



**BOARD OF DIRECTORS
MEETING
February 12, 2010**

**Health District Building
Conference Room**

MINUTES

BOARD MEMBERS PRESENT: Joe D. Hendrickson, President
Celeste Holder Kling, Vice President
Bernard J. Birnbaum, Secretary
Steven J. Thorson, Treasurer
Lee Thielen, PVHS Board Liaison (by Conference Phone)

STAFF PRESENT: Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Jill Golke, Manager, MH&SA Partnership
Lorraine Haywood, Finance Director
Marty Janssen, Community Impact Researcher
John Newman, Clinical Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, CI & HP Director
Ernie Williamson, Preventive Medicine Resident

OTHERS PRESENT: Captain Jerry Schiager, Fort Collins Police Services

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA

President Joe Hendrickson called the meeting to order at 7:07 a.m. Captain Jerry Schiager of Fort Collins Police Services was introduced.

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

PRESENTATION

Medical Marijuana and Dispensaries in Fort Collins

Captain Jerry Schiager has served 18 years with Fort Collins Police Services and was a prior Commander of the regional drug task force. In regard to medical marijuana, local law enforcement had in the past largely been disengaged from the issue. Marijuana in general had never been as huge a priority as other drugs. The last year, however, has seen a significant increase in marijuana-related incidents and law enforcement is having to figure out how to deal with the issue. Captain Schiager's presentation reviews Amendment 20 and the history of

medical marijuana over the past few years, why it has become a critical issue more recently, it's impact on the community locally, and current legislative issues.

In November 2000, voters approved Amendment 20 allowing medical use of marijuana for people suffering from debilitating medical conditions. It allows a physician to write a recommendation for a patient, authorizing her or him to possess six plants and 2 ounces of marijuana (or more if medically needed). To obtain medical marijuana, a patient must get a recommendation from a doctor who signs a physician statement which states the doctor is a physician in good standing, that they have a bona fide physician-patient relationship with the patient, that they have assessed the patient's history and current medical condition, and that they conclude the patient may benefit from the medical use of marijuana. Amendment 20 also allows a patient to designate a "primary care giver" to provide the medical marijuana. "Primary care giver" is defined as a person other than the patient and the patient's physician, who is 18 years of age or older, and has significant responsibility for managing the well-being of a patient who has a debilitating medical condition.

When Amendment 20 was first passed, there was not much activity. However, in the last year and a half there have been significant increases, which can be attributed to various factors including legal interpretations, unclear definitions and guidelines, lack of regulation of dispensaries, the ease of applying for and obtaining certification for medical marijuana, etc. There have been large increases in both the number of patients on the registry and in medical marijuana dispensaries throughout the state. The increase of production and availability of marijuana and its high profitability has led to physicians with questionable motives recommending marijuana to large numbers of people who were not formerly patients, growers and dispensers who are out to make a fast buck, enforcement challenges (confidentiality, return of seized evidence, penalty for information release), and safety issues (robberies/burglaries, air quality, electrical hazards). (See slide presentation for details.)

Legal Update

Efforts are currently underway both at the state and local levels to define and place parameters around the medical marijuana issue, particularly for dispensaries and growers. A local ordinance is being drafted that would define a licensing process and requirements, determine where dispensaries can and cannot be located (i.e., not in residential areas or near schools), set operating requirements, and set cultivation operations limits (i.e., how many plants a grower may have per patient, 12 plants – 6 mature, 6 immature). There is also discussion on whether to grandfather in those dispensaries that currently exist. The proposed ordinance is scheduled to be heard by Fort Collins City Council on March 2 and will hopefully be passed on March 16 to go into effect soon after.

In regard to food products that include marijuana, the Larimer County Department of Health and Environment has stayed out of the issue saying that it is a drug delivery system issue and not a food issue. The only requirement for such foods is that the wrapping must have two warnings: that the food has not been inspected and that there has been no labeling.

At the state level there are currently two laws being proposed: Senate Bill 10-109 and House Bill 10-1284. SB-109 deals with the physician issue, tightening up the requirement of an on-going physician-patient treatment relationship and disallowing physicians to be tied to any certain dispensary. HB-1284 is very comprehensive and creates a Medical Marijuana licensing authority

similar to liquor licensing. It includes a local process with a state board that oversees it. It creates a nonprofit medical marijuana center where nonprofit organizations can apply to the center and includes a lot of restrictions, such as how much marijuana dispensaries are allowed to have on hand. Because voters did not pass a dispensary model in Amendment 20, there is a likelihood that we could see a citizen ballot item in November.

The Board commended Captain Schiager on a superb and interesting presentation.

[Note: Ms. Thielen checked out of this meeting at 8:00 am.]

DISCUSSION

Legislation

A bill summary of HB 10-1284 was provided for the Board. It is likely that SB-109 will stay in House Appropriations until HB-1284 catches up with it. Both bills allow the state Health Department to communicate information to the Board of Medical Examiners and refer for investigation physicians not in compliance with medical marijuana regulations. Staff does not have an analysis yet on SB-109, however did want to hear from the Board their general opinions of the issue that could be conveyed to our local legislators so that we can be ready to take action when the bill moves forward, which will probably be sometime before the next Board meeting.

The Board expressed the need for a strong and clear definition of “bona fide physician-patient relationship” and supports having the Board of Medical Examiners be responsible for enforcing such. Also expressed was a concern over the lack of regulation of the manufacture of food products containing marijuana and related safety issues. The Board gave authority to President Hendrickson to take a position on the bill, keeping their comments in mind, on behalf of the Board if needed before the next board meeting.

MOTION: To give President Hendrickson authority to take a position on Senate Bill 10-109 on behalf of the Board if one is needed before the next board meeting.

Motion/Seconded/Carried Unanimously

Senate Bill 10-110: Primary Enforcement of Seat Belts - Since the Board met last, staff obtained a position from President Hendrickson concerning the primary enforcement of seat belts, which was to “strongly support” – the same position that the Board has always taken on this issue. Unfortunately, the bill was significantly changed by the Transportation Committee which stripped out the primary enforcement provision. Essentially all that is left of the bill is enforcement of booster seats for children age 4 to 8. If the legislature had passed the primary enforcement of seat belt measure in prior years, the state could have captured \$12 million in federal funding. If the state continues to not pass primary enforcement legislation it could possibly be penalized.

MOTION: To ratify President Hendrickson’s position of STRONGLY SUPPORT for Senate Bill 10-110 as it was originally proposed.

Motion/Seconded/Carried Unanimously

House Bill 10-1008: Gender Rating in Insurance – This bill removes gender as a rating factor for health insurance. Staff asked President Hendrickson for a position on behalf of the Board, and the position he chose was to support this bill. The bill moved out of committee fairly easily. Some concern has been raised about interfering with the individual insurance market. It is

difficult to determine what impact this bill could have on the market. The insurance industry has been neutral on the issue and did not attend the hearing. The Health District Board has traditionally supported moving towards community rating, and this bill is another step in that direction.

- . **MOTION: To ratify President Hendrickson’s position of SUPPORT for House Bill 10-1008.**
Motion/Seconded/

Discussion: Dr. Thorson expressed reservations concerning this bill. In his experience as a physician and with insurance carriers, women’s medical care is usually higher cost than for men because there is some evidence that women utilize medical services more; and therefore it lends a basis for higher premiums for women.

Motion Passed (Birnbaum, Kling, Hendrickson); Oppose (Thorson)

HB 10-1160: Wellness Programs Incentives: Last year, Rep. Jim Reisberg presented a bill, which passed, that would allow insurance carriers for individual and small group markets to give incentives for participation in wellness programs. This year, Rep. Joe Rice has submitted a bill that would allow such carriers to give incentives or rewards to those who participate in wellness programs and meet a specified health outcome. There is concern that this might mean a surcharge for those that don’t comply with carriers’ wellness programs, or those who are unable to achieve outcomes for a variety of reasons. This is a big issue at the national level; on the one hand, employers’ intentions could be to “achieve the healthiest possible work force”; on the other hand, this could be used to discriminate against unhealthy workers. In committee there was a tied vote and so it has not passed out of committee yet. Staff has communicated our concerns [that this could open the door to really differential premiums] to Rep. Kefalas and he has said that he’s against it. The bill came back with extensive changes. An analysis will be coming to the Board for review and a position. If it turns out that the bill is moving quickly, staff may seek a position from President Hendrickson.

House Bill 10-1147: Requires helmets for minors – This is one of Rep. John Kefalas’ bills which would require that children up to age 18 wear a helmet when operating/riding any non-motorized transports. The bill does not include any penalties. Since an analysis has not yet been done on this bill, staff would like to know the Board’s opinion on the issue and may seek an official position from President Hendrickson should the bill move forward.

- MOTION: To support House Bill 10-1147 concerning helmets for children using non-motorized transports.**
Motion/Seconded/Carried Unanimously

HB 10-1252: Breast Cancer Screening – Staff is working on drafting a fact sheet on this issue. A joint resolution was filed rejecting the recommendations for breast cancer screening developed by the United States Preventive Services Task Force. The fact sheet could be shared with our legislators to help them understand the process used by the USPSTF, as well as both sides of the issue.

National Health Care Reform

Ms. Plock, while stuck in Washington D.C. this week due to snow storms, sent some information on things heard at the National Health Policy conference she attended there. The feeling in DC is that national health care reform is still possible, but requires local pressure on representatives to encourage them to keep moving forward. Staff will continue to do some thinking and strategizing on how we might focus our efforts, including communicating with legislators. Ms. Plock was able to meet with Congresswoman Betsy Markey while in D.C. - just before the second big snowstorm hit - to communicate our position.

ANNOUNCEMENTS

- February 23, 5:30 pm – Board of Directors Regular Meeting

ADJOURN

MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 8:34 a.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Joe D. Hendrickson, President

Celeste Holder Kling, Vice President

Bernard J. Birnbaum, Secretary

Steven J. Thorson, Treasurer

Lee Thielen, PVHS Board Liaison