BOARD OF DIRECTORS
MEETING
February 14, 2017

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 Heffernan, Liaison to UCHCHealth-North/PVHS Board

STAFF PRESENT:
Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Devin Kepler, Larimer Health Connect
Laura Mai, Accountant
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:03 p.m. No changes were made to the meeting agenda.

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

PUBLIC COMMENTS
None.

DISCUSSION AND POTENTIAL ACTIONS
Policy
Federal Health Care Reform
The Policy Coordinator, Executive Director, and the Assistant Director recently attended the Academy Health’s National Health Policy Conference in Washington DC; the takeaway is that there are still many uncertainties about what the new administration and Congress will pursue in
health care. Some of the concepts being discussed by the GOP related to ‘repeal and replace’ of the Affordable Care Act, or Obamacare included Medicaid payment changes such as block granting of Medicaid, how to stabilize insurance markets without a mandate, and health savings accounts. If Medicaid were to change to a block grant program, federal funding would change in a major way. Rather than paying states the funds needed for every eligible person, as an entitlement program, the federal government would instead give a lump sum (block grant) to each state, which creates a limited benefit of as much as the funding can buy. It would shift the risk of health care to the states, and is being projected as a way to significantly reduce the federal budget allocation to Medicaid, likely resulting in the need for states to cut benefits, eligibility, or payments to providers. There are two ways the money could be allocated: per capita (based on population) or per beneficiary (based on who is enrolled).

Several ideas are being considered to deal with how to stabilize the insurance markets without a mandate, including:

- Continuous coverage – require a person to maintain their coverage continuously; if they don’t, allow insurance providers to raise the rate when they do buy back in. In this case, the penalty goes to the insurance company, not the government, and it would penalize those who have dropped insurance because they couldn’t afford it.
- High risk pools – takes the most expensive high risk people out of the insurance market and puts them into a state subsidized program, which helps contain costs for everyone else. In the past, high risk pools have been very expensive for participants, so it would require a high level of subsidization in order to be affordable for participants.
- Age-banding changes – potentially changing the age band from 1:3 to 1:5 – meaning that an older person can be charged 5 times as much as a young person for health insurance. This shifts the costs around, making insurance less expensive for the young, but more expensive for people who are older, who use more insurance.
- Allow pricing for health status – if you are more sick, it gets more expensive.
- Change/eliminate the current minimum essential benefit package – reduce what has to be included in insurance packages.

There is also increased attention to health savings accounts, which allow people to put money into a savings account tax-free, to be used to pay for health care. Currently, the savings account must be paired with a high-deductible health plan, and works for those who have middle to high incomes and the ability to save and pay the deductibles, but is not a solution for those whose incomes don’t allow for saving.

Additionally, though nothing is definite at this point, many changes could happen through the regulatory process that would not require legislation, such as declining to enforce the individual mandate, expanding hardship waivers to having to purchase insurance, eliminating some or all preventive services (such as women’s care), narrow other essential benefits, limit special and regular enrollment periods, expand Medicaid waivers, stop the CMMS Innovation Center’s demonstration projects, etc.

While in D.C., Ms. Spink and Mr. Sapienza talked briefly with Senator Gardner, and met with one of his staff members to discuss local concerns about health care changes. Staff are working to arrange meetings with the other Colorado state federal legislators, Senator Bennet and Representative Polis, when in D.C. again later in the month. The next step will be to work on sharing with the community how changes to the health care system may impact them.

Health District of Northern Larimer County- Board of Directors Meeting

February 14, 2017
2017 Legislative Session
Thus far this session, a total of 350+ bills have been introduced and 30 of them postponed indefinitely.

- Senate Bill 2017-065 – Transparency in Direct Pay Health Care Prices:
  This bill, sponsored by Senators Lundberg and Aguilar, is moving fast, having already passed the Senate. It would require that health providers and health facilities make available (at the location and on their website) lists of the consumer, non-insurance prices for the most common services they provide. Posted prices would be for those who seek services and have no insurance (which is approximately 6% of the population right now).

The legislation is being supported by various groups, including: Colorado Consumer Health Initiative, Colorado Hospital Association, Rocky Mountain Health Plans, Colorado Community Health Network, and others. Questions remain as to whether imaging and lab services would be covered, how practicable this will be for health providers and facilities, and whether this information will be helpful or confusing for patients. Confusion could come because most people have insurance and would not pay this amount, and because the price listed will be for that service only, and may not include the total cost of having a procedure done (for example, surgery, when bills come from a variety of providers). On the other hand, it could go a long way in helping patients make decisions about their care. Staff recommends the Board consider taking a position of support of the concepts of this bill, but ask legislators to consider refining the bill to reduce patient confusion on prices, and to ensure it covers services such as labs and imaging.

MOTION: To SUPPORT SB17-065, but to request that legislators consider refining the bill to reduce patient confusion on prices, and to ensure that it covers services such as labs and imaging.
Motion/Seconded/Carried Unanimously

The board noted that it is a good start towards transparency in health care prices, and that if it works, might be expanded in the future.

- Senate Bill 2017-004 – Access to Providers for Medicaid Recipients:
  Under current law, Medicaid recipients may not be billed by any health provider for services that are covered by Medicaid, regardless of whether the provider accepts Medicaid. This bill allows providers who do not accept Medicaid to bill Medicaid recipients for services provided if they first enter into a written agreement with the patient. Currently, Medicaid recipients can only see Medicaid providers, but a challenge is that with the shortage of Medicaid providers, sometimes recipients can’t get seen for many months; this would allow patients to use their own funds to be seen. There are many more opponents to this bill than there are supporters. While the bill could provide access to a small number of Medicaid enrollees short-term, it could cause long-term problems for Medicaid’s capacity by incentivizing some providers to leave the program. Additionally, it could have an impact on enrollees’ financial security and health.

MOTION: To OPPOSE Senate Bill 2017-004.
Motion/Seconded/Carried Unanimously
• HB17-1115 – Direct Primary Health Care Services:
  This bill is being sponsored by Representatives Buck and Ginal in the House. The bill establishes parameters under which a direct primary care agreement may be implemented. A direct primary care agreement is where a provider and a patient enter into an agreement where the patient would pay a monthly membership fee for office visits, minor procedures, discounted drugs and tests/labs, etc. Its intent is to lessen the administrative burden of dealing with insurance companies, but it doesn’t eliminate the need for insurance because it doesn’t cover all health care needs. The ACA allows it, but only if it combined with certain insurance. The bill is modeled after legislation from the Direct Primary Care Coalition, and establishes a DPC definition, states that DPC is not considered insurance and therefore not regulated by the Department of Insurance, and the state can require no licensure for selling DPC agreements. Concerns are largely over the ability of the provider to discontinue care if the patient fails to pay their fee or to adhere to a recommended treatment plan, and the lack of oversight and regulation. The bill is being supported by the Colorado Academy of Family Physicians and the Heritage Foundation; there is no known opposition at this time. The board noted that the bill seems designed to protect providers, but that consumer protections are missing.

Other Bills of Note
Noted in the Legislative Matrix are several bills that have been postponed indefinitely, including: several gun bills, free-standing emergency rooms, full-day kindergarten, and prescription drug monitoring program access.

Bills that are moving quickly:
  • SB17-008 – Gravity Knives
  • HB17-1094 – Telemedicine expansion
  • SB17-017 – Medical Marijuana for PTSD

Bills not moving so quickly:
  • SB17-057 – Hospital Provider Fee (not yet scheduled for committee hearing)
  • SB17-063 – Marijuana Clubs (taken off the schedule)

Mr. Liggett inquired about SB17-019 – Medical Mental Health in Justice System. Staff is preparing information on this bill for the February 28 board meeting, along with several other bills relating to mental health and substance use.

ANNOUNCEMENTS
• February 28, 4:00 pm – Board of Directors Regular Meeting

Ms. Heffernan noted that she will not be attending the February 28 meeting. An update on what is happening in the community related to Tax Increment Financing will be provided at the February 28 meeting. Included in the meeting packet will be a report from the committee working on the issue for the board’s review and consideration.

ADJOURN
MOTION: To adjourn the meeting. Moved/Seconded/Carried Unanimously
The meeting was adjourned at 5:24 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Michael Liggett, President

Tracy Nelson, Vice President

(Absent)

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHealth-North (PVHS) Board Liaison