Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS MEETING
March 22, 2016

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Bernard J. Birnbaum, MD, President
Tess Heffernan, M.Ed., Vice President
Michael D. Liggett, Esq., Secretary
Tracy L. Nelson, Ph.D., Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Erin Hall, Asst Director, Healthy Mind Matters
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Laura Mai, Accountant
Dan Sapienza, Policy Coordinator
Karen Spink, Assistant Director (via phone)
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director
Lin Wilder, Healthy Mind Matters Director

OTHERS PRESENT: Brooke Bettolo, Policy Intern
Dhara Rose, Citizen

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:45 p.m. Guest attending was Ms. Dhara Rose, who has in the hospice field for the past 5 years.

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

PUBLIC COMMENTS

None.

PRESENTATIONS

Pain Project Report

The Board received a complete copy of the report titled "Exploring the Issues Related to Pain: A Preliminary Assessment." In July 2014, the Board had designated pain as a high priority issue. Since January 2015, staff has put much effort into understanding the issue of pain, specifically focusing on chronic pain, the use of opioids for non-cancer pain treatment and associated harms of overdose, misuse and abuse, as well as other modalities for pain treatment. The report is a compilation and summarization of learnings gathered from interviews with pain sufferers as well as stakeholders and experts at the local, state, and national level, regional and national meetings and conferences, and data and literature. Ms. Erin Hall and Dr. Bruce Cooper share some of those learnings this evening, highlighting four points: 1) People; 2) Focus on Pain; 3) Limited Evidence; and 4) Controversy.

People – To better understand chronic pain, staff met with and heard amazing stories from several individuals who willingly shared their journey – what it's like to live with chronic pain and their efforts and challenges in seeking treatment and relief. Included in the report are six of these stories and they represent the similar experiences of tens of thousands of people who experience and live with chronic pain, including people who live, work and play in our very own community. Hearing these stories was a key part of understanding the issue of pain.

Focus on Pain – One of the huge learnings over the last year was of all the voices – speeches, media, stories heard on NPR Nightline, and even the presidential candidates – who sound like they are talking about pain but really are talking about the opioid epidemic. There are only a scattering of voices talking about effective treatment for pain. Pain is the challenge, not just the use of opioids. While a focus on effective treatment for pain is likely to have an impact on the opioid epidemic, a focus on only the opioid epidemic is not likely to have a significant impact on pain issues. If one looks closely at the issue, they'll notice that there is very little attention and effort focused on effective treatment of pain and chronic pain. The Health District's voice could be critical here. The opioid epidemic needs to be addressed, but if that is the only focus, nothing will be done to address the monstrous issue of chronic pain.

Limited Evidence – While the use of opioids has been considered one of the most effective treatment for pain (in some forms, for thousands of years), evidence of its effectiveness is limited. Studies tend to be short-term (there are no randomized control trials for over 6 months regarding the use of opioids) and while they may show some improvement in pain, they tend to not show improvement in function. Additionally, there is very little evidence that other modalities of pain treatment are successful in addressing pain either. This lack of data leaves medical providers and patients without much to go on and finding solutions can be a long and frustrating effort.

Controversy – Every interview, every national meeting or conference, and every story revealed another area of controversy and more strong opinions. One example that was included in the report is of two doctors in the same practice, each with polarized views on the use of opioids - one doctor who has no problem with prescribing opioids, while the other doctor is reluctant. Advocates for effective treatment of chronic pain often find themselves opposing the views of advocates for the prevention of overuse. There are also differing views and opinions on what treatments are or are not effective thus making this a very complex issue with multiple perspectives and multiple views. Despite that, staff believe that there are opportunities for

working with community on improvements, and that diverse opinions will be important to include. It is clear that the issue is complicated, and staff are acutely aware that any approaches need to start with empathy for those experiencing the pain.

Board Discussion/Questions - The Board praised staff for a fabulously well done research and report. They noted the complexity of the issue and the controversy over the use of opioids as an effective pain treatment and the arguments and concerns of opioid misuse, overdose, and deaths. It was commented that the report did a good job in bringing to light the pervasiveness, complexity and importance of chronic pain and pain treatment. And while there are controversies and varying opinions, this may be an issue that, with a proper plan, the Health District might need to take some risks on and tackle anyway – to do nothing is not an option. However, this is a huge topic, and though the Health District can be a convener, we will not be able to create solutions alone.

The Board noted that turning attention and focus towards managing and treating pain would be a way to address the opioid epidemic issue, and discussed the challenges in how to do that when there are no funding sources for this issue and the political focus is on the opioid epidemic. They also noted the dilemma for physicians, who have the conundrum of either not going far enough with treating pain or going too far, which sometimes results in overdose and death. While patients often experience hopelessness, physicians also can feel powerless. In the end, policy changes involving treatment options and payment may be needed.

The Board and staff brainstormed some possibilities for what might be helpful to providers and the community, including: devise a "menu" of treatment options and local resources for patients; create a place where providers could send patients to where there would be someone who can help the patient systematically go through a list of options and resources; develop more programs similar to the Chronic Pain support groups at Family Medicine Center; develop a "toolbox" for providers and patients with "tools" to try; promote education and empowerment by going beyond coping strategies and helping patients understand the mechanism of pain. Any real change in the issue would require a community effort. The Board reminded staff to focus on those interventions, policy or otherwise, with the best chance of making the biggest difference.

The Board, in addition to having the report available on the Health District's web site, expressed interest in getting the report out to the public and into the hands of "thought leaders" in town, including health providers, government, legislators, etc., and in pursuing media attention to the issue. Staff will work on a plan for the next steps of a strategic approach for working with the community on the issue, for review by the Board.

DISCUSSION AND ACTIONS

Policy Issues

At this time, 568 bills have been introduced, and 8% have passed. Eighteen percent (18%) of the bills have been postponed indefinitely (PI'd, or killed). Bills of interest that have been PI'd include HB16-1054: End of Life Options and HB16-1102: Drug Price Transparency.

New and Important Bills

- **HB16-1370 – Nicotine Product Retailers Registry** - Last year the Board took a position of support on HB15-1257 that would have eliminated the cigarette licensing penalty. That bill failed. HB-1370 would require the creation of a registry of sellers of all cigarettes, tobacco

products, and nicotine products; increase fines selling to minors; include fines for failure to register or renew license; but it also expands local government restrictions, taking away their power to license or tax cigarette sellers by instituting new language that they will not receive their share of the state's cigarette tax money if the local government imposes its own fees, licenses, or taxes on tobacco product or nicotine product sales. Currently, there is no such registry and, therefore, no way of knowing who is selling tobacco products which makes it difficult to enforce sales to minors. The bill is scheduled for a hearing on April 7. Staff expressed concern that this bill is deceptive in that it mixes things that are desirable for reducing tobacco use with things that are potentially not, and that many advocacy groups who would normally weigh in on the issues are prohibited from doing so because of grant funding. Though an official analysis is not available because this issue came up suddenly, staff asked the Board if it might be appropriate to talk with local officials and ask them to take special consideration of this bill.

MOTION: To OPPOSE HB16-1370.
Motion/Seconded/Carried Unanimously

- **HB16-1374 – Standalone Emergency Department Notice Requirements** – The bill would require freestanding emergency departments to post clear signage that they are an "emergency" facility. If a person comes in with a situation that is not considered an emergency, after assessment, the ED must inform the person before providing further treatment that their fees may be higher than other providers, and they may want to seek care in a lower-cost setting. The Board asked that staff provide more information on this bill for the board's consideration at the next board meeting.

- **SB16-169 – Emergency 72-hour Mental Health Hold Procedures** – The Mental Health & Substance Abuse Partnership Steering Committee will be discussing this bill at its next meeting; more information forthcoming.

State Budget

- **The Long Bill** is scheduled to be introduced on March 28. The revenue forecast that came out on March 18 noted the following: 1) smaller rebates for taxpayers; 2) automatic triggers for transportation transfers; 3) Amazon sales tax revenue increased significantly; 4) negative per capita revenue; and 5) falling inflation, which impacts TABOR caps. Net result of all this is that although rebates would be lower, cuts will still need to be made. Until the budget can be worked out, there will be a bottleneck in the Appropriations Committees, where there are currently 77 bills sitting and waiting to be heard.
- **Provider Rates** – Legislators are proposing NOT implementing the 1% overall "Community Provider Rate" Medicaid cut, but it is not definite yet. There is also discussion about the proposal to end the increased primary care reimbursement in Medicaid. To continue the "rate bump" would cost roughly $50 million from the general fund and the state would lose $100 million in federal matching funds.
- **Enterprise Proposal** – Legislators are still considering putting forth a proposal to end the current Hospital Provider Fee and create another one in an enterprise, in order to avoid major cuts in the budget. Although there is an Attorney General opinion that such a move would be constitutional, other issues have arisen, such as its impact on the TABOR Base. The Board had previously taken a position of Support for the development of legislation to change the hospital provider fee to a state enterprise.

- **Residential Treatment** - One highlight is that the Department of Human Services wants $6 million from the Marijuana Tax Cash Fund for residential treatment. These dollars would go directly to currently existing substance abuse treatment Managed Services Organizations (MSOs) for efficient disbursement. Legislation should be introduced soon.

Bills of Interest

- **SB16-069 – Community Paramedicine Regulation** – This bill would allow community paramedics to provide community-based, out of hospital medical services. In Larimer County, our local paramedics are excited about the possibility of expansion in their roles, and particularly in the potential for paramedics to work with telehealth units and mobile telestroke approaches. There is a lot of support from various emergency and health agencies throughout the state. In opposition is the City of Longmont which already has a unique system and are concerned this legislation will override what they have. Next step is the Senate Appropriations Committee. The bill seeks $125,000 for this year and $80,000 annually thereafter.

  MOTION: To SUPPORT SB16-069.
  Motion/Seconded/Carried Unanimously

- **HB16-1047 – Interstate Medical Licensure Program** – Ms. Brooke Bettolo, Policy Intern, presented. This bill would authorize the governor to enter into an interstate compact with other states to recognize and allow physicians licensed in a compact member state to obtain an expedited license, enabling them to practice medicine in Colorado or another member state. Physicians would be included in a database that could be accessed by other member states. Benefits for this are that it would decrease burdens for medical boards and physicians, increase access to health care services, and eliminate barriers to telemedicine. The concerns about the bill have been addressed, with the exception of the size of the Commission (2 representatives from each member state, which could quickly become unwieldy). There is bipartisan support for this legislation.

  MOTION: To SUPPORT HB16-1047.
  Motion/Seconded/Carried Unanimously

Federal Legislation

- **S.2605 – Medicaid Coverage for Addiction Treatment** – This legislation was introduced on February 29 and referred to the Finance Committee. It would provide Medicaid coverage for 2 consecutive 30-day periods in residential treatment for substance use only. Other federal bills pertaining to mental health and substance use include: Mental Health Reform Act of 2016 (S.2680), The Recovery Enhancement for Addiction Treatment Act (S.1455), Co-Prescribing Saves Lives Act of 2016 (S.2256), National All Schedules Prescription Electronic Reporting (S.480) and Plan of Safe Care Improvement Act (S.2687). Because there are so many federal bills, and they are complex, staff will work on analyzing those most likely to progress after the Colorado session.

Dr. Thorson inquired about the "rolling coal" bill. HB16-1319, one of Representative Ginal's bills, defines the practice of rolling coal where individuals purposefully belch car exhaust to harass other drivers/pedestrians.

MOTION: **To SUPPORT HB16-1319 as currently written.**
Motion/Seconded/NO ACTION TAKEN

Concern was expressed with the language of the bill and whether it would be enforceable as written. The motion was amended.

MOTION: To SUPPORT THE CONCEPT of penalizing those that tamper with pollution control devices for entertainment or harassment purposes, and to support this bill with language changes that would make it more enforceable.
Motion/Seconded/Carried Unanimously

Check-in: Content of Board Retreat
Staff are preparing for the upcoming Board retreat scheduled for April 21. Typical items included in retreats include: 1) review of guiding documents; 2) review of program end of year reports; 3) discussion of future and opportunities; and 4) annual Executive Director review. The board had no additions except to say that they would want to hear staff perspectives on future issues.

UPDATES & REPORTS

Quarterly Program Reports for 3rd and 4th Quarter 2015
The Board received a copy of the 3rd Quarter Report during the meeting; the 4th Quarter report was not available yet.

Executive Director Updates
The Health District website has been updated to make it easier for constituents to request mail-in ballots, and there will also be a form in the Compass newsletter, along with the board candidate profiles. It has been a hectic month for managers, with the combination of staff evaluations, pay for performance determinations, end of year reports, the implementation of new budgets and new grants, etc.

Liaison to UC Health North/PVHS Board Report
There was not report since the UC Health-North/PVHS Board has not met since the last Health District Board meeting.

December 2015 Preliminary Financials
The December 2015 preliminary financials were included in the meeting packet for the Board's review. No action is required until the final December financials are available after the audit.

CONSENT AGENDA

The February 9 minutes were pulled from the Consent Agenda because Dr. Thorson was absent and could not vote on them.

- Approval of January 2016 Financial Statements
- Approval of the Revised November 2016 Financial Statements
- Approval of the January 26 and February 23, 2016 Board Meeting Minutes

MOTION: **To approve the remainder of the Consent Agenda (without the February 9 minutes)**
Motion/Seconded/Carried Unanimously

MOTION: **To approve the February 9 meeting minutes as presented.**
Motion/Seconded/Passed (S. Thorson abstained)

ANNOUNCEMENTS

- April 6, 11:30 am – Health District Employee Appreciation Luncheon at the Aztlan Community Center

The next meeting of the Board is on April 12. Mr. Liggett noted that he will not be able to attend that meeting. The Board Retreat is scheduled for April 21 and the last board meeting for Dr. Birnbaum and Dr. Thorson is on April 26.

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: **For the purpose of discussion pertaining to personnel issues pursuant to §24-6-402(4)(f) of the C.R.S. (Executive Director review)**
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 7:52 p.m.
The Board came out of Executive Session at 8:03 p.m.

ADJOURN

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

The meeting was adjourned at 8:05 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Bernard J. Birnbaum, M.D., President

Tess Heffernan, M.Ed., Vice President

Michael D. Liggett, Esq., Secretary

Tracy L. Nelson, Ph.D., Treasurer

Steven J. Thorson, M.D., UCHealth-North (PVHS) Board Liaison