Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
SPECIAL MEETING
March 10, 2020

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

Staff Present:
Carol Plock, Executive Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Dana Turner, Dental Services Director
Chris Sheafor, Support Services Director
Lin Wilder, Community Impact Team
Anita Benavidez, Executive Assistant
Alyson Williams, Policy Coordinator
Jessica Shannon, Resource Development Coord.
Kristen Cochran-Ward, Mental Health Connections Program Manager
MJ Jorgensen, Project Implementation Coord.
Sue Hewitt, Evaluation Coordinator
Brian Ferrans, BH Strategy & Implementation Mgr

Others Present: Jinhee Yoo, CSU Pueblo

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:03 p.m. The agenda was amended to add recognition of Carol Plock's birthday today.

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

PUBLIC COMMENT

None

DISCUSSION & POTENTIAL ACTIONS

Policy

Update on New Process of Determining and Reporting Board Positions

Ms. Williams requested that in the future, when the Board supports a bill while urging a language change, the Board make clear in their position whether the Board would support the position whether the changes are made or not, or whether amended language would be a necessary condition to their support.

State Legislative Proposals
The Legislature has been in session for 63 days, with 57 days remaining; 599 Bills have been introduced, with 96 killed and 23 signed. Many are waiting for Appropriations review. The Quarterly Revenue Forecast is due March 17, with the Long Bill (budget) to be introduced March 23.

Updates to Bills:

- **HB20-1294 Replaces the term 'illegal alien' with 'unauthorized worker' when used in public contracts.** A concern was that the term 'unauthorized worker' can have more meanings than the bill intends, so either a definition or another term would be an improvement.

- **SB20-163: School Entry Immunizations**
  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. It also establishes a statewide vaccination goal for schools and child care facilities, and requires all immunizing health care providers to use the current voluntary immunization data systems. After significant negotiations, students who receive home schooling can be exempt, but only if they never attend school. A Board member indicated concern for families who may not have online access, and recommended that a school be required to print out the information. The Board also encouraged an amendment so that the bill would apply to all students, including those who are home schooled.

  MOTION: To strongly support SB20-163: School Entry Immunizations, while also encouraging an amendment so that the requirement would apply to all children in the state; and to require that a print version of the education module and form be available on request.
  Moved/Seconded/Carried Unanimously

- **HB20-1319: Prohibit Sale of Flavored Nicotine Products**
  After September 1, 2020, the bill prohibits the sale of flavored cigarettes, tobacco products, and nicotine products, and products that are intended to be added to those products to produce a flavor other than tobacco. An amendment was added so that the bill would not apply to retailers' age-restricted (21+) premises.

  MOTION: To strongly support HB20-1319: Prohibit Sale of Flavored Nicotine Products.
  Moved/Seconded/Carried Unanimously

- **HB20-1236: Health Care Coverage Easy Enrollment Program**
  The bill creates the Colorado Affordable Health Care Coverage Easy Enrollment program in order to utilize the tax filing process to connect uninsured Coloradans to free or subsidized health care coverage.

  MOTION: To strongly support HB20-1236: Health Care Coverage Easy Enrollment Program
  Moved/Seconded/Carried Unanimously

- **HB20-1198: Pharmacy Benefits Carrier & PBM Requirements**
  The bill creates the "Fairness in Prescription Drug Benefits Administration Act," which imposes requirements regarding the administration of prescription drug benefits under health plans, requiring insurers and pharmacy benefit managers to report certain information to the Commissioner of Insurance, and prohibits them from modifying their prescription drug formularies at any time during the benefit year.

  MOTION: To support HB20-1198: Pharmacy Benefits Carrier & Pharmacy Benefit Manager Requirements, while strongly supporting the provision that prohibits changes in the formulary mid-year. However, the Board encourages legislators to amend in language that allows for the addition of drugs newly approved by the FDA, and for the removal of drugs at the direction of the FDA.
  Moved/Seconded/Carried Unanimously (5-0)

- **Prescription Drug Affordability Board**
  Not introduced yet.

- **HB20-1349: Public Option** (initial introduction to concept; no analysis yet)
  The intent of this bill is to increase the availability of affordable health insurance in the individual market, and to assure at least two carriers in every county. It would raise the medical loss ratio from 80-85%, and would set hospital reimbursement rates, but only for those who purchase the CO Option Plan. It requires that all compensation and rebates from drug manufacturers, paid to carriers or pharmacy benefit managers (PBMs) be passed through as savings to enrollees. The Colorado Hospital Association, Kaiser Permanente, and others, are in opposition. The main concern is how the hospital reimbursement rates will be set.

- **Total Cost of Care – (**2/14/2020 draft started; not introduced; no analysis yet)
  A Colorado Hospital Association's response to the public option is being drafted through the Joint Budget Committee (JBC); they are hoping that the JBC would support it. It would set up a Commission with a broad range of representatives, with the authority to set a growth benchmark for the state for all health care expenditures, using a prescribed, cyclical process. It is possible that both this and the Public Option bill could pass, but they were not planned together, so that could create problems. There is also concern that it would lock in current rates and then go up from there. In the current plan, there are no mechanisms for enforcing improvement plans should benchmarks be exceeded.

  A board comment was that this approach was used in Massachusetts as a carryover from RomneyCare, and appears to have leveled off their high costs (though in their case, costs are still high – just not as high as before). Their Commission included a mixture of people from the industry, academics, and advocates.

Federal Issues:

- **Supreme Court and ACA: Texas v. United States**
  The Supreme Court will hear a challenge to the Affordable Care Act. It is scheduled to be heard before the election, but with a decision not expected until 2021.Texas and other states have claimed that because Congress set the individual mandate penalty to zero dollars, it invalidated the mandate, thus invalidating the entire ACA.

Coronavirus (COVID-19): Organizational Planning
Colorado announced its first COVID-19 cases on March 5, and the Health District activated its Incident Command System to manage our response, with the first meeting taking place today. We are closely following the developments, and are developing approaches to help prevent the spread of COVID that would apply to our staff, as well as measures for clients and visitors. We will also be working with others to see where our help might be needed in community response.

Dr. Stewart gave an overview of the virus. Globally, there have been about 118,000 known cases, with 4,258 deaths. In the U.S., there is progressive spread: there are 794 known cases; including 15 in Colorado; one of those in Larimer County. Those cases are the known cases (mostly those with severe symptoms); the actual number of cases is anticipated to be much higher.

Things we are learning: (1) it is a new virus that can be transmitted human to human by close contact (droplets from cough/sneeze) and surface spread; (2) there is no cure/vaccine (at least 1 year away), so responses have been symptomatic care; and (3) there is a lot we don't know – seasonality, immunity, etc. The State has the ability to run160 tests per day, with back-up processing by LabCorp, but they haven't yet started. A rough estimate of the infection rate so far (as experienced in Wuhan, China, where it was first reported) is 7 cases per 1,000 potentially exposed. Case fatality rate so far looks like about 1% (range of .1 - 3.4%). At this point, different countries are experiencing different fatality rates, with China and Italy having rates over 4.5%, while Korea and Germany have rates less than 1%. The Diamond Princess cruise ship had 3,711 crew and passengers, all potentially exposed and all tested. They had 696 cases and 7 deaths. Their infection rate was 18.8%, and their fatality rate was about 1%.

It appears that the case fatality rate will range somewhere between seasonal flu and the 1918 Spanish flu. Initial indicators are that COVID-19 spreads far faster than regular flu. With the flu, one person who is infected is estimated to spread it (on average) to 1.3 people (Ro = 1.3). With COVID, one infected person appears to spread it to about 2.6 people, which creates a much higher exponential spread.

The highest risk individuals are those over 60 years old and/or with immune-compromised conditions; these populations have case fatality rates of 5 – 15%. The limitation of these statistics is that they don't take into account the different health care structures in different countries.

A board comment was that the medical community anticipates that mortality will go up sharply as incidence goes up, and that ICUs could run out of ventilators, which are critical for treatment. It's imperative that incidence (spread) be controlled.

There are three basic public health strategies to slow the disease, with the goal being to 'flatten the curve' of the sharp increase in cases and fatalities: 1) Isolation of those who have contracted the disease, 2) Quarantine for those who have been exposed, and 3) Social distancing.

At the community level, the key intervention is to slow the spread; though it may not be possible to lower the total number of people infected, if it is possible to spread it out over time, the medical community can retain capacity to treat people. In South Korea, the entire country went on lockdown, with a much lower death rate than other countries. There are significant economic impacts to lockdowns, but there are significant health impacts to allowing its spread.

Individuals can take action by stocking up so that they have a 30 day supply of medications, and should be particularly careful to wash hands regularly, and not touch their faces. The CDC is not recommending domestic travel restrictions at this point.

At the clinical level, the intervention for someone who is exhibiting symptoms of COVID-19 are for clinicians to identify, isolate, and inform. In order to do that well, we will need testing capacity, which is very limited, and has a 3-4 day turnaround time. Testing can be done in a clinical setting, using a single-person room with the door closed; it can be done in a primary care clinic and doesn't have to be in an alternative site, although all we currently have are alternative sites and hospitals. The state capacity for testing will be stretched to the limit very soon.

In Board discussion, it was noted that UCHealth is planning to set up a testing site outside of their facilities; Weld County is currently working on a plan. The challenge for primary care is the time it takes to do the testing, the fact there is still next to no ability to test for COVID, the requirements for PPE, and the risk of spreading it. There are still a lot of logistics that will have to be worked out. Primary care is asking all patients with respiratory symptoms to call first before coming in. The community is seeing an accelerated utilization of telemedicine.

Providers are very concerned. There could be delayed treatment if there is delay in testing results. Also, the medical community needs to find a way to ensure that people with symptoms who don't have COVID-19 get the necessary care. Quality of care for other respiratory illnesses could suffer as we try to identify and isolate the patients with COVID-19. Director Prows is meeting daily with the COVID-19 Coalition. Associates in Family Medicine is getting ready to roll out telemedicine on Monday. The CDC has promised to get 1500 more test kits to Colorado, and Labcorp has a post on their website about test kit availability.

A Board member mentioned an article suggesting a reduction of voluntary surgeries.

The Board asked what the role of the Health District might be. In discussions with the Larimer County Health Department, they noted that their role would mostly be communication and they don't currently feel a need for our assistance. They will likely reconstitute the pandemic flu group that worked together so well in the past, which has morphed into the Emergency Health Care Coalition, which has all the right players on it (including the Health District).

The Health District is preparing for response by identifying the internal changes we will need to make, as well as our potential community roles. Those external roles may include communication, providing Mental Health services specifically related to the pandemic, and other approaches as they arise. Internally, our Incident Command (IC) Team includes some members who are veterans in disaster response, and others for whom this is a first experience. We have a 4-deep chart that provides an IC structure with flexibility.

Carol shared a basic outline of actions identified that the IC Team will be working on: staff guidance, protocols for public visitors who demonstrate symptoms, ensuring adequate protective equipment, defining and implementing environmental hygiene guides, establish partnership processes with partners like SummitStone, a mechanism to stay abreast of developments, develop flexible leave policy; ensuring employee privacy related to COVID-19 isolation and quarantine, determining guidelines for upcoming conferences, and enforcing social distancing in the workplace.

If a stay-at-home order is initiated, we will need to develop a system for implementing it. The costs of preparing staff for a work-from-home environment may require some reserve dollars. A Board member asked what the Board can do to make funds available when needed. There are some funds in the budget − $10,000 in emergency preparedness, and contingency dollars that will allow for some flexibility. We will work on a plan, and call a special meeting of the board (which may need to be a virtual meeting) if needed to authorize expenditures prior to the next meeting..

Flexible leave policy: We will need to make changes in our leave policy to address this new pandemic situation. The intent is to compensate people, without cutting into regular leave, if they are required to stay home because they have COVID-19, are symptomatic, or they have been quarantined because of potential exposure. Those in quarantine should continue to work, to their best ability.

Policy change:
The following policy change (as indicated by italicized, bolded word additions) in our personnel policies (Employee Handbook) is recommended by staff: The Executive Director of the Health District, or their designee, has responsibility for administering these personnel guidelines. The Executive Director, ***or their designee***, is authorized to act upon situations not covered by, or exceptions, to these written guidelines. In cases of emergency or national disasters, the Executive Director ***or designee*** may develop policies written specifically for those situations.

MOTION: To approve the addition of the words indicated in bold and italics in the following statement within the Employee Handbook personnel policies: The Executive Director of the Health District, or their designee, has responsibility for administering these personnel guidelines. The Executive Director, ***or their designee***, is authorized to act upon situations not covered by, or exceptions, to these written guidelines. In cases of emergency or national disasters, the Executive Director ***or designee may*** develop policies written specifically for those situations.
Moved/Seconded/Carried Unanimously

A Board member expressed appreciation for all the efforts staff has made to reach out to other community partners, and encouraged further collaboration. There was also a question about how community response would include the needs of special populations; we will check with the Health Department.

UPDATES & REPORTS
None

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
None

ANNOUNCEMENTS
March 24, 4:00 pm, Board of Directors Regular Meeting
April 14, 4:00 pm, Board of Directors Special Meeting
April 28, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 5:55 p.m.