019 Board Meeting Minutes and the February 2019 Financial Statement. 
  
  Moved/Seconded/Carried Unanimously

- Approval of March 28, 2019 Board Meeting Minutes.
  
  MOTION: To Approve the March 28, 2019 Board Meeting Minutes
  
  Moved/Seconded/Carried, 4 ‘aye’, 1 abstention
  
  Naqvi abstained due to absence

Director Kling and Director Liggett are unable to attend the June 25, 2019 meeting; it may be cancelled if not needed, particularly if the Audit is presented in May.

ANNOUNCEMENTS

- May 28, 2019, 4:00 pm, Board of Directors Regular Meeting
- June 25, 2019, 4:00 pm, Board of Directors Regular Meeting [may be cancelled]
- July 3, 2019, 8:00 am – 3:00 pm, Board of Directors Retreat
MOTION: To Adjourn the Meeting
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:50 pm

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 UCHealth-North/PVHS Board