



**BOARD OF DIRECTORS
SPECIAL MEETING**

April 12, 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
Tracy L. Nelson, Ph.D., Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

BOARD MEMBERS ABSENT: Michael D. Liggett, Esq., Secretary

STAFF PRESENT: Carol Plock, Executive Director
Lorraine Haywood, Finance Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director

OTHERS PRESENT: Brooke Bettolo, Policy Intern

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:38 p.m.

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

DISCUSSION AND ACTIONS

Policy: Legislation

With the focus of this legislative session mainly on setting the state's budget for the upcoming fiscal year, there is still a bottleneck situation, with 80 bills sitting and waiting for consideration by either the House or Senate Appropriation Committees. So far, 621 bills have been introduced, 14% of them have Passed and 22% postponed indefinitely (PI'd, or killed). One of the bills PI'd was HB16-1110 – the Parents' Bill of Rights.

New and Updates on Important Bills

- **HB16-1370 – Nicotine Product Retailers Registry** – At the last meeting, the Board took a position of “Oppose.” Since that time, staff has been working with health partners from

around the state to educate legislators, and noted that there has been a lot of advocacy happening both for and against the bill. The hearing scheduled for April 7 was laid over.

- **HB16-1319 – Rolling Coal Bill** – This bill prohibits “coal rolling”, which the bill defined as the act of intentionally blowing black smoke through one or more exhaust pipes attached to a diesel vehicle for the purpose of harassing other drivers, bicyclists, pedestrians, etc. At the March 22 board meeting, board members supported the concept of penalizing those that tamper with pollution control devices for entertainment or harassment purposes, but were concerned about its enforceability. The bill has been amended, removing such statements as “intent to harass” and replace with “knowingly” releasing smoke that “obstructs or obscures view.” The bill carries a \$35 fine per incidence. In light of the changes to the bill which addressed the Board’s previous concerns, they restated their position on this bill.

MOTION: To SUPPORT HB16-1319 as currently amended.
Motion/Seconded/Carried Unanimously

- **HB16-1047 – Medical Licensure Interstate Compact** – Supported by the Health District, this bill would allow 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 to practice in Colorado or another member state. The bill has passed the House 2nd reading and appears to have a lot of support across the state.
- **SB16-069 – Community Paramedicine Regulation** – Supported by the Health District, this bill creates regulations for community paramedics who would provide community-based, out-of-hospital medical services to medically underserved or vulnerable populations. It is still waiting in Senate Appropriations. Funding for this would require \$125,000 for the first year and \$80,000 annually thereafter. The bill sponsors indicate that the funds are available; it looks likely to pass.
- **HB16-1436 – Low-wage Employer Corporate Responsibility Act** – This bill would create the ‘employment-related public benefits enterprise’ as a government-owned business within the department of health care policy and financing (HCPF). The enterprise, it states, would have the business purpose of improving the health of the pool of workers who have low-wage employment and their families, thereby benefitting low-wage employers by giving them access to a healthier pool of workers. The bill would institute a fee that would apply to employers with 250 or more employees who pay employees less than \$10 per hour. About 770 companies in Colorado would be impacted. If passed, it would become a TABOR enterprise, with the fees used to cover costs of providing medical coverage under Medicaid. It is controversial and not deemed to have a strong chance of passage; board members took no position on the bill.

State Budget

The state budget has passed both chambers with some amendments and moved on to the Conference Committee (Joint Budget Committee – JBC) to iron out differences. The biggest budget difference between the House and Senate pertain to the Air Quality Division which has widely varying proposed funding amounts (Long Bill: \$0; House: \$8,200,000; Senate: \$38,000).

Notable amendments that passed include: \$100,000 for Suicide Prevention (Senate); \$50,000 for Pay for Success (Both). Amendments that failed include: to strip LARC funding; cut funding for healthy kids survey; cut LPHA EHR funding by \$1.7m; cut CDPHE immunization funding by nearly \$1M; ban CDOT funding for bike paths; add \$2M for behavioral health crisis services in rural areas.

- **HCPF Provider Rates** – A new bill, HB16-1408, would allocate \$20M from the CHP+ Trust Fund, which, combined with \$44M in federal match, would allow for \$64M to keep as much of the primary care rate bump as possible. It is being supported in both chambers.
- The 1% overall cut to Medicaid provider fees is no longer in the budget.
- **Hospital Provider Fee** – This issue is not as urgent since the budget has been amended enough that rebates are no longer needed. Without it, there would still be a \$146 M loss to hospitals in the state, and next year, there may be a significant issue in terms of budget further budget cuts. It remains in the House.

The next steps for the state budget is for the conference committee to iron out the differences, send the budget to the governor for approval, then focus on the remaining bills.

Marijuana

- **HB16-1373 - Medical Marijuana in Schools.** Last year a measure known as “Jack’s Amendment” was added to the medical marijuana package, which stated that school districts “may” adopt a policy that could allow students to possess and use medical marijuana in schools. Since that bill went into effect not one school has written such a policy, likely in part because they would stand to lose federal dollars if they did so (which amounts to \$433 M across the state). This year’s bill proposes that a student with a valid recommendation for medical marijuana may possess medical marijuana on school grounds, upon a school bus, or at any school-sponsored event, and the school district “shall” adopt a policy allowing this. The bill further proclaims that if any school loses their federal funding due to adopting medical marijuana policies, they would be supplemented with money from the general fund. The bill has passed the House Ag Committee and goes on to the full House.

Board Discussion – The Board discussed whether it is necessary to take a position on this issue. One issue was that the DEA is considering rescheduling marijuana to a Schedule 2 substance. There was concern stated that it is easy for students to obtain medical marijuana cards, and to share marijuana with other students; there is concern about the health impact of starting to use drugs in youth; and schools are reporting that they are already seeing increases in students coming to school under the influence. It is also important to consider whether some students truly can’t participate in school without the drug. The Board determined not to take a position on this legislation at this time. However, if it looks like the bill is moving forward, the board would like to learn more about it for consideration at its next meeting.

- **HB16-1436 – Marijuana Edibles** – The bill was just recently introduced and addresses those medical marijuana edibles that are shaped in ways that might entice children, specifically products that resemble the form of a human, animal, or fruit. The board expressed its concern with making such products that look attractive and could fall into the hands of and harm children. They also noted that this bill does not go far enough – there are

other products that look like well-known candy bars, cookies and other things that would be enticing to children. In case there is a chance that this bill moves ahead, the board chose to take the following position:

MOTION: To SUPPORT HB16-1436.
Motion/Seconded/Carried Unanimously

- **Marijuana Clubs** – There is legislation that is likely to be introduced soon that would allow “marijuana clubs” where patrons could openly consume marijuana. Current law allows individuals to purchase marijuana at retail stores, however they cannot consume them in any public places. Marijuana clubs would offer an option for where to smoke. Sales rooms (separate from retail stores) would be allowed and patrons could purchase up to 1 gram of marijuana at the clubs. The bill would exempt these clubs from the state’s Clean Indoor Act. Concern was expressed around the health impacts of smoking (for employees as well as consumers), and around impaired driving. The bill seems unlikely to pass in the Senate, which has opposed loosening smoking regulations in the past, and the Board determined not to take a position at this time. If it becomes a bill, the board would like an update and to revisit whether they would like to take a position. It appears that there will also be a Denver ballot measure to allow private marijuana clubs within the city and county of Denver.

Dr. Birnbaum suggested that if an analysis is ever done on this issue, that consideration be given to harm reduction theories and include a behavior analysis – how is behavior impacted by where or when, or how or how much, marijuana is consumed.

Other Bills of Interest

- **HB16-1374 – Freestanding ED Transparency** – This bill would require freestanding emergency departments to provide appropriate signage at the facility stating that they are an emergency department (versus an urgent care center). The ED must also inform the patients that: 1) they will charge rates similar to hospital ERs, including a facility fee; 2) that the ER physician providing care may not be a participating provider on the patient’s health insurance plan; 3) the physician and the ER may bill the patient separately; and 4) the patient may want to instead consult their primary care physician or other provider for nonemergency treatment. It was noted that the bill takes into consideration the already existing Emergency Medical Treatment Act (EMTALA). This bill states that if after performing an appropriate medical screening examination to determine whether a patient has an emergency medical condition, the freestanding emergency room shall inform every patient who does not have an emergency medical condition. If the person still seeks treatment from the ED after being notified of their non-emergency medical condition, they will be required to sign a form. Senator Kefalas is one of the sponsors of this bill that has received a lot of bipartisan support.

Board Discussion: This bill provides an opportunity to educate people - to allow patients to have some documentation and notification prior to permitting or accepting treatment. It also supports entities like Poudre Valley Hospital which has a freestanding ER - by requiring patients to sign off on ER treatments, they have documentation when a patient has a billing complaint.

MOTION: To STRONGLY SUPPORT HB16-1374.

Motion/Seconded/NOT ACTED ON

After brief discussion as to how the board would want staff to respond to this legislation, the motion was amended to the following:

MOTION: To SUPPORT HB16-1374.
Motion/Seconded/

Board Further Discussion: There was a question raised on whether the ER would still charge a patient for the screening if, after being informed of their non-emergency medical condition, they chose to seek treatment elsewhere. The expectation was that they would. The comment was made that this legislation “levels the playing field” between freestanding ERs that are attached to a hospital system and those which are not.

MOTION: To SUPPORT HB16-1374.
Motion/Seconded/Unanimously Carried

- **SB16-147 - Zero Suicide** – Ms. Brooke Bettolo, Policy Intern, presented information about this bill, which has received bipartisan support, that would support suicide prevention by creating a Colorado model of prevention which encourages various organizations and agencies and groups to adopt and be trained in suicide prevention. The Colorado model is being based on the “Zero Suicide” model of prevention that includes 7 tenets: lead, train, identify, engage, treat, transition, and improve. Suicide prevention is an important issue as Colorado has the 7th highest suicide rate in the country with 1,058 deaths in 2014. The CDPHE recommendations outlined in the bill include: standardized protocols for following up with suicidal patients after discharge from EDs; universal screening procedures to identify suicide risk within ED settings; minimum training requirements for licensed mental health providers; and a codified system to implement within health care systems to ensure that suicide prevention is a priority.

MOTION: To SUPPORT SB16-147.
Motion/Seconded/

Board Discussion: Concerns were expressed about the costs involved if this bill were to create an unfunded “standard of care,” as well as the possibility that it could increase liability for doctors. Concern was also expressed about whether it was a mandate; the bill, at this point, does not appear to be a mandate, only encouraging a list of entities to get together to talk about what the state can do, how to develop and implement changes (not necessarily impose) across the state.

MOTION: To SUPPORT SB16-147.
Motion/Seconded/Carried [1 Abstain – Thorson]

- **Amendment 69 – Colorado Care** – Included in the meeting packet is a neutral analysis of the Colorado Care (Amendment 69) initiative, the first in a series to be published by the Colorado Health Institute. This report focuses on how it would work, how it would be financed, how would it impact the various involved (consumers, tax-payers, employers, providers, etc.). This report is available on the CHI web site. CHI is a collaboration between four different foundations (Caring for Colorado Foundation, The Colorado Trust, Rose Community Foundation, and The Colorado Health Foundation) who help fund nonpartisan,

neutral analyses of policy issues pertaining to health and health care access for all Coloradans.

Federal Legislation and Policy Issues

Marijuana Reschedule

The DEA (Drug Enforcement Administration) is currently looking at HHS (Department of Health and Human Services) and FDA (Food and Drug Administration) recommendations to reschedule marijuana. It is expected that a rescheduling decision will be proposed sometime during the first half of 2016. Many marijuana advocates do not believe that marijuana should be rescheduled, but rather “de-scheduled.” It was noted that there is a lack of research done on marijuana because it was a Schedule 1. If rescheduled, it would be easier to do such research.

Mental Health Bills

There are currently three key federal bills pertaining to mental health being considered:

- **HR-2646 – The Helping Families in Mental Health Crisis Act** – This bill includes assisted outpatient treatment (AOT), Institutes of Mental Disease (IMD) reform, and clarifies HIPAA. It has gained support on both sides and the Speaker of the House is anxious to move it forward.
- **S-2680 – The Mental Health Reform Act** – This bill does not include AOT or IMD reform, but rather makes more “little” changes.
- **S-2002 – Mental Health and Safe Communities** – This bill focuses on criminal justice systems and diverts people from criminal justice to treatment.

Each of these proposals would make tremendous changes to the mental health system; it is not clear yet what chance of passing they have.

Recommendations for Critical Behavioral Health Services

Staff continue to be involved in a variety of meetings, sharing information and results from the Critical Behavioral Health Services report. There is also a lot of energy being generated at the county level as they begin working on a public information plan for public education. A campaign committee, being called “People for a Healthier Larimer County”, has been formed and a campaign manager has been hired. A remaining need is to estimate the financial cost offsets to the community if the service were created. Consultant Rick Harwood, a national expert in economics and mental health cost offsets, will assist with that determination.

UPDATES & REPORTS

Election Update

The Board election is happening and scheduled for May 3. Candidate profiles have been included in the latest Compass edition, mailed out this week. There were also a couple of briefs in the local newspaper as well as the League of Women Voters’ Candidates Forum held on April 6 (which can be seen on the City’s cable Channel 14 and on YouTube as well as the Health District’s web site and Facebook page). Election efforts are now transitioning to dealing with the ballots – mailing out ballots, processing requests for ballots, etc. At this time, 1,361 ballots have been sent to those individuals already on the mail-in ballot list, there have been an additional 24 requests for mail-in ballots, and 48 ballots have been returned thus far (it is early yet). There will be two locations for walk-in voting on election day with voting ending at 7:00 pm that evening.

ANNOUNCEMENTS

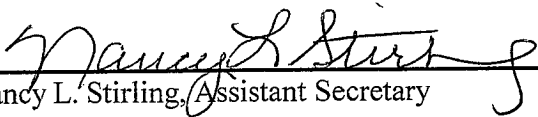
- April 21, 7:30 am to 12:30 pm – Annual Board Retreat
- April 26, 5:30 pm – Board of Directors Regular Meeting (Last meeting for Dr. Birnbaum and Dr. Thorson)

ADJOURN


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

The meeting was adjourned at 7:40 p.m.

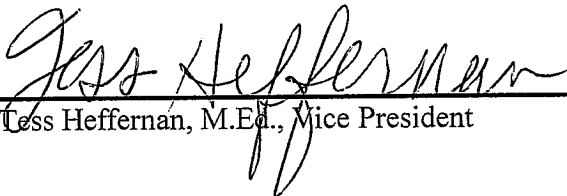
Respectfully submitted:



Nancy L. Stirling, Assistant Secretary




Bernard J. Birnbaum, M.D., President



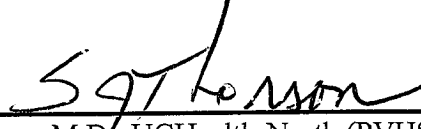
Tess Heffernan, M.Ed., Vice President

[Absent from the April 12, 2016 meeting]

Michael D. Liggett, Esq., Secretary



Tracy L. Nelson, Ph.D., Treasurer



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