BOARD OF DIRECTORS
MEETING
March 12, 2010

Health District Building
Conference Room

MINUTES

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

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Lorraine Haywood, Finance Director
John Newman, Clinical Services Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, CI & HP Director
Kristan Williams, Health Promotion Coordinator

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA
President Hendrickson called the meeting to order at 7:35 a.m.

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

DISCUSSION & ACTION
Resolution 2010-03: Cancellation of Election
President Hendrickson asked Steve Thorson to take over running the meeting for this agenda item. Per Colorado statutes for special districts, when there are the same number of candidates as slots available for the Board, the election can be cancelled and those candidates appointed. This is the first time in Health District history (at least since the split with the hospital) when such is the case – we have 3 open spots for the Board and have received 3 nominations from qualified candidates on time. The Board has received a draft of a resolution to cancel the election under the governing statutes.

MOTION: To approve Resolution 2010-03 to cancel the 2010 Health District Board of Directors election and appoint Joe D. Hendrickson, Celeste Holder Kling and Tim O’Neill for terms starting May 5.
Joe D. Hendrickson and Celeste Holder Kling are current board members whose term will now be extended by four years. The third spot will be filled by Tim O’Neill, the Executive Director of Foothills-Gateway, Inc. All three were congratulated. Dr. Thorson turned the meeting back over to President Hendrickson.

Policy

Medical Marijuana: HB 1284 and SB 109

The Senate bill passed both houses. This is the bill that defines the relationship between the patient seeking to obtain medical marijuana and the physician who makes the recommendation.

House Bill 1284 is much more comprehensive and sets up regulations for dispensaries. A hearing of the bill was held last week and the bill is currently in the process of being redrafted. It is scheduled to be heard for action on March 22. The analysis presented to the Board was completed prior to the hearing and because the bill is undergoing changes, the analysis is likely outdated at this point in time. Staff is therefore recommending that the Board not take a position on this bill at this time but instead develop broad statements of their concerns to be used when communicating with legislators. Concepts already conveyed to our legislators include the importance of ensuring the tightest possible restrictions for obtaining and dispensing medical marijuana and the Board’s strong support for a strict definition of the doctor/patient relationship.

One of the most basic questions is whether there ought to be dispensaries at all. There are groups, including some among law enforcement, who oppose this bill because it legitimizes dispensaries. Concerns have been raised as to whether a dispensary model can be regulated in a way that prevents “leakage” of marijuana to those who would use it for recreational purposes.

The Board is hopeful that passage of Senate Bill 109, which clarifies the physician/patient relationship and allows the Board of Medical Examiners to deal with unscrupulous doctors, will help limit inappropriate recommendations from physicians, which can help curb unlawful access to medical marijuana. However, there are still many other issues. Since a patient can have two ounces of pot at all times, it is easy to purchase it, go sell it, and come back and buy more.

After discussion, the Board agreed to the following statements, which can be conveyed to policymakers as appropriate:

It is critical that policymakers regulate the entire system for medical marijuana. The Health District Board is not sure that dispensaries should exist, but if there is going to be a dispensary model, there needs to be tight regulation, including but not limited to the following:

- A system that does not allow diversion for recreational use (and has strong penalties for such diversion)
- A limit to the amount of medical marijuana a person can obtain within a given period of time, just as with prescription medication, and how much they can have on hand at one time
- A clear and strict definition of “caregiver”
- Prohibit commercially putting marijuana into food or drink due to food safety and sanitation issues
- Prohibit the sale of food products with marijuana in them.
• Take the profit motive out of this business
• Communities should be able to be more restrictive but not less restrictive than state law

The Board is not supporting HB 1284; rather it is giving guidelines for any legislations regarding medical marijuana. Also, they encourage more research into both the need for and the effectiveness of marijuana; there is a lack of quality evidence meeting common medical standards.

Concerning the City of Fort Collins’ proposed ordinance on medical marijuana, the Health District was asked to write a soapbox and to testify again concerning the Fort Collins ordinance on March 16. While there is not time to get a soapbox written, there is time to prepare testimony. Some small changes have been made to the draft yet the biggest question the Council will be wrestling with concerns the grandfathering issue. The Council asked City staff to draft maps of current locations of dispensaries and mark 1,000 and 500 feet from schools and other dispensaries which may help the Council decide the grandfathering issue. The Board is supportive of staff testifying at the City Council meeting and reiterating our previous points: no dispensaries in residential areas, do not grandfather in any dispensaries, support the 1,000 foot separation – particularly from schools.

HB 1352 – Drug Sentencing bill
House Bill 1352 concerns changes to crimes involving controlled substances. The bill changes the scope, classification, definitions, and other specific provisions of certain drug-related crimes. (See bill analysis for full details.)

In 2007, the Colorado State Legislature passed a bill which created the Colorado Commission on Criminal and Juvenile Justice. The purpose of the Commission was to analyze the State’s current criminal sentencing policies and practices, investigate and recommend effective alternatives to incarceration, investigate and recommend methods for reducing recidivism and re-victimization, and investigate cost-effective crime prevention programs. In 2009, another bill was passed that directed the Commission to analyze and make recommendations concerning, among other things, the state’s sentencing policies related to drug crimes. In their report, the Commission noted that “relapse is a part of addiction recovery” and increases in penalty for those whose only crime is possession of drugs will neither advance public safety nor accommodate the goal of deterring future behavior. House Bill 1352 changes existing law by reclassifying drug-related offenses and, therefore, related sentencing guidelines. The bill also directs the legislature to redirect funds to a drug treatment fund – the first time a source is identified for state-funded treatment. A fiscal note has not been seen yet and it is not determined yet how much money the bill would generate. It is argued that savings would be generated from drug treatment vs. incarceration, yet it is uncertain when or if those savings would appear.

Staffs’ recommendation to the Board is for staff to continue to monitor the bill and do more research on what is known about sentences as a deterrent, etc. Should the bill come up before the next board meeting, the Board noted three issues: 1) Need more research on the impact of reducing penalties; it may be that longer sentences aren’t a deterrent, and putting people in jail has not shown to keep drugs off the street nor keep people from going back to jail; 2) Would the dedicated funding stream really ever occur? What is the assurance?; and 3) We are in favor of funding drug treatment; treatment has shown to be successful, and recidivism is lower. However, this bill doesn’t guarantee funding for treatment, and that is a big concern.

[NOTE: Ms. Thielen disconnected from the meeting at 8:40 am.]

Updates
Resolution for PE for Me
The Board received a draft Resolution to support consideration of a proposed mill/bond levy in 2010 by the Poudre School District and the CanDo Coalition’s proposal to include funding for increased quality and quantity of physical education in the Poudre School District on the 2010 mill/bond levy.

MOTION: To approve Resolution 2010-04 to support increased physical education in the Poudre School District.
Motion/Seconded/Carried Unanimously [Ms. Thielen absent from vote]

ANNOUNCEMENTS

- April 6, 5:30 pm – Board of Directors Regular Meeting (Rescheduled from March 23)
- April 7, 11:30 am – Health District Employee Appreciation Luncheon at Northside Aztlan Recreation Center
- April 9, 7:00 am – Board Special Meeting CANCELLED
- April 27, 5:30 pm – Board of Directors Regular meeting

Ms. Plock announced that Ms. Jill Golke, the Program Manager for the Mental Health and Substance Abuse Partnership has resigned. Ms. Plock, with Ms. Lin Wilder, Director of Community Impact and Health Promotion, will be working together through the transition.

ADJOURN

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

The meeting was adjourned at 8:45 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