BOARD OF DIRECTORS
MEETING
February 13, 2018

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT:  Michael D. Liggett, Esq., President
                           Tracy L. Nelson, Ph.D., Vice President
                           Deirdre Sullivan, Secretary
                           Faraz Naqvi, M.D., Treasurer
                           Tess Heffeman, Liaison to UCHealth-North/PVHS Board

Staff Present:  Alyson Williams, Policy Coordinator
               Brian Ferrans, Community Impact
               Jessica Shannon, Resource Development
               Julie Kenney, Special Projects Admin Asst

               Carol Pleck, Executive Director
               Karen Spink, Assistant Director
               Bruce Cooper, Medical Director
               Richard Cox, Communications Director
               Lorraine Haywood, Finance Director
               Chris Sheafor, Support Services Director
               Nancy Stirling, Assistant to Board & ED
               Sarah Tilleman, Dental Services Director

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:01 p.m. An additional legislative proposal concerning freestanding emergency departments was added to the meeting agenda.

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

PUBLIC COMMENT
None.

STAFF BRIEF REPORT
Advance Care Planning Project
A grant from the Colorado Health Foundation is currently a key piece of funding the Advance Care Planning project. The grant lasts through March 2018, but a request to the Foundation for a no cost extension was approved which will extend the program through September. The project has been been significantly exceeding its targets; for example, the target for number of people engaged and education was 1,500, while the actual was 4,957 people, and the target for advance care directives in places was 750, while nearly 2,200 have been achieved. Staff are excited to announce that they have just received notice that the project has been awarded an 18 month grant of $158,850 from a brand new foundation, NextFifty, which was created when InnovAge converted from a nonprofit to a profit entity. That amount, combined with an additional $50,000
to be secured, will allow the program to continue through 2019. The extension will give the program the opportunity to work on more long-term changes in the effort to see ACP embedded into the culture of the community.

Ms. Spink reviewed with the Board the program’s funding summary from 2016 through 2019, and in particular noted that some of the funding for continuing the program through 2018 will come from the funds previously allocated for the former ACP Coordinator in a reserve line item. She also noted that when Connections and ACP move into a new space together, the ACP receptionist’s time will increase to full time to cover the needs of both programs.

The Board expressed their support of the program and the objectives as presented. They will be interested to hear what so impressed NextFifty about this project that it was chosen as one of their first grants.

DISCUSSION AND ACTIONS
Policy
The 2018 Colorado legislative session has now been in session for 35 days and 411 bills have been introduced. Ms. Alyson Williams, Policy Coordinator noted that the iDrive bill has Representative Arndt as a sponsor.

State Legislation
Drug Price Transparency – Representative Ginal will soon be introducing legislation to address prescription drug price transparency. Main points of the bill include: reporting requirements for insurers and drug manufacturers, purchaser notification of price increases and new specialty drugs, analysis of the relationship between drug prices and premiums, as well as mandated penalties for violations. The issue is complex, with benefits and drawbacks on both sides of the issue. Although every state that has passed something pertaining to drug transparency is being sued, which causes pause, it is not unexpected. The board indicated its concern for rising drug costs, noted that there is a lot of momentum around the issue across the country, and noted its support for the concept of transparency of costs for consumers.

MOTION: To SUPPORT the prescription drug transparency bill concept.
Motion/Seconded/Carried Unanimously

HB18-1136: Substance Use Disorder Treatment – This bill concerns treatment for individuals with substance use disorders through Colorado’s Medicaid program, Health First Colorado. The bill adds residential and inpatient substance use disorder treatment as an optional service. For this additional to occur, a Section 1115 waiver must be sought from the federal government to be able to receive federal matching funds. The bill mandates that the state submit an application for the Section 1115 waiver for approval for this additional optional service by October 1, 2018. The bill also includes reprioritization of existing funds from the marijuana cash fund to assist in paying for the treatment of uninsured individuals. There is bi-partisan support for this bill. Ms. Plock commented that the lack of residential services is one of the biggest gaps in the continuum of care and seriously hampers our community’s ability to provide adequate treatment.

MOTION: To STRONGLY SUPPORT HB18-1136, concerning substance use disorder treatment.
Motion/Seconded/Carried Unanimously
SB18-040: Substance Use Disorder Harm Reduction – This bill has several parts to it, but since the bill is currently being separated into different pieces, the Board decided to consider each of the bill’s main points individually:

- **Hospitals Allowed to Operate Syringe Access Programs**, and provides civil immunity for an individual who provides the clean syringe. Some argue that this would help reduce both the unsafe disposal of unclean syringes (which are currently found on sidewalks, in streets, and in parks and playgrounds) and the dangerous practice of re-using syringes, while others argue that such programs encourage continued substance use. The program would be voluntary for hospitals; it’s not known whether our local hospitals have an opinion on the proposal or would pursue such a program.

MOTION:  To STRONGLY SUPPORT hospitals having the ability to operate syringe access programs.
Motion/Seconded/Carried Unanimously

- **Pilot Program for Supervised Injection Facility in Denver** – This piece only applies to Denver and would not impact our community; we are not aware of any similar proposals locally. The Board took no stance on this section.

- **Schools Allowed to Create Policy to Stock Naloxone** – Schools would be able to choose whether to stock naloxone, the medication that can reduce an opioid overdose and save a life. If they choose to do so, their employees would be trained on how to administer it and would be immune from any liability. Ms. Plock noted that the intent of the Mental Health and Substance Use Alliance’s naloxone outreach project (being coordinated by Health District staff) is to get naloxone in as many community organizations as possible due to its life-saving nature.

MOTION:  To STRONGLY SUPPORT schools being allowed to create policy to stock naloxone.
Motion/Seconded/Carried Unanimously

- **Study of Penalties Related to Opioid Distribution, Misuse, and Treatment** – One part of this study pertains to penalties related to synthetic opioids, such as fentanyl; another is whether an increase in penalties would have an impact on use of opioids or discourage people from getting treatment.

MOTION:  To SUPPORT a study relating to penalties and impact on opioid distribution, misuse, and treatment.
Motion/Seconded/Carried Unanimously

HB18-1003: Opioid Misuse Prevention – This bill includes various measures aimed to prevent opioid misuse in Colorado by: increasing school-based health centers’ ability to identify and intervene with students who are at-risk for substance use behaviors; creating a grant program where grantees would offer SBIRT (screening, brief intervention, and referral to substance use disorder treatment); directing HCPF to develop and implement an online interactive education module regarding alcohol use during pregnancy; and the development of continuing education activities for pain medication prescribers, as well as education and training for law enforcement, first-responders, and those at-risk for overdose about using opioid antagonists. This bill has bipartisan support.
MOTION: To SUPPORT HB18-1003.
Motion/Seconded/Carried Unanimously

SB18-132: 1332 State Waiver Catastrophic Health Plans – This bill requires that the State apply for a Section 1332 waiver by January 2019. This waiver would expand the populations that are allowed to enroll in catastrophic plans from just those meeting the age or hardship requirement to any Colorado resident. While this bill could increase coverage for those counties that have high premiums, it could decrease the comprehensiveness of the coverage of Larimer County residents as people move from high quality to lower quality plans, could result in higher prices for all, and would likely leave those with low to lower middle incomes unable to afford important health care.

MOTION: To STRONGLY OPPOSE SB18-132.
Motion/Seconded/Carried Unanimously

SB18-146: Freestanding Emergency Department Required Consumer Notices – Senator Kefalas is one of the bill’s sponsors and the bill is scheduled for a hearing tomorrow in the Senate Committee of Health and Human Services. This bill requires that freestanding emergency departments provide those seeking treatment with a written statement of the patient’s rights (dictated by the bill); post signage at registration; provide a written disclosure after screening (to include information about insurance, financial assistance, chargemaster price for 25 most common health services); and change of FSED definition (exempts facilities that would fall under the FSED definition that are in rural areas or at ski areas). The Colorado Hospital Association does not support this bill although some of their ideas are included in the bill.

MOTION: To STRONGLY SUPPORT SB18-146.
Motion/Seconded/Carried Unanimously

Ms. Williams quickly reviewed other bills of note that are moving fast ( iDrive – Eligibility Colorado Road and Community Safety Act; Changing the date of special district elections; Clinical Practice for Opioid Prescribing) and noted that the CIRCLE program bill has been killed. Ms. Heffeman inquired about the bill pertaining to Family Medical Leave program – it is likely to pass the House, but not the Senate.

Federal Issues
The ‘2-Year Spending Deal’ just passed by Congress includes funding for CHIP (for 10 years) and for community health centers (2 years); $6 billion to fight opioid epidemic and increase treatment for mental health; creates funding for the Maternal, Infant and Early Childhood Home Visiting Program; repeals the Independent Payment Advisory Board (which was never activated); provides Medicare “Doughnut Hole” relief; eliminates Medicaid coverage for lottery jackpot winners; permanently extends the Medicare Advantage Special Needs Program (SNP); but also cuts up to $1.35B to the Prevention and Public Health Fund (created by the ACA) over 10 years. Issues that were left out: drug pricing measures and insurance market stabilization measures, including re-insurance.

Ms. Williams also briefly reviewed some relevant parts of the White House’s budget request for the FY2019; some are positive, including capping out of pocket prescription drug spending in Medicare, mandated Medication-Assisted Treatment coverage, $10B for opioid epidemic, Community Health Center funding, maintain WIC funding, and funding for cost sharing reductions in the ACA). However, it also includes items of significant concern, including
phasing out the federal health insurance marketplace, funding to support Association Health Plans (without requiring them to provide the essential health benefits), $250B funding cuts to Medicaid, repeal of the expansion of Medicaid, elimination of the Prevention and Public Health Fund (PPHF), reduce HUD rental assistance by 11.2%, $17B cut to SNAP (nutrition program), elimination of Community Development Block Grants, overall spending cut of $237B to Medicare).

The Board expressed concerns with the impacts many of these requests could have on families and communities and wondered if there was a way we could capture and share consumer stories with legislators; perhaps around different themes (i.e., prescription assistance, Medicaid coverage, nutrition, etc.). Since a President’s budget doesn’t have the force of law and is rarely adopted, it will be important to follow closely what proposals are actually pursued by Congress.

In future, the Board also requested staff recommendations on positions for proposed legislation being considered by the Board.

**STAFF REPORT: National Health Policy and Issues**

**National Issues Discussed at National Health Conferences**

In January and February, the Executive Director and the Policy Director attended both the National Health Policy Conference and the Health Action Conference in Washington D.C., which are helpful in understanding key national issues; Ms. Plock shared some key points:

- In this contentious environment, the good news is that people still have shared values. Since people’s attitudes stem from their own experiences, start with values that are important to most (e.g., pre-existing conditions protection; affordability) and look for areas of agreement.
- Medicaid health insurance coverage has become more popular than tax cuts; Republican governors were among its strongest supporters

**Biggest remaining challenges:**

- “Cost, cost, cost,” and affordability. Consumers are feeling like they are not being heard, and policy staffers state that they do not have good solutions for cost containment yet; legislators have not been ready yet for tough decisions.
- In particular, legislators are struggling with how to impact the spiraling cost of drugs; legislative staff are asking for ideas.
- De-stabilization of the health insurance market (repeal of mandate penalties in 2019, association health plans, no policies to cover the 13 million remaining uninsured, no movement on re-insurance).
- With the deficit going up due to tax reform, what attempts will be made to rein in the deficit (in ways that would impact health care)?

**Several issues have bi-partisan concern/support:**

- Opioid epidemic, CHIP, community health clinics, Medicare data and how incomplete it is, long term care and serving those who are eligible for both Medicare and Medicaid.

**State roles will become increasingly important**

- Important to pay close attention to state level decisions as they attempt to find solutions for costs, cuts, etc.
Ms. Sullivan commented that the City of Fort Collins held a kick-off event last night for their City Plan update and that the City is working to reach out to some groups not traditionally heard by providing mini grants to organizations to help gather particular groups. Perhaps the City Plan update process is something the Health District could get involved in and weigh in on particular topics of interest.

**Tax Increment Financing – URA Board Update**
Representatives from various special districts with a possible stake in TIF were recently invited to a meeting to determine level of interest in being involved with the City of Fort Collins’ Urban Renewal Authority (URA) Board and to designate a URA Board representative for special districts. It appears that the districts most interest in being involved come from the Poudre River Library District and the Health District. The Health District offered to provide a special district representative; the Library District planned to discuss their level interest of URA Board participation at their next board meeting, but it was postponed. The City is considering moving the times of URA Board meetings. Until a special district representative is selected, the Health District would be willing to send one of our board members to attend any URA Board meetings that might be scheduled to be sure there is representation.

**ANNOUNCEMENTS**
- February 21, 4:00 pm – Joint Board Meeting with UCH Health-North/PVHS Board
- February 27, 4:00 pm – Board of Directors Regular Meeting

Ms. Sullivan reminded staff and board members that she will not be able to attend the Joint Board meeting.

**ADJOURN**

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

The meeting was adjourned at 5:32 p.m.

Respectfully submitted:

[Signatures]

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

Tracy Nelson, Vice President
Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHHealth-North (PVHS) Board Liaison