BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Tracy L. Nelson, Ph.D., Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer

BOARD MEMBERS ABSENT: Tess Heffernan, Liaison to UCHHealth-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Rosie Duran, Larimer Health Connect
Lorraine Haywood, Finance Director
Devin Kepler, Larimer Health Connect
Laura Mai, Finance
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Board & ED
Sarah Tilleman, Dental Services Director
Lin Wilder, Community Impact Director
Alyson Williams, Policy Coordinator

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:00 p.m. There were no changes to the meeting agenda. Ms. Heffernan was excused from the meeting.

PUBLIC COMMENT
No comments.

PRESENTATIONS
Larimer Health Connect: Results of Last Open Enrollment and Future
Ms. Karen Spink, Assistant Director, introduced Ms. Rosie Duran and Mr. Devin Kepler, Co-Supervisor Leads for the Health District’s Larimer Health Connect program, noting that they have been very instrumental to the success of the program.

For this latest open enrollment period, Larimer Health Connect staff served more people in an open enrollment period that was 19 days shorter than last year. Specifically, they served 1,092 households in 1,692 encounters, resulting in at least 914 people being enrolled in either Medicaid/CHP+ or a marketplace health plan. Total marketplace enrollments overall in Larimer
County were down 3% when compared to the previous enrollment period, but when compared with other similar counties that also saw a decrease, Larimer County had the least.

Other successes for the Larimer Health Connect program: 59% of customers were repeat customers (the health insurance system is still changing each year, is complex, and people have questions and need assistance); there was increased efficiency with problem solving (staff had access to support at the state level that did not exist before); the program increased availability with extended hours (more evening appointments available as well as some weekend hours); and also added a few “walk-in only” days. While there were amazing successes, some things created challenges, including: the volume of clients to be served in the shortened enrollment period; 95% of customers assisted by our program were enrolled in financial assistance; while the system improves every year, there remain some problems with glitches; and staff needed to provide post-enrollment troubleshooting to address issues on the carrier side.

Larimer Health Connect staff received a 97% customer satisfaction rate and clients consistently expressed their gratitude for the assistance. Since most of our customers receive financial assistance, they saw very little increase, if any, in premiums – while premiums increased, so did tax credits.

One of the remaining problems with the health system is the “family glitch” – the part of the regulations that state that if a person is eligible for employer-sponsored health insurance, and the cost of the insurance is affordable for the employee, the family cannot qualify for financial assistance for health insurance purchased on the exchange, even if family coverage is not affordable. Another big challenge is those who are “functionally uninsured” - who choose policies with the lowest premiums, but then have cost sharing costs for deductibles, copays, and coinsurance that is too high for them to afford. Carrier pricing drives people to different payers, which means that customers often have to change doctors. A silver lining for some was Colorado’s buy-in program for ‘working adults with disabilities,’ which allows access to the Medicaid program for qualified individuals.

In the interim between open enrollment periods, Larimer Health Connect staff work on enrollments for those qualified to enroll year round, continue outreach activities (including a targeted Latino outreach effort), are working on a health insurance literacy program to help people understand how to use their insurance which will include Health Coverage User’s Manual. Future issues: the next open enrollment period will be even shorter, at just 6 weeks. Staff will be submitting a grant application for continued funding from Connect for Health Colorado. Staff are considering having trained counselors who can help clients who are aging into Medicare, but only if it works with the existing Medicare Assistance System (SHP). There continues to be uncertainty about the stability of the marketplace and Medicaid. Connect for Health plans to develop a new eligibility system that will not be so tied to Medicaid eligibility, and staff will be assisting with the testing of the new system.

DISCUSSION AND ACTIONS

Policy

Federal Issues:
- The Omnibus Spending Bill was recently passed. The bill is 2,232 pages and includes $1.3 billion in spending. Included in the bill are increases in funding for Mental Health Block
Grants, Substance Abuse and Prevention and Treatment Block Grants, Mental Health First Aid, funding for NIH to research addiction and non-opioid alternatives, and a boost in the Affordable Housing Tax Credits. Of particular import of what was left out is funding for health insurance marketplace stabilization, including reinsurance, risk corridors, or cost-sharing reductions.

- **White House Opioid Plan** - The plan is not comprehensive, but does list several positive actions – though without providing explanations as to how they might be accomplished or paid for. It recommends such changes as expanding naloxone to first responders, providing screening and treatment for federal inmates, increasing access to drug courts and to medication assisted treatment, and changing the IMD law that restricts Medicaid funding for residential substance use disorder treatment.

**State Issues:**
The legislative session has been in session for 77 days; 566 bills have been introduced; 103 of them postponed indefinitely (Pl’d) and 79 bills have been passed. Ms. Williams gave a quick run-down on the status of the House and Senate bills for which the Board has taken previous positions. Also reviewed were two bills which saw substantial amendments: HB18-1003: Opioid Misuse Prevention and HB18-1007: SUD Payment/Coverage.

**New Bills for Board Consideration**
- **HB18-1284: Disclosure of Prescription Costs at Pharmacies** – Would prohibit insurance carriers and pharmacy benefit managers from prohibiting a pharmacy or pharmacist from providing a covered individual with information regarding the amount they will have to pay or the clinical efficacy of affordable alternative drugs (“gag clause”). The bill also prohibits carriers and PBMs from requiring the pharmacy to charge a copayment that exceeds the total charges that are submitted by the pharmacy (“clawbacks”).

  **MOTION:** To SUPPORT HB18-1284.
  *Motion/Seconded/Carried Unanimously*

- **HB18-1279: Electronic Prescribing of Controlled Substances** – would require podiatrists, dentists, physicians, physician assistants, advanced practice nurses, and optometrists to prescribe controlled substances only through electronic prescribing, with some exceptions. Prescribers must comply with this requirement by July 1, 2020 and would report their compliance through the license renewal process. Right now in Colorado, physicians can, but are not required, to prescribe controlled substances electronically. Some of the benefits to e-prescribing include avoidance of drug interactions, access to information more quickly, decreased likelihood of abuse, less incidence of stolen prescriptions pads, etc.

  **MOTION:** To SUPPORT HB18-1279.
  *Motion/Seconded/Carried Unanimously*

- **SB18-214: Request Self-Sufficiency Waiver for Medicaid Program** – This bill directs the Colorado Department of Health Care Policy and Finance to develop and submit an application for a Section 1115 Medicaid waiver to implement certain provisions as a part of Colorado’s Medicaid program. Per the bill, the waiver application must include: the requirement for able-bodied adults, with stipulated exceptions, to work, seek work, attend job training, or volunteer for Medicaid eligibility; able-bodied adults must verify their income on a monthly basis for eligibility; there would be a life-time limit of five years on Medicaid

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benefits; and HCPF may also impose copayments to deter use of emergency departments and ambulance services for nonemergency services. Board and staff expressed concerns that this bill would be very costly to implement, does not take into consideration other reasons for people to be unable to work (for example, care of a family member who, if not cared for at home, would require much more costly care in a nursing home), does not account for those whose age and serious chronic conditions impact their ability to work, and in general could have unintended major consequences for many people who need Medicaid for their health needs, costing the state even more.

**MOTION:** To STRONGLY OPPOSE SB18-214.  
*Motion/Seconded/Carried Unanimously*

**Revisions to Employee Handbook**  
A copy of the Employee Handbook and proposed changes was presented to the Board for their review and consideration. Every other year the Employee Handbook is reviewed to ensure that it is up to date with current employment laws and that the information provided in the Handbook is clear and easy to understand. President Liggett recommended some revisions to reduce ambiguities, and those revisions were provided to the Board.

**MOTION:** To approve the Employee Handbook revisions as presented.  
*Motion/Seconded/Carried Unanimously*

**Larimer County Community Health Improvement Plan Priorities**  
Recently, as part of the process of developing their 2018 Community Health Improvement Plan, the Larimer County Department of Public Health and Environment held a Healthy Larimer Summit, a day long public event focused on looking at community health data, identifying and prioritizing community health needs, and learning about community resources. At the summit, community partners worked together to identify and prioritize community health needs. After the Summit, the rankings of these priorities were evaluated and after consulting with leaders representing government, healthcare, and large non-profit entities, and taking into consideration funding and capacity, the Health Department identified two priorities: Promoting Mental and Emotional Well-being and Access to Quality Childcare.

In a related issue, however, Ms. Sullivan noted that SNAP (formerly the food stamp program) enrollment is an issue in Larimer County, which Larimer County ranks 9th out of the 10 largest counties in Colorado for the number of people eligible for the program but not enrolled. The Health District is starting to investigate whether it might be possible for Larimer Health Connect staff to be ‘deputized’ by Larimer County to perform SNAP interviews (staff already help people apply through the electronic application process) to help people enroll more expeditiously.

**Update on URA Board, Special District Membership**  
Efforts are underway to select a board member from a special district to participate on the local Urban Renewal Authority (URA) Board. The proposed process for assigning a special district member representative for the URA Board is to include interviews with interested candidates to learn their interests, background and level of interest in participating as a member of the URA Board. The interviews will be conducted by a staff and board member from each interested organization, plus a person from the County. At this time, there are only two special districts interested – the Poudre River Library District and the Health District. The board members from each board whom have expressed interest in representing are Mr. Joe Weiss (Library District)
and Ms. Deirdre Sullivan (Health District). The goal is that whomever is chosen be dedicated, knowledgeable of the process, and able to keep the other affected special districts informed. The Board expressed support for this process and supported having Mr. Sheafor be the Health District staff member on the interview panel.

**UPDATES & REPORTS**

**New Board Members (May 22); Cancellation of Elections**
At one time there were four nominees for this year’s board elections. By the deadline for nomination applications, however, Ms. Tess Heffernan had withdrawn her nomination, which left three nominees for the three open positions, allowing the Elections Official to cancel the elections. The new board members are incumbent Mike Liggett, and new members Dr. Joseph Prows and Dr. Molly Gutilla. An orientation for the new members has been scheduled for May 21. Mr. Sheafor will swear in the new members at the May 22 board meeting and elections for board officers will be held at the June meeting.

**Executive Director Updates and Other Updates**
It was announced that Ms. Sarah Tilleman, the Dental Services Director, will be leaving the Health District very soon. She has accepted a position with the American Dental Association in Chicago, Illinois as a Senior Manager of Credentialing and Third-Payer Party advocacy. Staff and Board expressed their appreciation to Ms. Tilleman for her work at the Health District and wished her well as she goes forward.

Other updates: Supervisors and Directors are almost finished with the personnel review process; and Ms. Wilder announced that a part-time project manager has been hired for the Healthinfsosource project to help move forward on the next steps, which include conducting focus group meetings to determine user needs and preferences; and that the vendor “Nerdy Minds” has been selected to develop the blueprint and options.

**UCHealth-North/PVHS Board Liaison Report**
Since Ms. Heffernan is absent, there was no report.

**PUBLIC COMMENT (2nd opportunity)**
None.

**CONSENT AGENDA**

- Approval of February 27 Board Meeting Minutes.
- Approval of the January and February 2018 Financials.

**MOTION:** To approve the Consent Agenda as presented.

*Motion/Seconded/Carried Unanimously*

**DECISION**

- Approval of the February 21 (Joint Board Meeting) and March 13, 2018 Board Meeting Minutes.

**MOTION:** To approve the February 21 meeting minutes as presented.

*Motion/Seconded/Carried (Sullivan abstained)*

**MOTION:** To approve the March 13 meeting minutes as presented.
ANNOUNCEMENTS

- April 10, 4:00 pm, Board of Directors Special Meeting
- May 1, 4:00 pm, Board of Directors Regular Meeting (moved from April 24; extended)
- May 16, Rethinking Addiction Kickoff (SUD transformation project), 7:00 p.m.

Board members were encouraged to attend one of the May 16 “Rethinking Addiction” public awareness events. The event is a Kickoff for a special project funded by the Colorado Health Foundation to begin to transform how the community perceives and tackles substance use disorders, and includes a breakfast for primary care providers and other healthcare providers and an evening event for community members.

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of discussion pertaining to personnel issues pursuant to §24-6-402(4)(f) of the C.R.S. (Executive Director review)

Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:25 p.m.
The Board came out of Executive Session at 6:00 p.m.

ADJOURN

MOTION: To adjourn the meeting.

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 6:01 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

[ABSENT from the March 27, 2018 meeting]

Tess Heffernan, UCH Health-North (PVHS) Board Liaison