BOARD OF DIRECTORS
MEETING
March 28, 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

BOARD MEMBERS ABSENT: Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Bd.

Staff Present: Brian Ferrans, Manager, Behavioral Health Strategy and Implementation
Carol Plock, Executive Director
Bruce Cooper, Medical Director
Devin Kepler, Larimer Health Connect Team Supervisor
Richard Cox, Communications Director
Rosie Duran, Larimer Health Connect Team Supervisor
Lorraine Haywood, Finance Director
Wendy Grogan, Administrative Assistant
Chris Sheafor, Support Services Director
Maria Jorgensen, Project Implementation Coordinator
Dana Turner, Dental Services Director
Jess Fear, Manager, Behavioral Health Strategy and Implementation
Lin Wilder, Community Impact Director
Allyson Williams, Policy Coordinator

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:00 p.m. Dr. Naqvi’s absence is excused. Additions to the Agenda: Update on response to Directing Change, and 2019 Board of Directors Retreat.

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

PUBLIC COMMENT
None

PRESENTATIONS
Our Larimer Health Connect Experience: Past, Current, Future was presented by staff members Devin Kepler and Rosie Duran, Co-Coordinators of Larimer Health Connect. The history of the Health District’s involvement in helping people connect to health insurance goes back to 2000, when we focused on enrollment in the Child Health Plan (CHP+) because only
50% of eligible children were enrolled. In 2010, the Health District became a certified application assistance site (CAAS) for Medicaid. As the Affordable Care Act began, focus expanded to also assist those eligible for health care on the new marketplace, where individuals/families can shop for private health insurance. In 2013, the Health District received a grant and certification to become a Connect for Health Colorado Assistance Site. In 2019, we have been awarded certification as a State Health Insurance Program (SHIP) site, allowing us to assist consumers in making choices about Medicare. Currently, staff can assist consumers in understanding their health care coverage options and getting enrolled in Health First Colorado (Medicaid – including special programs), Connect for Health Colorado, CHP+, and Medicare, and help people analyze whether COBRA is a better option when they are leaving a job.

Larimer Health Connect (LHC) currently has three locations and 8 staff; they are a dynamic, highly trained team. Through time, the systems used by the state for sign-ups and troubleshooting have improved, so we have become more efficient and effective, and now function with 8 staff instead of the prior 12.

Barriers still exist for consumers, can feel overwhelming at times, and can include: understanding so many options – with so many details and the fact that they change from year to year, agency fatigue when consumers get bounced around, glitches in the technology, plan design. Larimer Health Connect provides free, unbiased, in-person assistance in Fort Collins and Loveland, empowering consumers to make the best decision for themselves. We have four bilingual Spanish speaking staff members. The Connect for Health Colorado grant requires that we cover the county and respond to anyone who contacts us. Outreach efforts include direct mail into 92,000 homes, which has been very successful in reaching consumers, as well as outreach with Thompson School District, Poudre School District, Farmer’s Markets, Health Fairs, Job Fairs, local walk-in events as well as community events in Estes Park, Berthoud, and much more.

Larimer County has about 11,877 people enrolled in the Marketplace in the most recent open enrollment period, and our staff assisted at least 1,060 of those. In Colorado, 76% of those purchasing health insurance on the marketplace have incomes that qualify them for financial assistance. Though costs of health insurance have risen since 2014, so has financial assistance, and the average premium paid by consumers on the marketplace in Colorado is $117 per month.

Staff regularly hear impactful stories from consumers, including a family who was paying $1800 per month for health insurance on COBRA when their wage earner lost their job, only to have a family member diagnosed with cancer – staff were able to determine that in their particular situation, they could qualify for Medicaid, creating major relief from that cost burden, which was unsustainable. Other consumers have told staff that they were about to let their insurance lapse, or that they would have given up without assistance. Larimer Health Connect has a strong reputation, and now can assist people throughout the life span.

Challenges remain. The biggest challenge is the ‘family glitch’ - which means that if an employee has affordable coverage (for themselves, not the family), the family is not eligible to receive financial assistance on the marketplace, even if their income would otherwise qualify them. The continuing uncertainty of the continuation of the ACA causes consternation and
confusion for consumers. There is an increasing cost sharing burden for clients, where deductibles and copayments are very difficult to cover. The potential of short term and association health plans may pull healthy individuals out of the marketplace, which could increase costs for those who remain. If a family’s situation changes, or they didn’t plan well, they can find that at the end of the year, they have taken too much financial assistance and may have to pay it back in taxes.

**Changing Minds Outreach Project: Moving to Phase 2**

Brian Ferrans, Manager of Behavioral Health Strategy and Implementation on the Community Impact Team, updated the Board on the Changing Minds project. In 2017, the Mental Health and Substance Use Alliance and the Health District recognized that there is a lot of misunderstanding and bias about addiction, creating barriers for people getting the help they need, and set a priority to create an outreach campaign to help people better understand what we now know about substance use disorders.

Key facts about substance misuse: (1) estimated to cost society $442 billion each year in health care costs, lost productivity, and criminal justice costs and (2) there are both short term and long term health impacts, including blood pressure, stroke, heart/lung disease, and others. In Larimer County alone 26,000 people suffer from addiction. With only one in ten getting the care they need – that leaves 23,660 people in need of addiction treatment. In a survey by the Colorado Health Institute, the key barriers to getting care were stigma and cost; those in need of care said that stigma kept them from seeking care, and that they were concerned about someone finding out that they have a problem.

The goal of Changing Minds is to normalize substance use disorder as the chronic condition that it is. In early 2018 we contracted with Toolbox Creative to develop a campaign to help raise awareness of this chronic disease and to dispel some of the misunderstandings in the community. The campaign was launched in July at the NewWest festival, with the distribution of ‘Brain Pods’ that have information about SUD to spark interest and create dialogue. The brain pods have been placed in several other locations (for example, the Foothills Mall, CSU, UC Health Cafeteria, the Estes Park Library, and several businesses), and there have been over 20 presentations, since then. A Changing Minds website includes educational pieces, access resources, personal recovery stories and more. Response to presentations is often “wow – I never really thought about it that way.”

The importance of addressing SUD relates to its incredible impact on health. When reviewing potentially avoidable costs, addiction is in the top of the list, and it impacts all parts of the health system. But it goes farther, into the human services and criminal justice system. Efforts are underway to retrain people in health and human services and the criminal justice system, as well as the wider community. If people understand addiction and intervene effectively, and we develop more effective treatment, it would make an enormous difference in our community.

**DISCUSSION AND ACTIONS**

*Board General Approval of Changing Minds Outreach Project Contract*

The plans for Phase 2 of Changing Minds include broadening the reach of the campaign with different strategies and campaign elements; improving and increasing community presentations and strategic outreach such as a poster and social media campaign; creating new educational
training videos that are client-centered; introducing an “addiction is not fiction” theme; and getting more active engagement with the community. The success of this campaign is building as we receive more and more requests to do these presentations and others interested in branching off those presentations. We are requesting general Board approval to move forward with the development and implementation of Phase 2, spending the previously approved 2019 Budget dollars on this project.

**MOTION:** To approve entering into a contract with Toolbox Creative to complete Phase II of the Changing Minds Outreach Project.

*Moved/Seconded/Carried Unanimously*

**Replat, Amendments to Covenants, 1075 Pennock Place**

Chris Sheafor, Support Services Director, introduced the topic of issues that have arisen on property that the Health District mostly owns on Pennock Place in Fort Collins (currently leased to UCH Health North/PVHS). In the midst of the property owned by the Health District, there is a Pizza Hut that is not in our ownership. There are three issues: first, the area needs to be replatted because it was platted incorrectly years ago. Second, there is an encroachment (walk-in cooler at back of Pizza Hut), so an Encroachment Agreement is being developed for as long as Pizza Hut continues at that property. Third, in the original agreement, a property owners’ association was to be set up. That has not been done, so UCH Health has not been able to charge the owner of the Pizza Hut property for maintenance for common areas (such as the parking lot), and UCH Health has been bearing all of those costs. The agreement will be changed so that UCH Health will become the manager, with the ability to bill the other owner proportionally for maintenance costs. The changes have been agreed to by the other parties; we need approval for Board President Michael Liggett to sign the plat (and any appropriate documents) when we receive them.

**MOTION:** To approve the proposed changes in the plat, the First Amendment to Declaration of Covenants, Conditions and Restrictions for the Riverside Shopping Center Subdivision Filing No. II, and a proposed Easement Agreement for Encroachment, regarding 1075 Pennock Place, and having Chairperson Michael Liggett sign the appropriate Replat and the relevant documents.

*Moved/Seconded/Carried Unanimously*

**Proposed State Legislation**

Policy Coordinator Alyson Williams provided an overview of recently released State Budget proposal and implications. The State of Colorado requires a balanced budget, and the Joint Budget Committee completed its budget last Friday. Key elements in the JBC Budget include: full-day Kindergarten at $185M, higher education tuition at $105M, Transportation at $30M, $15M to reduce wait times for court-ordered mental health evaluations, $5M to add 42 beds to the state mental health institution in Pueblo, a $1M increase in the Senior Dental fund, $1M for LARC, and a 1% provider rate increase. In a short Senate session to consider amendments, additions of interest include $500K for Zero Suicide work, $106M for transportation, $5M to build substance use disorder treatment capacity in rural and frontier counties, and $4.5M in
support services for people transitioning out of criminal justice and mental health institutions. The House will receive the budget and consider amendments next week.

HB19-1176: Health Care Cost Task Force
This Bill was amended yesterday, with a focus on creating a Health Care Cost Analysis Task Force. The bill creates a task force to analyze health care financing systems in order to give the general assembly findings regarding the systems’ cost of providing adequate healthcare to residents of the state. The Task Force is to be composed of balanced bi-partisan participants from General Assembly, Commissioner of Insurance, and eight members of the Governor’s office.

The purpose of the Task Force is to select a professional analyst to prepare a comprehensive analysis for the General Assembly on a variety of different ways to fund health care in our state (i.e., multi-payer, public option, universal healthcare). A board question was how funding for this would be incorporated into the budget. Staff are not sure what the approach for funding for this bill is; some bills have funding already included in the budget, and some will be funded from the remaining revenues that have not been budgeted yet. The next step for this bill is a hearing in Appropriations.

**MOTION: To support HB19-1176: Health Care Cost Task Force**
Moved/Seconded/Carried unanimously

HB19-1216: Reduce Insulin Prices
This bill establishes an out-of-pocket maximum for cost-sharing at $100 per 30-day supply of insulin, and directs the Department of Law to investigate the price of insulin that is made available to Colorado consumers in order to ensure adequate consumer protections in the pricing of insulin. This is a unique approach for just one drug, but may inform practices on other drugs as well. It has been found that when one of the three manufacturers of insulin increase their prices, the others follow; a board comment was that there is no excuse for insulin pricing being this high. Next step is hearing in Appropriations.

**MOTION: To strongly support HB19-1216: Reduce Insulin Prices**
Moved/Seconded/Carried unanimously

HB19-1233: Investments in Primary Care
This bill creates a primary care payment reform collaborative in the Division of Insurance, requires the Commissioner of Insurance to set affordability standards for premiums – including adding targets for insurance carrier investment in primary care, and creates a primary care spending report based on the National Provider Identifier (NPI). Additionally, it requires that HCPF and insurance carriers who offer health plans to state employees set targets for investments in primary care, supporting value-based health delivery in alignment with affordability standards.

Rhode Island imposed affordability standards in 2010. Standards required to insurers to increase spending on primary care, adopt a patient-centered medical home model, adhere to certain quality of care and payment provisions (including an inflation cap on medical spending) when contracting with hospitals, transitioning hospital payments from per diem to value-based
payments, and those based on diagnosis-related groups, which pay a fixed fee for a given type of
diagnosis and inpatient stay. In reviewing proposed rate increases, the Insurance Commission
may consider the affordability of health insurance for consumers, and whether the insurer has
taken steps to increase affordability.

MOTION: To support HB19-1233: Investments in Primary Care
Moved/Seconded/Carried unanimously

HB19-1168: Reinsurance Bill
Ms. Williams reported that the actuarial analysis came out on this Bill. There are three tiers
representing different regions in Colorado: Tier 1 – Boulder, Colorado Springs and Denver; Tier
2 – Fort Collins, Greeley, Pueblo and East; Tier 3 – Grand Junction and the West. Reduced costs
could lead to a statewide decrease in individual health insurance premiums of nearly 23%
(reinsurance is limited to those who purchase health insurance on the individual market and do
not receive federal financial assistance through the marketplace). About 92-98% of costs are
anticipated to be covered by federal pass-through funding, utilizing a fee schedule with a floor of
130% of Medicare. Commercial claims range from 100%-235% of Medicare, depending on the
service, so this could result in a significantly lower payment for providers of certain services.

Only one option fully funds the program and the model didn’t include any of the exemptions (of
services like primary care, obstetrics, and mental health, or of providers like rural hospitals);
these exemptions would impact the funding model. Federal action on reinsurance may develop;
there is talk of a new bipartisan bill out of House Energy & Commerce. This is a very complex
proposal and it is hard to project all the consequences. The Board did not take a position on the
bill.

Status of legislation previously discussed; issues on the horizon:
There are several other issues of interest. The FAMLI Act – Family and Medical Leave
Insurance Act – would offer 12 weeks of paid leave; funded by employer/employee contribution
to an insurance fund. There are a lot of amendments being proposed, and the impact to the
Health District is unclear at this point. There is a bill that would allow local governments to set
their own minimum wage, but it is not clear on how it would work for entities that have
boundaries that cross over (for example, cities within counties). A bill is being proposed to
register Pharmacy Techs (which could register issues if they leave employment due to stealing or
other problems). Upcoming bills include one on mental health & SUD insurance parity, and a
potential Omnibus Opioid Bill.

Federal legislation updates:
At the federal level, all eyes are on the ACA litigation: the country is waiting on oral arguments
in Appellate Court, which would likely lead to a decision in the summer, followed by a potential
move to the Supreme Court. The Trump administration has stated that they will not defend the
law. Recently, states’ efforts to institute Medicaid work requirements were slowed by a ruling
by a Federal judge, that remands back to HHS their decision to approve work requirements in
Arkansas and Kentucky. Iowa and Idaho have both killed their proposals for work
requirements.
House Democrats have introduced a Health Care Package that would expand eligibility for premium tax credits beyond 400% of the Federal Poverty Level; increase the size of tax credits for all income brackets; address the ‘family glitch’ by ensuring access to subsidized coverage terms based on affordability of the family coverage; rescind the final rule on association health plans as well as short-term duration health plans; prevent certain actions currently proposed for 2020; reverse official guidance on State innovation waivers; create $100 million in consumer-assistance programs for states; etc. While the full package is unlikely to move, some elements are picking up interest, including addressing the ‘family glitch,’ and potentially a reinsurance solution.

UPDATES & REPORTS
There is not a lot of change in the Tax Increment Financing Intergovernmental Agreement for Drake/College; we are waiting for the second iteration of the Agreement. When received, we will have attorney review before it is brought back to the Board. There’s a delay in the timing; the date to go to the URA Board has been moved out beyond early April. Poudre School District is asking for a clause that ensures that they wouldn’t have to participate should the State not backfill their funding.

Executive Director updates:
There was only one date through July that could work for the annual Board retreat; the group agreed to hold the retreat on July 3 if Dr. Naqvi is available. Ms. Plock has begun but not completed a letter in response to Directing Change; the board was in support of still getting it out. The performance review process is complete; it went smoothly, though this year was a year in which there was only a small increase (the pool was 1.5%). The search for the Medical Director is making progress, with more candidates identified for in-person visits.

A few of our staff attended the National Conference of the Council for Behavioral Health this week. One interesting session was with Dr. Ken Minkoff, who assisted our community several years ago when we were moving to ‘co-occurring capable’ (mental health and substance use) treatment. He and his partner Dr. Cline are working with a variety of national experts on minimum standards for crisis care for those experiencing a mental illness or substance use disorder emergency – so that those conditions are treated no less seriously than emergencies for, say, heart attacks or fires.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
- Approval of January 2019 Financial Statements
- Resolution 2019-03 Safe Deposit Box 2219 – 5542
- Resolution 2019-04 Safe Deposit Box 4919
- Resolution 2019-05 Safe Deposit Box 5546
- Resolution 2019-06 Safe Deposit Box 5742

MOTION: To Approve the Consent Agenda as Presented
Moved/Seconded/Carried Unanimously
DECISIONS
Approval of the minutes of December 13, 2018, and January 22, 2019

MOTION: To Approve the December 13, 2018 and January 22, 2019 Board Mtg Minutes
Moved/Seconded/Carried with 3 yes (Liggett absent for those meetings)

ANNOUNCEMENTS
• April 9, 2019, 4:00 pm – Board of Directors Special Meeting
• April 23, 2019, 4:00 pm – Regular Board Meeting

ADJOURN

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

The meeting was adjourned at 5:40 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 UHealth-North/PVHS Board