



BOARD OF DIRECTORS REGULAR MEETING

**Health District of Northern Larimer County
Virtual Meeting**

See connection details at end of agenda

**Tuesday, March 23, 2021
4:00 p.m.**



BOARD OF DIRECTORS REGULAR MEETING

March 23, 2021

4:00 pm

Virtual

AGENDA

- 4:00 p.m. **Call to Order; Introductions; Approval of Agenda**Michael Liggett
- 4:05 p.m. **PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 4:10 p.m. **DISCUSSION & ACTIONS**
- **Policy** Alyson William
 - State Legislative Proposals**
 - HB21-1107: Protections for Public Health Department Workers (*brief*)
 - Staff recommended position: Support
 - HB21-1135: Health-care Cost-sharing Consumer Protections (*analysis*)
 - Staff recommended position: Strongly Support
 - SB21-154: 988 Suicide Prevention Lifeline Network (*analysis*)
 - Staff recommended position: Support
 - Other Policy Issues that May Arise
 - Federal Policy Issues**
 - Stimulus Package: American Rescue Plan
 - **Board Member Appointment to Fill Vacant Seat**Michael Liggett
- 4:45 p.m. **REPORTS AND DISCUSSION**
- **COVID Status**James Stewart
 - **Brief Status Update, COVID and the Health District**..... Carol Plock
 - **HealthInfoSource.com - Demo and Update**Lin Wilder
- 5:30 p.m. **OTHER UPDATES & REPORTS**
- **Executive Director Updates**Carol Plock
 - **Liaison to PVHS/UCHealth North Report**Celeste Kling
- 5:40 p.m. **PUBLIC COMMENT (2nd opportunity)** See Note above.
- 5:45 p.m. **CONSENT AGENDA**
- Approval of the Board Meeting Minutes for January 26, 2021; February 9, 2021; February 23, 2021; and March 9, 2021
- 5:50 p.m. **PRELIMINARY REPORT: December 2020 Financials**
- 5:55 p.m. **ANNOUNCEMENTS**
- April 13, 4:00 pm – Board of Directors Special Meeting (policy)
 - April 27, 4:00 pm – Board of Directors Regular Meeting
 - May 11, 4:00 pm – Board of Directors Special Meeting (policy)
- 6:00 p.m. **ADJOURN**

Join Zoom Meeting

Registration is required. Click this link to register:

<https://healthdistrict.zoom.us/meeting/register/tJAkd-2gqzMvG9DeIWYNA3LmHAm0rJblyc-J>

After registering, you will receive a confirmation email containing information about joining the meeting.

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as ‘Public Comment.’** If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

■ MISSION ■

**The Mission of the Health District of Northern Larimer County
is to enhance the health of our community.**

■ VISION ■

- ❑ District residents will live long and well.
- ❑ Our community will excel in health assessment, access, promotion and policy development.
 - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
 - All Health District residents will have timely **access** to basic health services.
 - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
 - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
 - Like-minded communities across the country will emulate our successes.

■ STRATEGY ■

The Health District will take a leadership role to:

- ❑ Provide exceptional health services that address unmet needs and opportunities in our community,
- ❑ Systematically assess the health of our community, noting areas of highest priority for improvement,
- ❑ Facilitate community-wide planning and implementation of comprehensive programs,
- ❑ Educate the community and individuals about health issues,
- ❑ Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- ❑ Promote health policy and system improvements at the local, state and national level,
- ❑ Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- ❑ Share our approaches, strategies, and results, and
- ❑ Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

■ VALUES ■

- ❑ Dignity and respect for all people
- ❑ Emphasis on innovation, prevention and education
- ❑ Shared responsibility and focused collaborative action to improve health
- ❑ Information-driven and evidence-based decision making
- ❑ Fiscal responsibility/stewardship
- ❑ An informed community makes better decisions concerning health

HB21-1107: PROTECTIONS FOR PUBLIC HEALTH DEPARTMENT WORKERS

Concerning protections for certain public health workers.

Details

| | |
|-----------------------|--|
| Bill Sponsors: | House – Caraveo (D) and Carver (R) Senate – Bridges (D) and Lundeen (R) |
| Committees: | House Judiciary Senate Judiciary |
| Bill History: | 2/16/2021- Introduced in House 3/2/2021- House Judiciary Refer Amended to House Committee of the Whole 3/8/2021- House Second Reading Passed 3/9/2021- House Third Reading Passed 3/10/2021- Introduced in Senate, Assigned to Judiciary |
| Next Action: | Hearing in Senate Judiciary Committee |
| Fiscal Note: | <u>2/25/2021</u> |

Bill Summary

Under current law, it unlawful to publish the personal information of a law enforcement official, human services worker, and their families, if the publishing of the personal information would pose an imminent and serious threat to their safety. This bill extends the protection of personal information on the internet to public health workers, including employees, contractors or employees of contractors of the Department of Public Health and Environment (CDPHE) or local public health agencies. In addition, a protected person (human services and public health workers) can submit a written request to a state or local government official to remove their personal information from public records that are available on the internet. A violation is a class 1 misdemeanor.

Issue Summary

Under-resourced county and state public health infrastructure has left public health workers in a position that has made it difficult manage the COVID-19 pandemic in their communities, which has been coupled with a sense of public distrust when public health workers and leaders tried to convey the science behind public health orders. Between March 2020 and January 2021, Johns Hopkins Bloomberg School of Public Health identified through public reports 190 departures (resignation, retirement, or

Reported Harassment and Threats of Public Health Officials March 2020 - January 2021



firing) of state and local public health leaders, though that number is likely higher.¹ The map details where those departures have occurred (grey dots) and where publicly documented threats and harassment of public health workers have occurred (red dots).

Supporters

- | | |
|--|---|
| • American Academy of Pediatrics | • Colorado Hospital Association |
| • Associated Governments of Northwest Colorado | • Colorado Immunization Advocates |
| • Children's Hospital Colorado | • Colorado Medical Society |
| • Colorado Academy of Family Physicians | • Colorado Municipal League |
| • Colorado Association of Local Public Health Officials (CALPHO) | • Colorado Psychiatric Society |
| • Colorado Association of Chiefs of Police | • Colorado Wins |
| • Colorado Children's Campaign | • Counties & Commissioners Acting Together (CCAT) |
| • Colorado Community Health Network | • County Sheriffs of Colorado |
| • Colorado Counties Incorporated | • Denver Health and Hospital Authority |
| • Colorado Cross-Disability Coalition | • Healthier Colorado |
| • Colorado Dental Association | • Immunize Colorado |

Opponents

- No opposition has not been made public at this time.

About this Brief

This brief was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This brief is not a complete analysis of this policy issue. This brief is accurate to staff knowledge as of date printed. For more information about this brief or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

¹ Johns Hopkins Bloomberg School of Public Health (Feb 2021). *We Stand With Public Health*. <https://www.jhsph.edu/covid-19/news-and-events/events/2021/february-24.html>

HB21-1135: HEALTH-CARE COST-SHARING CONSUMER PROTECTIONS

Concerning protections for consumers who participate in health-care cost-sharing arrangements.

Details

| | |
|-----------------------|--|
| Bill Sponsors: | House – Lontine (D) Senate – Fields(D) |
| Committee: | House Health & Insurance Committee |
| Bill History: | Introduced in House |
| Next Action: | 3/23/2021- Hearing in House Health & Insurance Committee |
| Fiscal Note: | <u>3/11/2021</u> |

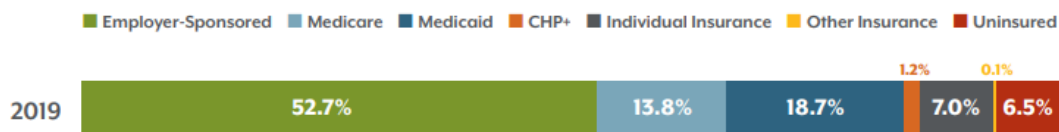
Bill Summary

The bill requires operators of health care cost-sharing arrangements (CSAs) to report specified information to the Commissioner of Insurance in the Department of Regulatory Agencies (DORA), provide disclosures to consumers, and respond to requests for payment within a specified time period.

Issue Summary

Insurance Coverage in Colorado

Coloradans can get health insurance coverage through a variety of different means, depending on eligibility. There are public programs, such as Medicare, Medicaid, and Child Health Plan Plus (CHP+), or private insurance through an employer, through the marketplace run by Connect for Health Colorado, or insurance that is offered off the marketplace. The figure below, from the Colorado Health Institute (CHI), demonstrates the proportion of residents in the different types of insurance coverage offered in Colorado.¹



According to the 2019 Colorado Health Access Survey (CHAS) from CHI, 93.5% of Coloradans are insured.¹ For those who reported being uninsured in the 2019 CHAS, 89.6% cited that the cost of the insurance was a barrier to purchasing coverage, which is much greater than the 78.4% that had the same response in 2017.¹ Each of the 64 counties in Colorado has at least one carrier providing insurance on the marketplace. For the 2021 plan year, 10 of Colorado's 64 counties had only one carrier offering plans, a decrease from 22 counties for the 2020 plan year.²

After falling from 12% to 4% between 2013 and 2016, Larimer County survey respondents aged 18-64 who reported having no health insurance jumped to 8% in 2019. In 2019, 18% of adult respondents were from

¹ Colorado Health Institute (Jan. 2020). *Progress in Peril: 2019 Colorado Health Access Survey Storybook*. Retrieved from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/CHAS%20Storybook%202019%20for%20Web.pdf

² Division of Insurance (July 9, 2020). *Same eight companies returning to offer individual health insurance plans 2021 while number of plans increases.* Retrieved from <https://doi.colorado.gov/press-release/same-eight-companies-returning-to-offer-individual-health-insurance-plans-for-2021>

lower income households (<185% of the Federal Poverty Level [FPL]).³ In 2019, 53.8% of Larimer County adults reported being somewhat or very worried about health insurance becoming so expensive that they will not be able to afford it.

Health Care Cost-Sharing Arrangements

Typically, health care cost-sharing arrangements (CSA) have members that share a religious or ethical belief system.⁴ Members contribute to the arrangement, usually monthly, in order to cover the qualifying medical costs of other members. Since CSA do not meet the definition of health insurance under federal law and the Affordable Care Act (ACA), they may exclude coverage for pre-existing conditions, may have lifetime limits on coverage, cap payments, or not guarantee payment.⁴ Further, the ACA does not dictate if or how states should regulate such arrangements. Since most are faith-based, they may not cover treatments or conditions that do not align with those religious beliefs. It is not easy to track the number of CSA enrollees; however, it is estimated that one million people are enrolled in more than 100 health care cost-sharing arrangements in at least 29 states.⁵ According to the Alliance of Health Care Sharing Ministries, Colorado is one of the top ten states for participation.⁶ There are an estimated 21,000 households and 53,000 people participating. Participants may believe that participating in a CSA is the same as being covered by health insurance; however, in actuality, CSAs are not required to provide the same protections to consumers or to have the same financial stability.

This Legislation

Definitions

Health-care cost-sharing arrangement: A health care sharing ministry, as defined by federal law⁷, or a medical cost-sharing community or other arrangement or entity through which the members contribute money on a regular basis, at levels determined by the community/arrangement, that may be used to share, cover, or otherwise defray the medical costs of members.

Producer: A person who solicits, negotiates, effects, procures, delivers, renews, continues, or binds enrollment in a health plan.⁸

Reporting Requirements

By March 1, 2022, and by each March 1 after, a person (other than a producer) that offers, operates, manages, or administers a CSA must file with the Commissioner of Insurance the following information and documentation:

- Annual audited financial statements for the previous fiscal year
- Detailed list of any commissions or fees paid to third parties for marketing, promotion, or enrollment of members into a CSA or for operations and management of the CSA
- List and description of membership benefits, limitations, and exclusions applicable to the CSA
- List of providers that CSA has a provider agreement, contract, or other arrangement in Colorado
- Total number of members and households in the CSA in Colorado in the previous calendar year
- If applicable, total number of employer groups and employees in each group in the CSA during the previous calendar year

³ Health District of Northern Larimer County (2020). *2019 Community Health Assessment*. Retrieved from <https://www.healthdistrict.org/2019-community-health-assessment>

⁴ Volk, J., Curran, E., & Giovannelli J. (Aug. 8, 2018). *Health Care Sharing Ministries: What Are the Risks to Consumers and Insurance Markets?* Commonwealth Fund. Retrieved <https://www.commonwealthfund.org/publications/fund-reports/2018/aug/health-care-sharing-ministries>

⁵ Keith, K. (June 11, 2020). *New Proposed Rule on Health Care Sharing Ministries and Direct Primary Care*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20200611.714521/full/#:~:text=Health%20care%20sharing%20ministries%20are,medical%20expenses%20of%20other%20members.&text=Prior%20to%202019%2C%20individuals%20were,coverage%20or%20pay%20a%20penalty.>

⁶ Ingold, J. (Sept. 30, 2019). *As Coloradans struggle to pay for health coverage, cheaper alternatives come with their own perils*. Colorado Sun. Retrieved from <https://coloradosun.com/2019/09/30/colorado-health-insurance-sharing-ministries/>

⁷ 26 U.S.C. SEC. 5000A (d)(2)(B)

⁸ Full definition at C.R.S. §10-2-103 (6)

- Number of applications or other requests to participate in the CSA that were submitted, accepted, and denied in the previous calendar year
- Total number in the previous calendar year of:
 - Bills or medical expenses submitted to the CSA by or on behalf of members in Colorado, including the total amount of all bills or medical expenses that were submitted
 - Bills/medical expenses paid, shared, covered, reimbursed, or otherwise defrayed with money collected, managed, or facilitated by the CSA for its members, including total amount of those bills/expenses
 - Bills/medical expenses that the CSA denied or determined ineligible, in whole or part, including total amount of those bills/expenses
 - Retroactive membership denials
 - Member appeals or grievances submitted to the CSA and the number of appeals approved in whole or part and the dollar amount
- Total amount paid or contributed to the CSA in the previous calendar year by Colorado members
- The name, mailing address, e-mail address, and phone number of the person serving as the CSA's contact person, this information is not to be made public
- Any other information required by the Commissioner that is related to the offering, provision, administration, or operations of CSAs in the previous calendar year

Disclosure Requirements

On and after January 1, 2022, a person (including a producer) that offers, operates, manages, or administers a CSA is to provide a written disclosure (hard copy or electronic) to the prospective or renewing member prior to enrolling, accepting, or renewing membership. The disclosure must contain the following information:

- Participation or membership in a CSA does not guarantee payment of bills or medical expenses
- A member of a health care CSA remains personally responsible for payment of all bills or medical expenses
- A member of a health care CSA may be subject to certain preexisting condition exclusions or other limitations
- Any other information required by the Commissioner through rulemaking that aims to address consumer confusion or to ensure consumers have information needed to make an informed decision

This information must also be displayed prominently on the CSA's website and in its written marketing materials.

On and after January 1, 2022, an arrangement is to provide the following to each of its Colorado members:

- On any card issued to a member for the purpose of presenting to a health care provider- a statement clearly indicating that the person is a member of an arrangement that provides no assumption of risk or promise to pay for services rendered
- On a monthly basis- a written or electronic statement listing the total dollar amount of the eligible medical expenses submitted by the member in the immediately preceding month and the paid/shared/covered/reimbursed expenses with money that is collected/managed/facilitated by the arrangement
- On a quarterly basis- a written or electronic statement listing the percentage of the entire membership's contribution that were used to meet members' medical expenses and to cover the arrangement's administrative costs
- Within 30 days after joining, a complete set of guidelines for:
 - Paying for medical expenses
 - Appealing decisions made by the arrangement or its members
 - Filing complaints with the arrangement and with the DOI

An arrangement is to allow its members to continue participating after developing or being diagnosed with a medical condition. The arrangement is to submit to the DOI information that demonstrates compliance with this section, in a form and manner required by rule.

Notice of Decision on Bills

An arrangement that receives a bill or request for payment from a member or a health provider that provided care to a member is to provide a response to that bill/request for payment within a specified number of days (to be determined by rule) after the date the bill or request is submitted. If the arrangement fails to pay the expenses in full or respond in that specified period, it constitutes a denial or determination that the expenses are ineligible for cost sharing. If it only pays a portion, it constitutes a denial of the remaining unpaid amount or a determination that the remaining portion of the expenses are ineligible for cost sharing. If the expense is denied or is determined ineligible for cost sharing and the member also has coverage from a qualified health plan, Medicaid, or other coverage, the provider may bill those third-party payers for any unpaid balance owed to them.

Rulemaking

The Commissioner is to adopt rules to implement the disclosure and reporting requirements as well as the required time frame for responding to bills/requests for payment. Additionally, the Commissioner may establish a schedule for the assessment of penalties based on the frequency and severity of noncompliance.

Civil Penalties

The Commissioner can assess a penalty against an arrangement for failing to:

- File the required report
- Post/provide the required disclosures
- Pay or respond to a bill or request for payment within the specified timeframe

The penalty can be up to \$500 for an initial violation and up to \$5,000 for any subsequent failure to comply. If a producer fails to comply with the required disclosures, the Commissioner can assess a civil penalty.

Cease-and-Desist of Prohibited Acts

A person is prohibited from issuing, circulating, or causing the issuance or circulation, any statement or publication that misrepresents the arrangement's benefits, advantages, conditions, or terms. If this prohibition is violated the Commissioner can issue a cease-and-desist order. Nothing in this section limits the authority of the Commissioner to take action against an arrangement for deceptive trade practices, the unauthorized sale of insurance, or engagement in the unauthorized business of insurance.

Effective Date

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Fiscal Note

For FY 2021-22, the bill requires an appropriation of \$26,707 to the Department of Regulatory Agencies.

Reasons to Support

The disclosure requirements will aid consumers in knowing that they are not purchasing insurance. Currently, many believe that they are purchasing traditional insurance but later learn that they do not offer the same guarantees. At least some members may end up with significant unpaid medical bills or go to debt collection of even some small bills that go unpaid. This bill could help ensure that members understand what these arrangements are and could help them understand what bills are being paid and which ones are being

denied. While these arrangements may work for some people, consumers should be aware of what they are buying, including that they are responsible for any medical expenses if their claims are denied and that they could be denied for any reason.

Supporters

- AARP
- Chronic Care Collaborative
- Colorado Children's Hospital
-
- Colorado Consumer Health Initiative
- Kaiser Foundation Health Plan

Reasons to Oppose

An outcome of this bill could restrict the number of such health care cost-sharing arrangements in Colorado, which could impact those individuals who have enrolled in them because they feel like traditional individual insurance is too expensive. Some may assert that arrangements provide some financial protection for families who want to share their health care expenses with other families with the ultimate goal of keeping everyone's out-of-pocket costs low. These mandates could increase the administrative costs, thus increasing the costs for its members.

Opponents

- Centennial Institute at Colorado Christian University

Other Considerations

The definition of a producer is in relation to health plans, which CSAs are not. This brings the following question to the forefront: Should this section of statute have its own definition of producer?

The disclosure requirements do not explicitly state that the arrangements must include a statement regarding the fact that it does not meet the definition of health insurance under federal law and is not required to provide the same consumer protections as insurance. However, something addressing this fact could be included during the DOI's rulemaking on the issue.

Additionally, some may feel that the fines imposed in the bill are low considering the financial implications for consumers can be great.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

SB21-154: 988 SUICIDE PREVENTION LIFELINE NETWORK

Concerning the implementation of the 988 national suicide prevention lifeline network in Colorado.

Details

| | |
|-----------------------|---|
| Bill Sponsors: | Senate – <i>Kolker (D) and Simpson (R)</i> House – <i>Cutter (D) and Soper (R)</i> |
| Committee: | Senate Health & Human Services |
| Bill History: | 3/1/2021- Introduced in Senate |
| Next Action: | Hearing in Senate Health & Human Services Committee |

Bill Summary

In 2020, the U.S. Congress passed the "National Suicide Hotline Designation Act of 2020" designating 988 as the 3-digit number for the national suicide prevention lifeline. The bill implements 988 as the 3-digit number for crisis response services in Colorado.

Issue Summary

Mental Health in the U.S.

Since 2008, suicide has ranked as the tenth leading cause of death in the United States, and the suicide rate is currently at its highest level since World War II.¹ Suicide claimed the lives of more than 47,500 Americans in 2019 – approximately one death every 11 minutes.² Additionally, suicide rates are higher across various at-risk populations, including veterans and lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. Over 20 veterans die by suicide every day and, between 2008 and 2016, there were more than 6,000 Veteran suicides each year. LGBTQ youth contemplate suicide at a rate almost three times higher than heterosexual youth, and more than 500,000 LGBTQ youth will attempt suicide this year. Moreover, suicide rates are higher in rural America. In 2017, the suicide rate for the most rural counties was 1.8 times the rate for the most urban counties in the country.³ The Centers for Disease Control and Prevention (CDC) reports that more than 1.4 million adults attempted suicide in the United States in 2019 alone - an increase of 33% since 1999.⁴

Mental Health in Colorado

Colorado's suicide rate, just as that of the nation, increases along with its growing population. However, Colorado continues to have a suicide rate among the 10 highest in the U.S. In 2019, suicide remained the seventh leading cause of death for all Coloradans, resulting in 1,287 suicides for an age-adjusted rate of 21.6 per 100,000.⁵

¹ Federal Communications Commission. "FCC Fact Sheet: 988 and Suicide Prevention Hotline", <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

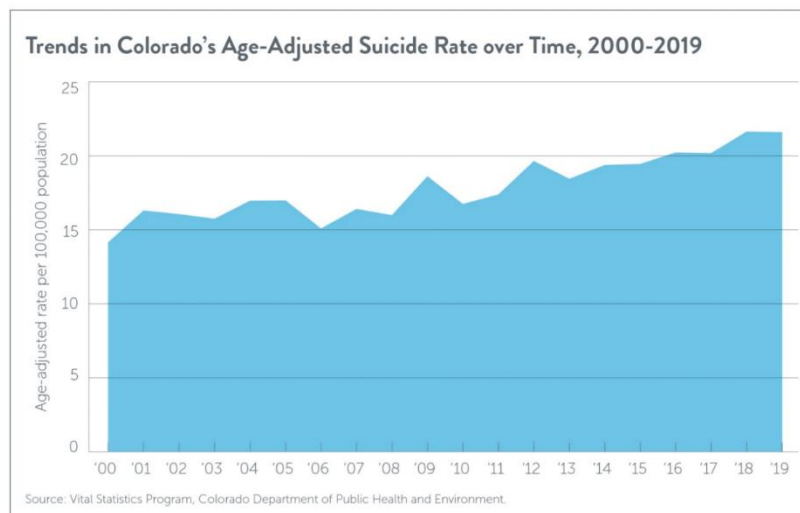
² Centers for Disease Control and Prevention. "Fast Facts", <https://www.cdc.gov/suicide/facts/index.html>

³ Federal Communications Commission. "FCC Fact Sheet", November 21, 2019. <https://docs.fcc.gov/public/attachments/DOC-360939A1.pdf>

⁴ Centers for Disease Control and Prevention. "Fast Facts", <https://www.cdc.gov/suicide/facts/index.html>

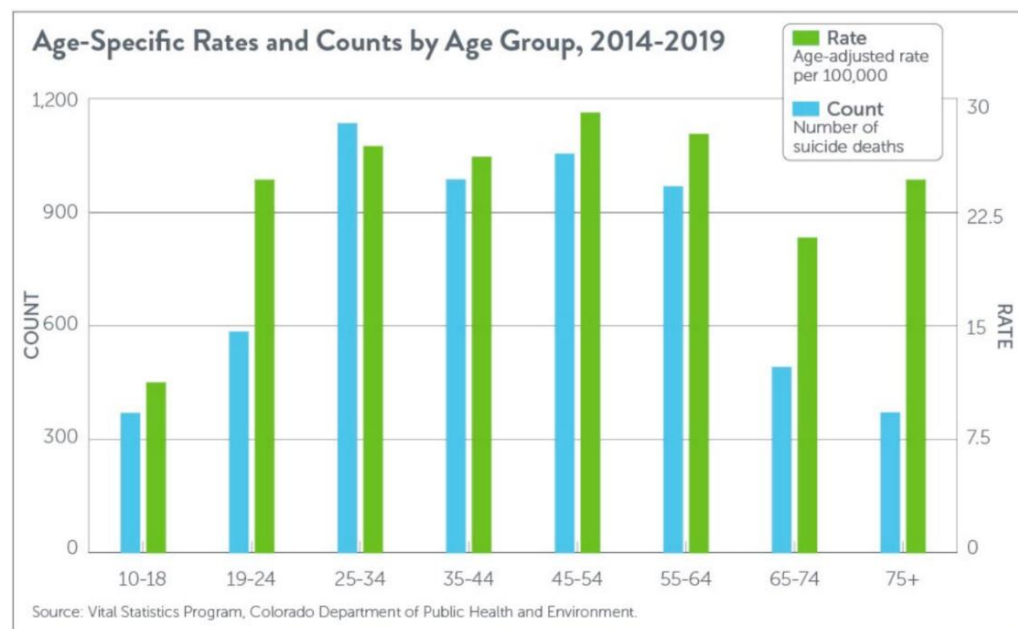
⁵ Colorado Office of Suicide Prevention. "2019-2020 Annual Report", November 1, 2020. https://drive.google.com/file/d/11nCBeh0noi6wUEj2nIUUA2_c-w7gKL4j/view

Since 2004, over a third of Coloradans (4,500 individuals) who lost their lives to suicide had recently disclosed their suicidal intent to someone within a month prior to their death. Prevention is possible and it can take place long before immediate crisis intervention is ever needed.



Age

Adults ages 25-64 continue to have the highest rates and number of suicide deaths, representing nearly 70% of all suicide fatalities (894 in 2019). Additionally, since 2015, there has been a concerning increase in suicide among younger populations, which holds true across the nation.⁶ In addition, the 2019 Healthy Kids Colorado Survey found that 42% of



students who identify as gay, lesbian, or bisexual reported seriously considering attempting suicide during the past year.⁷

Method

Half of all suicide deaths in Colorado involve the use of a firearm, which is the most common method of suicide death in the state, and 78% of firearm deaths are suicides. Poisoning and overdose are the most common suicide attempt methods. Between 2015 and 2019, there were 39,674 suicide-related emergency department visits; 50% of them were due to drugs and other biological substances. During that same time,

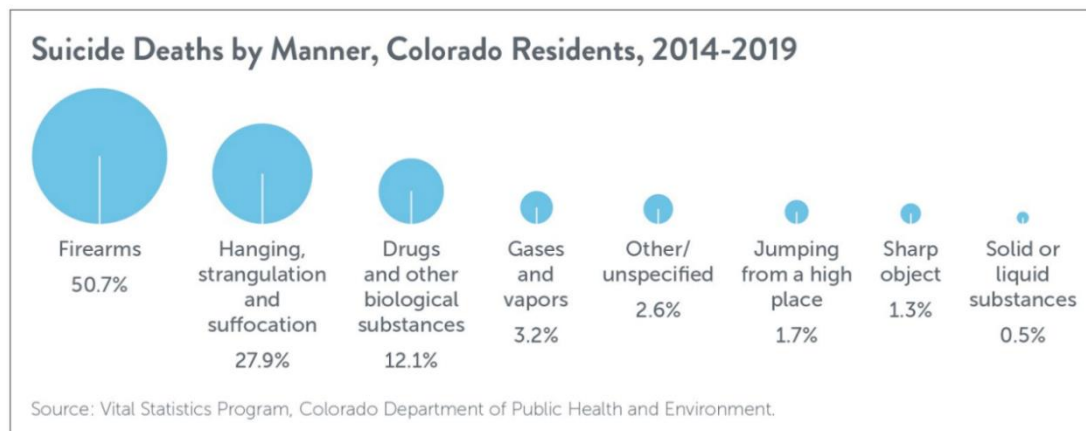
⁶ Colorado Office of Suicide Prevention. "2019-2020 Annual Report", November 1, 2020.

https://drive.google.com/file/d/11nCBeh0noi6wUEj2nIUMA2_c-w7gKL4j/view

⁷ Colorado Health Institute. "Suicide in Colorado: Complex Issues in a Diverse State", Jan 2021.

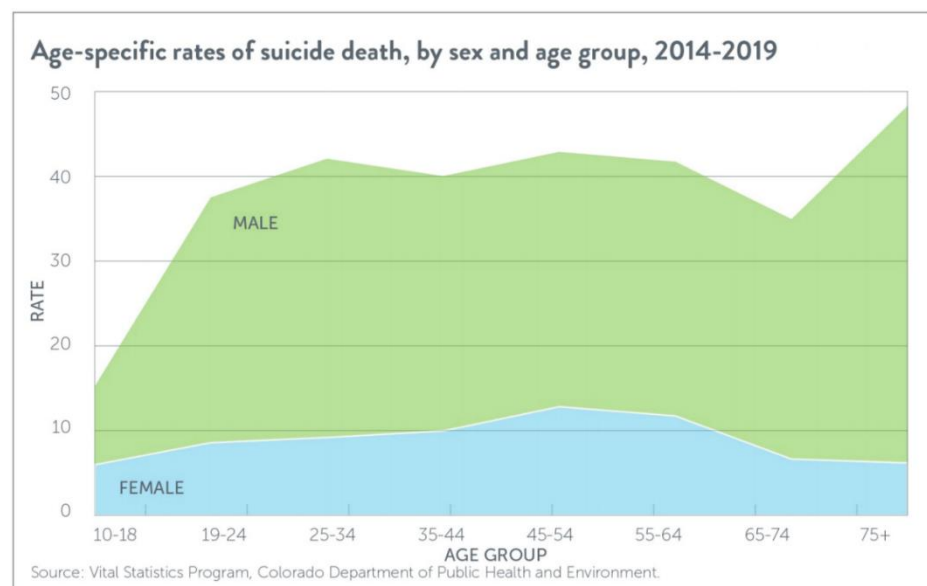
https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Suicide%20in%20Colorado%202021.pdf

there were also 16,599 suicide-related hospitalizations; 71% of them were due to drugs and other biological substances.⁸



Sex

Males continue to represent a disproportionate number of Colorado's suicide deaths at over 76% of suicide fatalities across all age groups. The rate of suicide among men is more than triple that of women (29.2 versus 8.8 suicide deaths per 100,000, respectively). Yet males who died by suicide were less likely to have been diagnosed with mental health problem or to ever have been treated.



Males are also more likely than women to utilize firearms to commit suicide.⁹

Occupation

The Colorado Violent Death Reporting System indicates that workers in the following industries experience the highest suicide rates - construction, agriculture, transportation & warehousing, mining and the arts.¹⁰ Construction has topped the list of suicide deaths by industry in Colorado 11 of the past 15 years.¹¹

⁸ Colorado Office of Suicide Prevention. "2019-2020 Annual Report", November 1, 2020.

https://drive.google.com/file/d/11nCBeh0noi6wUEj2nIUMA2_c-w7gKL4j/view

⁹ Colorado Office of Suicide Prevention. "2019-2020 Annual Report", November 1, 2020.

https://drive.google.com/file/d/11nCBeh0noi6wUEj2nIUMA2_c-w7gKL4j/view

¹⁰ Colorado Office of Suicide Prevention. "2019-2020 Annual Report", November 1, 2020.

https://drive.google.com/file/d/11nCBeh0noi6wUEj2nIUMA2_c-w7gKL4j/view

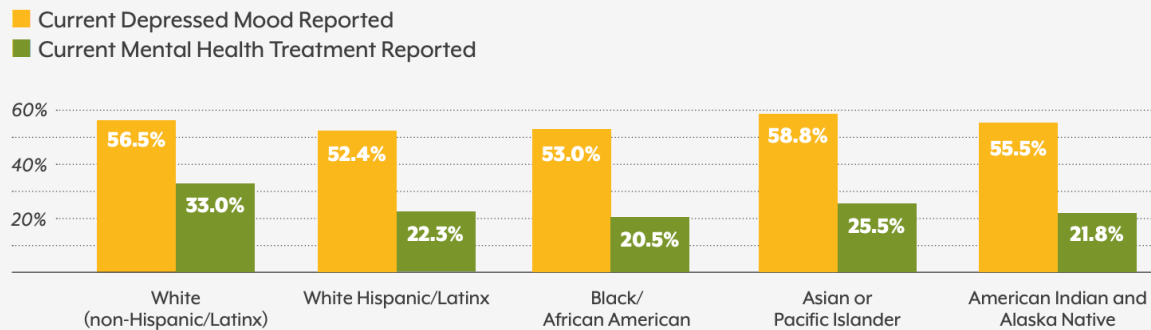
¹¹ Colorado Health Institute. "Suicide in Colorado: Complex Issues in a Diverse State", Jan 2021.

https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Suicide%20in%20Colorado%202021.pdf

Race/Ethnicity

Non-white Coloradans experience higher rates of some mental health conditions. However, they often face disproportionately greater difficulties in accessing mental health care than white people in Colorado.¹²

Figure 2. Non-White Coloradans Who Died by Suicide Were As Likely to Be Depressed, Less Likely to Be Receiving Treatment, 2010-2018



Source: Colorado Department of Public Health and Environment

8

COVID-19 Mental Health Ramifications

Mental health concerns have increased during the COVID-19 pandemic. Since May 2020, approximately over 30% of adults in the U.S. has reported symptoms of anxiety and/or depressive disorder. This rate is a stark increase from January to June 2019, during which approximately just 10% of adults reported symptoms of anxiety and/or depressive disorder.¹³ The Health District of Northern Larimer County's 2020 supplemental survey to assess the effects of COVID-19 found that 36% of adults experienced pandemic related anxiety, depression, or stress at least half the time in the past 3 months.¹⁴ When asked about the past month, 30% of respondents reported more days with poor mental health and more days where poor mental health interfered their daily activities.

Colorado Crisis Services

Colorado Crisis Services (CCS), in partnership with the Colorado Department of Human Services (DHS), is Colorado's first statewide resource for emotional crisis, mental health, and substance use help, information and referrals.¹⁵ Coloradans can access help from CCS's trained mental health professionals or trained peer specialists via calling (1-844-493-8255), texting (Text 'TALK' to 38255), or in-person settings at any one of its nine locations throughout the state. Common call topics include: depression, substance use, grief & loss, self-injury, suicidal thoughts, bullying, stress, parenting concerns, trauma, drugs & alcohol, relationship problems, family crisis, anxiety, domestic violence, homelessness, disability, concerns for a friend or family member, recovery support, and resource questions.

The confidentiality and security of calls and texts is ensured through CCS's software provider, which uses the same encryption and data protection standards required by major financial institutions to transact business with one other.

¹² Colorado Health Institute. "Suicide in Colorado: Complex Issues in a Diverse State", Jan 2021.

https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Suicide%20in%20Colorado%202021.pdf

¹³ Kaiser Family Foundation (KFF). "Mental Health in Colorado". <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/colorado/>

¹⁴ Health District of Northern Larimer County. "2020 COVID-19 Supplemental Survey", <https://www.healthdistrict.org/2020-covid-19-supplemental-survey>

¹⁵ Colorado Crisis Services "About", <https://coloradocrisiservices.org/about/>

Coloradans who use CCS's walk-in services will check in at the front desk and will be seen by a trained clinician who will determine the appropriate intervention. If needed, clients will receive a clinical evaluation, which may include a brief physical evaluation by a medical professional.

CCS is a certified National Suicide Prevention Lifeline provider and is managed by the Office of Behavioral Health within DHS.¹⁶

Federal Background

The National Suicide Prevention Lifeline, a network of approximately 170 local- and state-funded crisis call centers, is a suicide prevention program for individuals experiencing mental health distress. The Lifeline is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS), as well as the Department of Veterans Affairs (VA). The Lifeline can currently be reached by calling 1-800-273-8255 (1-800-273-TALK) and through online chats. Veterans and Service members may reach the Veterans Crisis Line by pressing 1 after dialing, as well as by chatting online at www.veteranscrisisline.net or texting 838255.¹⁷

In August 2019, the Federal Communication Commission (FCC) —in consultation with SAMHSA, the VA, and the North American Numbering Council—released a report to Congress recommending the use of 988 as the 3-digit code for the National Suicide Prevention Lifeline.¹⁸ The FCC indicated that designating 988 as the 3-digit dialing code would help increase the effectiveness of suicide prevention efforts, ease access to crisis services, reduce the stigma surrounding suicide and mental health conditions, and ultimately save lives.¹⁹ In July 2020, the FCC adopted rules designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The transition will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.

988 Hotline Implementation Concerns

When callers dial the National Suicide Prevention Lifeline number, they are routed to the crisis center that is closest to them. However, many of the 170 call centers that comprise the hotline are struggling financially due to insufficient federal funding. Some call centers have consequently shut down or left the network. From 2008 to 2012, 9 centers dropped out of the network, and, from 2013 to 2017, 23 dropped out. Until more funds can bolster staff capacity at the National Suicide Prevention Lifeline call centers, increased awareness and accessibility of the 988 Hotline may create longer wait-times for callers.²⁰

The National Suicide Hotline Improvement Act 2018 will allow states to collect fees from mobile service providers to support 988. Some states may start charging individual 988 fees, similar to the method used in many regions to finance 911, while other states may roll 988 fees into a combined utility fee.²¹ However, it still remains unclear how much funding this fee system will generate, as well as how much of such funding will directly cover call center operations.²²

¹⁶ Colorado Crisis Services. "Frequently Asked Questions". 2021. <https://coloradocrisiservices.org/faq/>

¹⁷ Federal Communications Commission. "FCC Fact Sheet: 988 and Suicide Prevention Hotline", <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

¹⁸ Federal Communications Commission. "FCC Fact Sheet: 988 and Suicide Prevention Hotline", <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

¹⁹ Federal Register. "Implementation of the National Suicide Hotline Improvement Act 2018", January 15, 2020. <https://www.federalregister.gov/documents/2020/01/15/2019-28429/implementation-of-the-national-suicide-hotline-improvement-act-of-2018>

²⁰ VeryWellMind. "New Law Establishes 988 as National Suicide Hotline", October 26, 2020. <https://www.verywellmind.com/new-law-establishes-988-as-national-suicide-hotline-5083955>.

²¹ Avalara, "FCC authorizes states to levy suicide prevention 988 hotline fees on voice providers", December 11, 2020. <https://www.avalara.com/us/en/blog/2020/12/fcc-authorizes-states-to-levy-suicide-prevention-988-hotline-fees-on-voice-providers.html>

²² VeryWellMind. "New Law Establishes 988 as National Suicide Hotline", October 26, 2020. <https://www.verywellmind.com/new-law-establishes-988-as-national-suicide-hotline-5083955>.

Implementation in Other States

Similar bills to implement the 988 Hotline in accordance with federal requirements are progressing through state legislatures across the country. Such bills include California's [AB-988](#), Utah's [SB-155](#), Idaho's [SB-1125](#), Virginia's [SB-1302](#), and Kansas' [HB-2281](#).

This Legislation

988 CRISIS HOTLINE

Definitions

988 Crisis Hotline Center. A state-identified and state-funded center participating in the national suicide prevention lifeline network to respond to statewide or regional behavioral health crisis calls.

National Suicide Prevention Lifeline. A national network of local crisis centers maintained by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Veterans Crisis Line. The Veterans Crisis Line maintained by the Secretary of Veterans Affairs.

Behavioral Health Crisis Response System

The bill amends the current statute concerning the behavioral health crisis response system to incorporate the 988 crisis hotline. The Department of Human Services (DHS) is to include the usage of the 988 crisis hotline center, the services provided, as well as the deposits and expenditures from the 988 surcharge cash fund during its annual SMART Act hearings.²³ Starting January 1, 2023, and each January 1 after, DHS is to submit to SAMHSA information about the usage of the 988 crisis hotline center and services provided while DHS must also report information about the expenditures of the 988 surcharge cash fund to the Federal Communications Commission.

988 Crisis Hotline Center and 988 Surcharge Cash Fund

By July 1, 2022, DHS is to contract with a nonprofit organization to create the 988 crisis hotline center to provide intervention services and crisis care coordination to individuals calling the hotline from any jurisdiction within Colorado, 24 hours a day, 7 days a week. The 988 crisis hotline center must:

- Have an active agreement with the administrator of the National Suicide Prevention Lifeline for participation within the network
- Meet the National Suicide Prevention Lifeline requirements and best practice guidelines for operational and clinical standards
- Meet the National Suicide Prevention Lifeline requirements for serving high-risk and specialized populations
- Deploy mobile response units and co-responder programs that are part of the crisis response system and coordinate access to crisis walk-in centers
- Provide follow-up services to individuals accessing the hotline

DHS must collaborate with the National Suicide Prevention Lifeline and Veterans Crisis Line to ensure consistent public messaging about the hotline center and available services.

The 988 surcharge cash fund is created in the state treasury. The State Treasurer shall credit all interest and income derived from the deposit and investment of money to the fund. Subject to annual appropriations, OBH can expend money from the fund for the administration and operation of the 988 crisis hotline center. The Public Utilities Commission (PUC) and the Department of Revenue can expend money from the fund in accordance with the activities concerning the 988 surcharge.

988 SURCHARGE FOR THE 988 CRISIS HOTLINE

²³ Enacted in 2010 and extensively revised in 2013, Colorado's SMART Government Act includes requirements for state departments to create publicly-available annual strategic/performance plans and present them to the General Assembly.

Definitions

988. The three-digit abbreviated dialing code used to report a behavioral health crisis.

988 Access Connections. Any communications service, including wireline, wireless cellular, interconnected voice over internet protocol, or satellite in which connections are enabled, configured, or capable of making 988 calls.

Person. Any individual, firm, partnership, co-partnership, joint venture, association, cooperative organization, corporation, governmental agency, state, county, political subdivision, state department, commission, board, or bureau, fraternal organization, nonprofit organization, estate, trust, receiver, or any other service user.

Service supplier. A person providing 988 access connections to any service user in the state, either directly or by resale.

Service user. A person who is provided a 988 access connection in the state.

Imposition of 988 Surcharge

Effective January 1, 2022, the 988 surcharge is imposed on service users in an amount to be established annually by the PUC, not to exceed 50 cents per month per 988 access connection. The surcharge must be established annually by October 1, to take effect on January 1 for the next calendar year. It should be reasonably calculated to meet the needs of the 988 crisis hotline center. The surcharge amount should be uniform, regardless of technology used to provide the 988 access connection.

Remittance of Charges & Administrative Fees

The 988 surcharge must be stated separately on a service user's bill, unless the supplier does not separately list any fees or surcharges as line items. The amount remitted by the service supplier must reflect the actual collections based on the actual 988 access connections billed. The PUC can conduct an audit concerning the collection and remittance of the 988 surcharge.

988 Charge on Prepaid Wireless

A prepaid wireless charge is imposed on each retail transaction. On and before December 31, 2021, the charge is 1.4% of the price of the retail transaction of purchasing a prepaid wireless service. Effective January 1, 2022, the PUC is to set a flat charge annually. The charge must be established annually by October 1, to take effect on January 1 for the next calendar year. The Colorado Treasurer shall credit the charge collections to the 988 surcharge cash fund.

Effective Date

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Reasons to Support

This bill increases accessibility to mental and substance use disorder support to those experiencing crisis, and also ensures additional funding for the hotline centers that will serve 988 callers. The bill aligns Colorado statute and operations with federal requirements. By aligning behavioral and mental health crisis procedures with physical health (i.e. calling a simple 3-digit number), the stigma surrounding behavioral and mental health disorders may decrease.

Supporters

- Colorado Cross Disability Coalition
- Colorado Farm Bureau
- Douglas County
- Mental Health Colorado
- National Alliance on Mental Illness-Colorado

Reasons to Oppose

The bill would increase administrative costs for communication service providers. The cost to consumers to utilize communication methods will minimally increase.

Opponents

- No opposition has been made public at this time.

Other Considerations

If the surcharge fee is not sufficient to support 988 Hotline Centers staff capacity throughout the year (especially in response to more, comprehensive outreach efforts), would there be any way to supplement funding?

If video conferencing formats, such as Zoom, are eventually incorporated within the 988 Crisis Hotline Center system, will there be a surcharge placed on such platforms?

Additionally, in an effort to address inequities in mental and substance use disorder care— perhaps this legislation should be followed by the creation and implementation of outreach specifically designed to increase utilization of these 988 Crisis Hotline Centers by typically underserved and at-risk populations.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

BILL [HB21-1005](#)

Concerning the establishment of the health care services reserve corps task force.

Sponsors: K. Mullica (D) | Y. Caraveo (D) / L. Garcia (D)

The bill creates the health care services reserve corps task force (task force) in the department of public health and environment. The purpose of the task force is to evaluate and make recommendations on the creation of a health care services reserve corps program (program), in which medical professionals could cross-train to be able to serve the state in an emergency or disaster and receive student loan relief for their service. The task force is required to consider and make findings and recommendations on issues including:

- The types of medical professionals who could participate in a health care services reserve corps program, including how to ensure an appropriate cross section of providers;
- The types of emergencies and disasters for which the program could prepare and provide assistance, and whether the program could be deployed out of state;
- Any legal or regulatory obstacles to creating such a program;
- Liability protections for professionals and facilities participating in the program;
- Whether the program could be streamlined or integrated with existing programs or procedures;
- The types and hours of training that would be required;
- How to ensure the program and cross-training are accessible to rural medical professionals;
- The costs associated with the program;
- Issues related to insurance coverage and reimbursement;
- How the health care services reserve corps would be deployed; and
- The amount, terms of, and funding for the student loan relief that participants would receive.

The task force is required to consult with medical and nursing schools in making recommendations related to the cross-training elements of the program. The task force is authorized to consult with additional stakeholders with expertise in identifying the physical and mental health needs of Coloradans or in coordinating emergency response at the local, state, or federal level to identify additional questions for future consideration by the program. The task force is required to submit a report with its findings and recommendations to the house public health care and human services committee and the senate health and human services committee by December 1, 2023. The task force is required to meet at least once every 2 months. Task force members serve without compensation and are not eligible for reimbursement for expenses. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Health & Insurance

2/24/2021 House Committee on Health & Insurance Refer Amended to Appropriations

BILL [HB21-1012](#)

Concerning expansion of the prescription drug monitoring program to track information regarding all prescription drugs prescribed in Colorado.

Sponsors: J. Rich (R) | K. Mullica (D) / B. Pettersen (D) | D. Coram (R)

Current law requires the prescription drug monitoring program (program) to track all controlled substances prescribed in Colorado. The bill expands the program, effective February 1, 2023, to track all prescription drugs prescribed in this state. The bill extends the repeal of the program until September 1, 2028. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Health & Insurance

3/10/2021 House Committee on Health & Insurance Lay Over Unamended - Amendment(s) Failed

BILL [HB21-1021](#)

Position: Support

Concerning supporting the peer support professional workforce.

Sponsors: R. Pelton (R) | Y. Caraveo (D)

The bill requires the department of human services (state department) to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services. The bill also gives the executive director of the state department rule-making authority to establish other criteria and standards as necessary. The bill permits a recovery support services organization to charge and submit for reimbursement from the medical assistance program certain eligible peer support services provided by peer support professionals. The bill authorizes the department of health care policy and financing to reimburse recovery support services organizations for permissible claims for peer support services submitted under the medical services program. The bill requires contracts entered into between the state department's office of behavioral health and designated managed service organizations to include terms and conditions related to the support of peer-run recovery support services organizations. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/9/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to Finance

BILL [HB21-1025](#)

Concerning a clarification under the Colorado open meetings law of the requirements governing communication by electronic mail that does not relate to the substance of public business.

Sponsors: J. Arndt (D) / J. Ginal (D)

Under current provisions of the Open Meetings Law (OML), if elected officials use electronic mail to discuss pending legislation or other public business among themselves, the electronic mail constitutes a meeting that is subject to the OML's requirements. The bill substitutes the word "exchange" for the word "use" in describing the type of electronic mail communication that triggers the application of the OML. The bill also clarifies existing statutory provisions to specify that electronic mail communication between elected officials that does not relate to the merits or substance of pending legislation or other public business is not a meeting for OML purposes. Under the bill, the type of electronic communication

that also does not constitute a meeting for OML purposes includes electronic communication regarding scheduling and availability as well as electronic communication that is sent by an elected official for the purpose of forwarding information, responding to an inquiry from an individual who is not a member of the state or local public body, or posing a question for later discussion by the public body. *The bill defines the term "merits or substance" to mean any discussion, debate, or exchange of ideas, either generally or specifically, related to the essence of any public policy proposition, specific proposal, or any other matter being considered by the governing entity .(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

Status

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs
2/22/2021 House Committee on State, Civic, Military and Veterans Affairs Refer Unamended to House Committee of the Whole
3/1/2021 House Second Reading Passed with Amendments - Floor
3/2/2021 House Third Reading Passed - No Amendments
3/4/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs
3/18/2021 Senate Committee on State, Veterans, & Military Affairs Refer Unamended to Senate Committee of the Whole

BILL [HB21-1030](#)

Position: Support

Concerning expanding the peace officers mental health support grant program to include community partnerships.

Sponsors: J. McCluskie (D) | H. McKean (R) / J. Buckner (D)| J. Cooke (R)

The bill expands the peace officers mental health support grant program to include funding for on-scene response services to enhance law enforcement's handling of calls for services related to persons with mental health disorders and social service needs, including calls that do not require the presence of a peace officer. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services + Appropriations
3/5/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to Appropriations

BILL [HB21-1032](#)

Concerning the ability of local governments to exert authority after the initial imposition of a statewide disaster emergency declaration having legal effects within their territorial boundaries.

Sponsors: S. Luck (R)

The bill permits the majority of the governing body of any county or municipality by adoption of a resolution, ordinance, law, or rule to abrogate all or any portion of a disaster emergency order applying to the county or municipality that has been issued by the governor under the governor's emergency management powers when the disaster emergency lasts longer than 30 days. Upon the enactment by the governing body of such a resolution, ordinance, law, or rule the order, or any portion of the order, has no legal force and effect within, as applicable, the municipality or within the unincorporated portions of the county where the resolution, ordinance, law, or rule has been approved by the governing body of a county. The bill prohibits the state and any state department, institution, or agency from taking any action against a county or municipality, including without

limitation any action resulting in denial of a monetary payment or the provision of any other form of financial assistance in retaliation for action by the governing body of the county or municipality to abrogate the governor's order. The bill requires the governing body of the county or municipality to notify the governor and any affected state departments, institutions, or agencies of the adoption of such resolution, ordinance, law, or rule. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/5/2021 House Committee on Public & Behavioral Health & Human Services Postpone Indefinitely

BILL [HB21-1036](#)

Concerning the control of a local government over a health order that applies within the territory of a local government.

Sponsors: A. Pico (R)

The bill specifies that a health order issued by a county, district, or municipal public health agency, public health director, or board of health takes effect within the territory of a county, city and county, or municipality, unless the governing body of the county, city and county, or municipality rejects the order by a majority vote. The bill also allows the governing body of a county, city and county, or municipality to modify a health order issued by a county, district, or municipal public health agency, public health director, or board of health. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/5/2021 House Committee on Public & Behavioral Health & Human Services Postpone Indefinitely

BILL [HB21-1050](#)

Concerning the "Workers' Compensation Act of Colorado", and, in connection therewith, making changes that affect the timely payment of benefits, guardian ad litem and conservator services, benefit offsets related to the receipt of federal disability or retirement benefits, the reduction of benefits based on apportionment, the selection of independent medical examiners, limits on temporary disability and permanent partial disability payments, the withdrawal of admissions of liability, mileage expense reimbursement, the authority of prehearing administrative law judges, the reopening of permanent total disability awards, and petitions for review and appeals of orders.

Sponsors: M. Gray (D) | K. Van Winkle (R) / J. Bridges (D) | J. Cooke (R)

The bill:

- Adds guardian ad litem and conservator services to the list of medical aid that an employer is required to furnish to an employee who is incapacitated as a result of a work-related injury or occupational disease (**section 1** of the bill);
- Requires an injured worker who is claiming mileage reimbursement for travel related to obtaining compensable medical care to submit a request to the employer or insurer within 120 days after the expense is incurred, and requires the employer or insurer to pay or dispute mileage within 30 days after submittal and to include in the brochure of claimants' rights an explanation of rights to mileage reimbursement and the deadline for filing a request (**sections 1 and 7**);

- Clarifies that offsets to disability benefits granted by the federal "Old-Age, Survivors, and Disability Insurance Amendments of 1965" only apply if the payments were not already being received by the employee at the time of the work-related injury (**section 2**);
- Prohibits the reduction of an employee's temporary total disability, temporary partial disability, or medical benefits based on apportionment under any circumstances; limits apportionment of permanent impairment to specific situations; and declares that the employer or insurer bears the burden of proof, by a preponderance of the evidence, at a hearing regarding apportionment of permanent impairment or permanent total disability benefits (**section 3**);
- Adds the following conditions that must be met for an employer or insurer to request the selection of an independent medical examiner when an authorized treating physician has not determined that the employee has reached maximum medical improvement (MMI): An examining physician must have examined the employee at least 20 months after the date of the injury, have determined that the employee has reached MMI, and have served a written report to the authorized treating physician specifying that the examining physician has determined that the employee has reached MMI; and the authorized treating physician must have responded that the employee has not reached MMI or must have failed to respond within 15 days after service of the report (**section 4**);
- Changes the whole person impairment rating applicable to an injured worker from 25% to 19% for purposes of determining the maximum amount of combined temporary disability and permanent partial disability payments an injured worker may receive (**section 5**);
- Clarifies when benefits and penalties payable to an injured worker are deemed paid (**section 6**);
- Prohibits an employer or insurer from withdrawing an admission of liability when 2 years or more have passed since the date the admission of liability on the issue of compensability was filed, except in cases of fraud (**section 7**);
- Prohibits the director of the division of workers' compensation or an administrative law judge from determining issues of compensability or liability unless specific benefits or penalties are awarded or denied at the same time (**section 8**);
- Clarifies the scope of authority of prehearing administrative law judges (**section 9**);
- Increases the threshold amount that an injured worker must earn in order for permanent total disability payments to cease and allows for annual adjustment of the threshold amount starting in 2022 (**section 11**); and
- Clarifies the orders that are subject to review or appeal (**sections 10 and 12**). *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Business Affairs & Labor

2/24/2021 House Committee on Business Affairs & Labor Refer Amended to Appropriations

BILL [HB21-1051](#)

Concerning publicly available information about applicants for public employment.

Sponsors: T. Geitner (R) | S. Bird (D)

Under the bill, a state public body conducting a search for a chief executive officer of an agency, authority, institution, or other entity is required to name one or more candidates as finalists and to make the finalist or finalists public prior to making an offer of employment. The application materials of an applicant for any employment position, including an applicant for an executive position who is not a finalist, are not subject to public inspection under the "Colorado Open Records Act". The bill repeals a provision requiring that, if 3 or fewer candidates for an executive position meet the minimum requirements for the position, all of those candidates must be treated as finalists and their application materials are public records. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Business Affairs & Labor

BILL [HB21-1054](#)

Position: Strongly Support

Concerning a housing assistance exception to the requirement to verify lawful presence in the United States for public benefits.

Sponsors: D. Jackson (D) / J. Gonzales (D)

The bill creates, *unless otherwise required by federal law*, a public or assisted housing benefit exception to the requirement that an applicant for federal, state, or local public benefits verify lawful presence in the United States. *(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

Status

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

2/25/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Amended to House Committee of the Whole

3/2/2021 House Second Reading Passed with Amendments - Committee, Floor

3/3/2021 House Third Reading Passed - No Amendments

3/5/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

BILL [HB21-1058](#)

Concerning measures to promote social distancing for legal marijuana, and, in connection therewith, modifying the physical examination procedure to obtain a medical marijuana card and repealing the prohibition on selling retail marijuana products online and to a person not physically present in the retail marijuana store's licensed premises.

Sponsors: M. Gray (D) / J. Gonzales (D)

Under current law, a physician is required to conduct an in-person physical examination of a person prior to certifying that the person would benefit from medical marijuana. The bill permits a physician to treat, counsel, and conduct appropriate personal physical examinations, in person or remotely via telephone or video conference, to establish a bona fide physician-patient relationship with a patient seeking a medical marijuana card. Under current law, retail marijuana stores are prohibited from selling retail marijuana and retail marijuana products online and to a person not physically present in the retail marijuana store's licensed premises. The bill repeals this prohibition. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Business Affairs & Labor + Finance

BILL [HB21-1068](#)

Concerning health insurance coverage for an annual mental health wellness examination performed by a qualified mental health care provider.

Sponsors: D. Michaelson Jenet (D) | B. Titone (D) / D. Moreno (D)

The bill adds a requirement, as part of mandatory health insurance coverage of preventive health care services, that health plans cover an annual mental health wellness examination of up to 60 minutes that is performed by a qualified mental health care provider. The coverage must:

- Be comparable to the coverage of a physical examination;

- Comply with the requirements of federal mental health parity laws; and
- Not require any deductibles, copayments, or coinsurance for the mental health wellness examination.

The coverage applies to plans issued on or after January 1, 2022. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Health & Insurance

BILL [HB21-1074](#)

Concerning civil immunity for entities that comply with applicable health guidelines related to COVID-19.

Sponsors: M. Bradfield (R)

The bill establishes immunity from civil liability for entities for any act or omission that results in exposure, loss, damage, injury, or death arising out of COVID-19 if the entity attempts in good faith to comply with applicable public health guidelines. The bill is repealed 2 years after the date the governor terminates the state of disaster emergency declared on March 11, 2020. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

3/11/2021 House Committee on State, Civic, Military, & Veterans Affairs Postpone Indefinitely

BILL [HB21-1075](#)

Position: **Strongly Support**

Concerning replacing the term "illegal alien" with "worker without authorization" as it relates to public contracts for services.

Sponsors: S. Lontine (D) / J. Gonzales (D)

The bill replaces the term "illegal alien" with "worker without authorization" as it relates to public contracts for services. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

Status

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

2/25/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Unamended to House Committee of the Whole

3/2/2021 House Second Reading Passed - No Amendments

3/3/2021 House Third Reading Passed - No Amendments

3/4/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

BILL [HB21-1081](#)

Concerning the duration of a state of disaster emergency declared by the governor, and, in connection therewith, prohibiting the governor from renewing a state of disaster emergency and authorizing the general assembly to extend a state of disaster emergency.

Sponsors: A. Pico (R)

The bill extends the duration of a state of disaster emergency declared by the governor from 30 to 60 days, but prohibits the governor from renewing a state of disaster emergency declared beyond 60 days. Instead, the bill authorizes the general assembly, upon the written request of the governor and by adopting a joint resolution, to extend the state of disaster emergency for up to 60 additional days. The general assembly may continue, at the written request of the governor and by adopting a joint resolution for each extension, to extend a state of disaster emergency for periods of up to 60 days for as long as it deems it necessary to do so. If the general assembly is not scheduled to convene in a regular session when a state of disaster emergency will end as required by the bill, the governor or a two-thirds majority of the members of each house of the general assembly, in accordance with applicable state constitutional provisions, may call the general assembly into an extraordinary session to consider extending the state of disaster emergency. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

3/18/2021 House Committee on State, Civic, Military, & Veterans Affairs Postpone Indefinitely

BILL [HB21-1085](#)

Concerning secure transportation for an individual in behavioral health crisis.

Sponsors: J. McCluskie (D) | C. Larson (R) / J. Bridges (D) | J. Smallwood (R)

The bill creates a regulatory and service system to provide secure transportation services, with different requirements from traditional ambulance services, for individuals experiencing a behavioral health crisis. The department of human services shall allow for the development of secure transportation alternatives.

The board of county commissioners of the county in which the secure transportation service is based (commissioners) shall issue a license to an entity (licensee), valid for 3 years, that provides secure transportation services if the minimum requirements set by rule by the state board of health are met or exceeded. The commissioners shall also issue operating permits, valid for 12 months following issuance, to each vehicle operated by the licensee. A fee may be charged for each license to reflect the direct and indirect costs to the applicable county in implementing secure transportation services licensure. The state board of health is given authority to promulgate rules concerning secure transportation licensure. The department of health care policy and financing (department) is directed to create and implement a secure transportation benefit on or before January 1, 2023. The department is required to include information on secure transportation services and benefits in its annual "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" report.

The bill exempts secure transportation services from regulation under the public utilities commission. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

BILL [HB21-1097](#)

Concerning recommendations from the Colorado behavioral health task force, and, in connection therewith, establishing a behavioral health administration.

Sponsors: M. Young (D) | R. Pelton (R) / R. Fields (D)

The bill addresses multiple recommendations from the Colorado behavioral health task force (task force), created in 2019, related to the creation of a behavioral health administration (BHA). The BHA would be a single state agency to lead, promote, and administer the state's behavioral health priorities. The bill requires the department of human services (department) to submit a plan for the creation and establishment of the BHA on or before November 1, 2021, to the joint budget committee and on or before January 30, 2022, to the department's committees of reference. The bill outlines what the plan must, at a minimum, include. The essential duties of the BHA, once established, are set forth. A timeline is described for the establishment of the BHA in the department and for a future determination of what state department, if different than the department of human services, the BHA will exist. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

Status

2/16/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/9/2021 House Committee on Public & Behavioral Health & Human Services Refer Amended to House Committee of the Whole

3/12/2021 House Second Reading Passed with Amendments - Committee

3/16/2021 House Third Reading Passed - No Amendments

3/18/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [HB21-1106](#)

Concerning measures to secure firearms to prevent use by persons not lawfully permitted to possess firearms.

Sponsors: M. Duran (D) | K. Mullica (D) / J. Bridges (D) | C. Hansen (D)

The bill requires that firearms be responsibly and securely stored when they are not in use to prevent access by unsupervised juveniles and other unauthorized users. The bill creates the offense of unlawful storage of a firearm if a person stores a firearm in a manner that the person knows, or should know:

- That a juvenile can gain access to the firearm without the permission of the juvenile's parent or guardian; or
- A resident of the premises is ineligible to possess a firearm under state or federal law.

Unlawful storage of a firearm is a class 2 misdemeanor. The bill requires licensed gun dealers to provide with each firearm, at the time of a firearm sale or transfer, a locking device capable of securing the firearm. Transferring a firearm without a locking device is an unclassified misdemeanor punishable by a maximum \$500 fine.

The bill requires the state court administrator to annually report to the general assembly about the number of charges related to unsafe firearms storage and the disposition of those charges.

The bill requires the office of suicide prevention within the department of public health and environment (department) to include on its website, and in materials provided to firearms-related businesses and health care providers, information about the offense of unlawful storage of a firearm, penalties for providing a handgun to a juvenile or allowing a juvenile to possess a firearm, and the requirement that gun dealers provide a locking device with each firearm transferred. Subject to available money, the department is required to develop and implement a firearms safe storage education campaign to educate the public about the safe storage of firearms, ~~and~~ state requirements related to firearms safety and storage, *and information about voluntary temporary firearms storage programs.* *(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

Status

2/16/2021 Introduced In House - Assigned to State, Civic, Military and Veterans Affairs

3/1/2021 House Committee on State, Civic, Military, & Veterans Affairs Refer Unamended to House Committee of the Whole

3/8/2021 House Second Reading Special Order - Passed with Amendments - Floor

3/9/2021 House Third Reading Passed - No Amendments

3/10/2021 Introduced In Senate - Assigned to Judiciary

BILL [HB21-1107](#)

Concerning protections for certain public health workers.

Sponsors: Y. Caraveo (D) | T. Carver (R) / J. Bridges (D) | P. Lundeen (R)

Under current law, it is unlawful for a person to make available on the internet personal information of a law enforcement official (official) or a human services worker (worker), or the official's or worker's family, if the dissemination of the personal information poses an imminent and serious threat to the official's or worker's safety or the safety of the official's or worker's family. A violation of this law is a class 1 misdemeanor. Further, a worker meeting certain requirements specified in statute may submit a written request to a state or local government official to remove personal information from public records that are available on the internet. The bill adds the same protections for public health workers, including employees, contractors, or employees of contractors of the department of public health and environment, or of county or district public health agencies, who are engaged in public health duties, and for members of county or district boards of health, other than elected county commissioners. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

Status

2/16/2021 Introduced In House - Assigned to Judiciary

3/2/2021 House Committee on Judiciary Refer Amended to House Committee of the Whole

3/8/2021 House Second Reading Special Order - Passed with Amendments - Committee

3/9/2021 House Third Reading Passed - No Amendments

3/10/2021 Introduced In Senate - Assigned to Judiciary

BILL [HB21-1108](#)

Concerning updates to prohibitions against gender-based discrimination to clarify the individuals who are included in a protected class.

Sponsors: D. Esgar (D) / D. Moreno (D)

The bill amends the definition of "sexual orientation" and adds definitions of the terms "gender expression" and "gender identity". The bill also adds the terms "gender expression" and "gender identity" to statutes prohibiting discrimination against members of a protected class, including statutes prohibiting discriminatory practices in the following areas:

- Membership of the Colorado civil rights commission;
- Employment practices;
- Housing practices;
- Places of public accommodation;
- Publications that advertise places of public accommodation;

- Consumer credit transactions;
- Selection of patients by direct primary health care providers;
- Sales of cemetery plots;
- Membership in labor organizations;
- Colorado labor for public works projects;
- Issuance or renewal of automobile insurance policies;
- The provision of funeral services and crematory services;
- Eligibility for jury service;
- Issuance of licenses to practice law;
- The juvenile diversion program;
- Access to services for youth in foster care;
- Enrollment in a charter school, institute charter school, public school, or pilot school;
- Local school boards' written policies regarding employment, promotion, and dismissal;
- The assignment or transfer of a public school teacher;
- Leasing portions of the grounds of or improvements on the grounds of the Colorado state university - Pueblo and the Colorado school of mines;
- Enrollment or classification of students at private occupational schools;
- Training provided to peace officers concerning the prohibition against profiling;
- Criminal justice data collection;
- Employment in the state personnel system;
- The availability of services for the prevention and treatment of sexually transmitted infections;
- Membership of the health equity commission;
- The availability of family planning services;
- Requirements for managed care programs participating in the state medicaid program and the children's basic health plan;
- The treatment of and access to services by individuals in facilities providing substance use disorder treatment programs;
- Employment practices of county departments of human or social services involving the selection, retention, and promotion of employees;
- Practices of the Colorado housing and finance authority in making or committing to make a housing facility loan;
- The imposition of occupancy requirements on charitable property for which the owner is claiming an exemption from property taxes based on the charitable use of the property;
- The determination of whether expenses paid at or to a club that has a policy to restrict membership are tax deductible; and
- Practices of transportation network companies in providing services to the public.

(Note: This summary applies to this bill as introduced.)

Status

2/16/2021 Introduced In House - Assigned to Judiciary

BILL [HB21-1110](#)

Concerning adding language to relevant Colorado statutes related to persons with disabilities to strengthen protections against discrimination on the basis of disability.

Sponsors: D. Ortiz (D)

The bill adds language to strengthen current Colorado law related to protections against discrimination on the basis of disability for persons with disabilities. The added provisions include:

- Prohibiting a person with a disability from being excluded from participating in or being denied the benefits of services, programs, or activities of a public entity;
- Clarifying that such prohibition includes the failure of a public entity to substantially comply with web content accessibility guidelines established and published by an international consortium;
- Any Colorado agency with the authority to promulgate rules shall not promulgate a rule that provides less protection than that provided by the "Americans with Disabilities Act of 1990". *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Judiciary

BILL [HB21-1115](#)

Concerning the regulation of members of boards of health, and, in connection therewith, regulating the members of county and district boards of health.

Sponsors: C. Kipp (D) | K. Mullica (D) / J. Ginal (D) | K. Priola (R)

The bill specifies that members of a county or district board of health are not allowed to serve concurrently as members of a board of county commissioners and as members of a county or district board of health. The bill also allows members of a county or district board of health to be removed for malfeasance or other specified reasons. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In House - Assigned to Transportation & Local Government

BILL [HB21-1119](#)

Concerning lowering the suicide rate by enhancing care for persons affected by suicide, and, in connection therewith, broadening Colorado's focus to include suicide prevention, intervention, and postvention.

Sponsors: J. Rich (R) | L. Daugherty (D) / K. Donovan (D) | D. Coram (R)

The bill broadens the state's priorities and focus on suicide and suicide attempts and the after-effects of those actions on attempt survivors, family, friends, health care providers, first and last responders, educators, and students in schools where a suicide or suicide attempt has occurred. The following entities are renamed as follows to reflect the new state focus:

- The "office of suicide prevention" is renamed as the "office of suicide prevention, intervention, and postvention";
- The "suicide prevention commission" is renamed as the "suicide prevention, intervention, and postvention commission" and its duties expanded to include training and education for health care providers, first and last responders, and educators, as well as developing a plan for follow-up care for suicide attempt survivors who were treated in an emergency department;

- The "Colorado suicide prevention plan" is renamed as the "Colorado suicide prevention, intervention, and postvention plan". The components of the plan are expanded to include training and education for health care providers, first and last responders, and educators, as well as developing a plan for follow-up care for suicide attempt survivors who were treated in an emergency department.
- The "crisis and suicide prevention training grant program" is renamed as the "crisis and suicide prevention, intervention, and postvention training grant program"; and
- The "suicide prevention coordination cash fund" is renamed as the "suicide prevention, intervention, and postvention coordination cash fund".
(*Note: This summary applies to this bill as introduced.*)

Status

2/18/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

BILL [HB21-1130](#)

Concerning expanding the community transition specialist program.

Sponsors: D. Michaelson Jenet (D) | M. Bradfield (R) / C. Kolker (D) | B. Gardner (R)

The bill expands the community transition specialist program (program) by redefining "high-risk individual" to allow more individuals to access program services. The bill also expands facilities that can access program services. (*Note: This summary applies to the reengrossed version of this bill as introduced in the second house.*)

Status

2/23/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

3/9/2021 House Committee on Public & Behavioral Health & Human Services Refer Unamended to House Committee of the Whole

3/12/2021 House Second Reading Passed - No Amendments

3/16/2021 House Third Reading Passed - No Amendments

BILL [HB21-1135](#)

Concerning protections for consumers who participate in health-care cost-sharing arrangements.

Sponsors: S. Lontine (D) / R. Fields (D)

The bill defines a "health-care cost-sharing arrangement" as a health care sharing ministry or medical cost-sharing community that collects money from its members on a regular basis, at levels established by the arrangement, for purposes of sharing, covering, or defraying the medical costs of its members. A health-care cost-sharing arrangement is required to:

- Report specified information to the commissioner of insurance (commissioner) regarding its operations, financial statements, membership, and medical bills submitted, paid, and denied in Colorado;
- Provide certain written disclosures to potential and renewing members, post the disclosures on its website, if the arrangement has a website, and include the disclosures in its marketing materials;
- Provide specified written statements about arrangement finances and guidelines about arrangement procedures to members; and
- Respond to requests for payment of medical expenses from members or health-care providers within a period specified by the commissioner by rule.

An insurance broker that offers a health-care cost-sharing arrangement in this state is required to provide written or electronic disclosures about the product to prospective members before selling the arrangement to the person.

The commissioner is authorized to:

- Adopt rules to implement the data reporting, disclosure, and response time requirements;
- Impose fines for failure to comply with the requirements and prohibitions specified in the bill;
- Issue an emergency, ex parte cease-and-desist order against a person the commissioner believes to be violating the bill if it appears to the commissioner that the alleged conduct is fraudulent, creates an immediate danger to public safety, or is causing or is reasonably expected to cause significant, imminent, and irreparable public injury; and
- Impose a civil penalty, order restitution, or both, against a person that violates an ex parte cease-and-desist order.

A person is prohibited from making, issuing, circulating, or causing to be made, issued, or circulated any statement or publication that misrepresents the medical cost-sharing benefits, advantages, conditions, or terms of any health-care cost-sharing arrangement. *(Note: This summary applies to this bill as introduced.)*

Status

3/1/2021 Introduced In House - Assigned to Health & Insurance

BILL [HB21-1150](#)

Concerning the creation of the Colorado office of new Americans.

Sponsors: I. Jodeh (D)

The bill creates, initially within the department of labor and employment, the Colorado office of new Americans (ONA). The bill sets forth the ONA's duties and responsibilities and provides details regarding funding. The ONA serves as the point of contact for immigrant-serving state agencies, private sector organizations, and the public about immigrant issues in Colorado, and has as one of its central purposes the successful integration and inclusion of immigrants and refugees in our state's communities. As its main priority, the ONA is required to implement a statewide strategy to facilitate economic stability and promote successful economic, social, linguistic, and cultural integration by investing in the success of immigrants in Colorado. *(Note: This summary applies to this bill as introduced.)*

Status

3/3/2021 Introduced In House - Assigned to State, Civic, Military, & Veterans Affairs

BILL [HB21-1191](#)

Concerning the prohibition against discrimination based on the refusal to obtain a COVID-19 vaccine.

Sponsors: K. Ransom (R) | T. Van Beber (R)

The bill prohibits an employer, including a licensed health facility, from taking adverse action against an employee or an applicant for employment based on the employee's or applicant's COVID-19 immunization status. The bill allows an aggrieved employee or applicant for employment to file a civil action for injunctive, affirmative, and equitable relief and, if the employer or health facility acted with malice or wanton or willful misconduct or

has repeatedly violated the law, the court may also award punitive damages and attorney fees and costs. Additionally, the bill specifies that the COVID-19 vaccine is not mandatory, that the state cannot require any individual to obtain a COVID-19 vaccine, and that government agencies and private businesses, including health insurers, cannot discriminate against clients, patrons, or customers based on their COVID-19 vaccination status. A person aggrieved by a violation of these prohibitions may file a civil action for injunctive and other appropriate relief and may be awarded punitive damages and attorney fees and costs for wanton, willful, or repeated violations. *(Note: This summary applies to this bill as introduced.)*

Status

3/4/2021 Introduced In House - Assigned to Health & Insurance

BILL [HB21-1198](#)

Concerning health-care billing requirements for indigent patients receiving services not reimbursed through the Colorado indigent care program, and, in connection therewith, establishing procedures before initiating collections proceedings against a patient.

Sponsors: I. Jodeh (D)/ J. Buckner (D) | C. Kolker (D)

No later than June 1, 2022, a health-care facility shall screen each uninsured patient for eligibility for public health insurance programs, discounted care through the Colorado indigent care program (CICP), and discounted care as described in the bill. Health-care facilities shall use a single uniform application developed by the department of health care policy and financing (department) when screening a patient. If a health-care facility determines a patient is ineligible for discounted care, the facility shall provide the patient notice of the determination and an opportunity for the patient to appeal the determination.

For emergency and other non-CICP health-care services provided to qualified patients, a health-care facility and licensed health-care professional shall limit the amounts charged to not more than 80% of the medicare rate if the patient is uninsured; collect amounts charged in monthly installments such that a patient is not paying more than 5% of the patient's household income; and after a cumulative 36 months of payments, consider the patient's bill paid in full and permanently cease any and all collection activities on any balance that remains unpaid.

A health-care facility shall make information about patient's rights and the uniform application for discounted care available to the public and to each patient.

Beginning June 1, 2023, and each June 1 thereafter, each health-care facility shall collect and report to the department data that the department determines is necessary to evaluate compliance across patient groups based on race, ethnicity, and primary language spoken with the required screening, discounted care, payment plan, and collections practices.

No later than April 1, 2022, the department shall develop a written explanation of a patient's rights, make the explanation available to the public and each patient, and establish a process for patients to submit a complaint relating to noncompliance with the requirements. The department shall periodically review health-care facilities and licensed health-care professionals (hospital providers) to ensure compliance, and the department shall notify the hospital provider if the hospital provider is not in compliance that the hospital provider has 90 days to file a corrective action plan with the department. A hospital provider may request up to 120 days to submit a corrective action plan. The department may require a hospital provider that is not in compliance to develop and operate under a corrective action plan until the department determines the hospital provider is in compliance. The bill implements fines for hospital providers if the department determines the hospital provider's noncompliance is knowing or willful.

The bill imposes requirements on hospital providers before assigning or selling patient debt to a medical creditor or before pursuing any permissible extraordinary collection action and imposes fines for any hospital provider that fails to comply with the requirements.

The bill prohibits a medical creditor from using impermissible extraordinary collection action to collect debts owed for health-care services provided by a hospital provider. A medical creditor may engage in permissible extraordinary collection actions 180 days after the first bill for a medical debt is sent to the patient. At least 30 days before taking any permissible extraordinary collection action, a medical creditor shall provide the patient with a notice about the discounted care policy, the permissible extraordinary collection actions that will be initiated, and a deadline after which such permissible extraordinary collection actions will be initiated. If a patient is later found eligible for discounted care, the medical creditor shall reverse any permissible extraordinary collection actions. *(Note: This summary applies to this bill as introduced.)*

Status

3/4/2021 Introduced In House - Assigned to Health & Insurance

BILL [HB21-1202](#)

Concerning the ability of certain health-care providers to repurpose therapeutic drugs that have been approved by the food and drug administration for another purpose to provide treatment to individuals with COVID-19.

Sponsors: S. Luck (R)

The bill specifies that:

- A physician, physician assistant, or advanced practice registered nurse with prescriptive authority may prescribe and dispense, and a pharmacist may dispense, therapeutic drugs for off-label use, including hydroxychloroquine sulfate and ivermectin, to provide prophylaxis or outpatient (at-home) and inpatient (hospital) treatment to an individual with COVID-19; and
- This practice is not unprofessional conduct or otherwise grounds for discipline. *(Note: This summary applies to this bill as introduced.)*

Status

3/4/2021 Introduced In House - Assigned to Health & Insurance

BILL [HB21-1206](#)

Concerning the protection of critical services through the creation of sustainable medicaid transportation safety requirements.

Sponsors: C. Larson (R) | A. Valdez (D) / D. Moreno (D) | D. Coram (R)

Current law requires the public utilities commission (commission) to oversee the safety and oversight of medicaid nonmedical and nonemergency medical transportation services (transportation services). The bill eliminates the commission's responsibility to oversee the safety and oversight of the transportation services. The bill requires the department of health care policy and financing (department) to oversee the safety and oversight of the transportation services. The bill also requires the department to collaborate with stakeholders to establish rules and processes for the transportation services. *(Note: This summary applies to this bill as introduced.)*

Status

3/4/2021 Introduced In House - Assigned to Health & Insurance

BILL [SB21-009](#)

Position: Support

Concerning the creation of a reproductive health care program, and, in connection therewith, providing contraceptive methods and counseling services to participants.

Sponsors: S. Jaquez Lewis (D)/ Y. Caraveo (D)

The bill creates the reproductive health care program that provides contraceptive methods and counseling services to participants. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-011](#)

Position: Support- The Board recommends an amendment that would have pharmacists provide information to every patient receiving an opioid prescription that explains the issue and offers an opiate antagonist (thereby eliminating the need for the pharmacist to use their judgment or seek more information). Further, the Board recommends that a pharmacist not have liability for not directly offering an antagonist.

Concerning responsibilities of a pharmacist related to opiate antagonists, and, in connection therewith, authorizing a pharmacist to prescribe an opiate antagonist and requiring a pharmacist who dispenses an opioid to offer to prescribe or dispense an opiate antagonist in certain situations.

Sponsors: R. Fields (D) / K. Mullica (D) | R. Pelton (R)

The bill authorizes a pharmacist to prescribe an opiate antagonist. The bill requires a pharmacist who dispenses an opioid to an individual to inform the individual of the potential dangers of a high dose of opioid and offer to prescribe the individual an opiate antagonist if:

- In the pharmacist's professional judgment, the individual would benefit from the information;
- The individual has a history of prior opioid overdose or substance use disorder;
- The individual is, at the same time, prescribed a benzodiazepine, a sedative hypnotic drug, carisoprodol, tramadol, or gabapentin; or
- The opioid prescription being dispensed is at or in excess of 90 morphine milligram equivalent. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/10/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

BILL [SB21-014](#)

Concerning changes to allocation formulas for the Colorado child care assistance program.

Sponsors: B. Kirkmeyer (R)

The bill allows the state department of human services (state department), along with the child care allocation workgroup, to consider a utilization factor. This utilization factor would enable the state department to consider the volume of the eligible population and the service delivery cost to each

county department of human or social services (county department) when allocating and distributing money for the Colorado child care assistance program (CCCAP). The bill further allows a county department to set its own eligibility levels for CCCAP, expressed as a percentage of the federal poverty level. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/9/2021 Senate Committee on Health & Human Services Lay Over Amended

BILL [SB21-016](#)

Position: Support- The Board encourages only incorporation of screenings and services that are recommended by U.S. Preventive Services Task Force, Health Resources and Services Administration, and the National Academy of Medicine.

Concerning services related to preventive health care, and, in connection therewith, requiring coverage for certain preventive measures, screenings, and treatments that are administered, dispensed, or prescribed by health care providers and facilities.

Sponsors: B. Pettersen (D) | D. Moreno (D) / D. Esgar (D) | K. Mullica (D)

The bill codifies a number of preventive health care services currently required to be covered by health insurance carriers pursuant to the federal "Patient Protection and Affordable Care Act" and adds them to the current list of services required to be covered by Colorado health insurance carriers, which services are not subject to policy deductibles, copayments, or coinsurance. The bill expands certain preventive health care services to include osteoporosis screening; urinary incontinence screening; and counseling, prevention, screening, and treatment of a sexually transmitted infection (STI). Current law requires a health care provider or facility to perform a diagnostic exam for an STI and subsequently treat the STI at the request of a minor patient. The bill allows a health care provider to administer, dispense, or prescribe preventive measures or medications where applicable. The consent of a parent is not a prerequisite for a minor to receive preventive care, but a health care provider shall counsel the minor on the importance of bringing the minor's parent or legal guardian into the minor's confidence regarding the services. Current law requires the executive director of the department of health care policy and financing to authorize reimbursement for medical or diagnostic services provided by a certified family planning clinic. The bill removes the requirement that services be provided by a certified family planning clinic and authorizes reimbursement for family planning services and family-planning-related services provided by any licensed health care provider. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-018](#)

Concerning continuing the necessary document program indefinitely.

Sponsors: D. Moreno (D) / D. Esgar (D)

The bill continues the necessary document program indefinitely. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

2/17/2021 Senate Committee on Health & Human Services Refer Unamended to Appropriations

BILL [SB21-021](#)

Concerning the enactment of the "Audiology and Speech-language Pathology Interstate Compact", and, in connection therewith, making an appropriation.

Sponsors: J. Buckner (D) | D. Hisey (R) / M. Young (D) | T. Carver (R)

The bill enacts the "Audiology and Speech-language Pathology Interstate Compact" allowing audiologists and speech-language pathologists licensed in any compact state to provide:

- Audiology or speech-language pathology services in each member state under a privilege to practice; and
- Telehealth services in each member state under a privilege to practice.

The bill authorizes the director of the division of professions and occupations in the department of regulatory agencies to promulgate rules and to facilitate Colorado's participation in the compact, including notification to the compact commission of any adverse action taken by the director against a Colorado audiologist or speech-language pathologist.

The bill makes the following appropriations:

- *\$108,432 and 0.3 FTE to the department of regulatory agencies from the division of professions and occupations cash fund;*
- *\$17,014 and 0.1 FTE to the department of law from reappropriated funds;*
- *\$60,000 to the office of the governor for use by the office of information technology from reappropriated funds; and*
- *\$21,503 and 0.1 FTE to the department of public safety for use by the Colorado bureau of investigation from the Colorado bureau of investigation identification unit cash fund.*

(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.)

(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

2/17/2021 Senate Committee on Health & Human Services Refer Unamended to Appropriations

3/12/2021 Senate Committee on Appropriations Refer Amended - Consent Calendar to Senate Committee of the Whole

3/12/2021 Senate Second Reading Special Order - Passed with Amendments - Committee

3/16/2021 Senate Third Reading Passed - No Amendments

3/17/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

BILL [SB21-022](#)

Concerning confirmation of receipt of a written request to perform an audit of a medicaid provider prior to the commencement of the audit.

Sponsors: J. Bridges (D) | J. Smallwood (R) / M. Snyder (D) | H. McKean (R)

The bill requires that, prior to initiating a review or audit of a medicaid provider, a reviewer or auditor shall confirm receipt of the written request to perform the audit or review. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

2/17/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

BILL [SB21-025](#)**Position: Support**

Concerning family planning services for individuals whose income does not exceed two hundred fifty percent of the federal poverty level.

Sponsors: B. Pettersen (D)

The bill requires the department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to provide family planning services to individuals who are not pregnant and whose income does not exceed 250% of the federal poverty level. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-027](#)

Concerning emergency supplies for Colorado babies and families, and, in connection therewith, providing diapering essentials through diaper distribution centers and making an appropriation.

Sponsors: B. Pettersen (D) / S. Gonzales-Gutierrez (D) | K. Tipper (D)

The bill requires the department of public health and environment to select one or more nonprofit organizations to administer diaper distribution centers that provide diapering essentials to eligible individuals. Diapering essentials must be made available to all Colorado residents. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/3/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

BILL [SB21-028](#)

Concerning compliance with the "State Administrative Procedure Act" by certain state entities in the promulgation of legal standards affecting public health.

Sponsors: B. Kirkmeyer (R)

The bill clarifies that, whenever the state board of health or the Colorado department of public health and environment promulgates a rule, it shall do so by complying with the "State Administrative Procedure Act". The bill also prohibits the state board of health and the Colorado department of public health and environment from issuing an order that has the general applicability of a rule unless the state board of health or the Colorado department of public health and environment issues the order in accordance with the requirements for promulgating a rule, as set forth in the "State Administrative Procedure Act". *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/2/2021 Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely

BILL [SB21-036](#)

Concerning additional procedural requirements for the issuance of emergency public health orders.

Sponsors: B. Gardner (R)

The bill requires that a state agency, in issuing an emergency public health order, comply with the procedural requirements set forth in the "State Administrative Procedure Act" (APA) that apply to emergency rules. To extend an emergency public health order beyond the 120-day limit that applies to emergency rules, the agency must comply with the rule-making procedures regarding notice and a hearing, as set forth in the APA. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/2/2021 Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely

BILL [SB21-064](#)

Concerning criminalizing retaliation against an elected official.

Sponsors: L. Garcia (D) | J. Cooke (R) / K. Mullica (D)

Under current law, there is a crime of retaliation against a judge if an individual makes a credible threat or commits an act of harassment or an act of harm or injury upon a person or property as retaliation or retribution against a judge. The crime is a class 4 felony. The bill adds elected officials and their families to the crime. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Judiciary + Appropriations

3/18/2021 Senate Committee on Judiciary Refer Amended to Appropriations

BILL [SB21-077](#)

Concerning the elimination of verification of an individual's lawful presence in the United States as a requirement for individual credentialing.

Sponsors: J. Gonzales (D) / A. Benavidez (D) | C. Kipp (D)

The bill eliminates the requirement that the department of education and each division, board, or agency of the department of regulatory agencies verify the lawful presence of each applicant before issuing or renewing a license. The bill also specifies that lawful presence is not required of any applicant for any license, certificate, or registration. The bill affirmatively states that the bill is a state law within the meaning of the federal law that gives states authority to provide for eligibility for state and local public benefits to persons who are unlawfully residing in the United States. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Business, Labor, & Technology

3/17/2021 Senate Committee on Business, Labor, & Technology Refer Amended to Senate Committee of the Whole

BILL [SB21-080](#)

Concerning protections for entities that comply with public health guidelines related to COVID-19.

Sponsors: R. Woodward (R) / S. Bird (D) | M. Bradfield (R)

An entity is not liable for any damages that result from exposure, loss, damage, injury, or death arising out of COVID-19 unless:

- A claimant proves by clear and convincing evidence that the exposure, loss, damage, injury, or death was caused by the entity's failure to comply with public health guidelines; or
- The exposure, loss, damage, injury, or death was caused by gross negligence or a willful and wanton act or omission of the entity.

The bill is repealed 2 years after the date the governor terminates the state of disaster emergency declared on March 11, 2020. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Business, Labor, & Technology

3/8/2021 Senate Committee on Business, Labor, & Technology Postpone Indefinitely

BILL [SB21-085](#)

Position: Amend

Concerning actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans.

Sponsors: J. Ginal (D) | J. Smallwood (R) / S. Lontine (D)

The bill requires the division of insurance (division) to retain a contractor on or before November 1, 2021, for the purpose of performing actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans. The contractor, under the direction of the division, shall conduct an actuarial review of up to 5 legislative proposals for each regular legislative session, each at the request of a member of the general assembly. Each actuarial review performed by the contractor must consider the predicted effects of the legislative proposal during the 5 years immediately following the effective date of the proposed legislation, including specifically described considerations. In preparing a fiscal note for any legislative proposal that may impose a new health benefit mandate on health benefit plans, the legislative service agency charged with preparing the fiscal note shall either:

- Include in the fiscal note information that is produced by the contractor in review of the legislative proposal; or
- If no information is produced by the contractor in review of the legislative proposal, indicate such fact in the fiscal note. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Finance

BILL SB21-089

Concerning the expansion of breast cancer screening services provided through the department of public health and environment to include screening of other types of cancer.

Sponsors: J. Buckner (D)

Current law appropriates \$5 million annually from the tobacco tax cash fund to the department of public health and environment (department) for breast and cervical cancer screenings. The bill expands the use of the funds for additional cancer screenings. The bill changes the name of the breast cancer screening fund to the cancer screening fund and authorizes the money in the fund to be used for breast and cervical cancer screenings, colorectal cancer screenings, and screenings for additional screenable cancers.

The bill changes the makeup of the existing advisory board from persons interested in health care and the promotion of breast cancer screenings to include persons who are interested in health care and the promotion of services for other screenable cancers. When making recommendations to the executive director of the department concerning cancer screening services, the bill requires the advisory board to allocate, at a minimum, \$2.5 million annually for breast and cervical cancer screenings, \$1 million annually for colorectal cancer screenings, and, if feasible, money for screenings for additional screenable cancers. *(Note: This summary applies to this bill as introduced.)*

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

3/17/2021 Senate Committee on Health & Human Services Postpone Indefinitely

BILL SB21-090

Concerning the renewal of a small group health benefit plan issued to an employer that no longer meets the definition of small employer after the small group plan was first issued.

Sponsors: J. Smallwood (R) / E. Hooton (D)

The bill clarifies that if a small employer has been issued a health benefit plan subject to small group insurance laws and rules, and then following the issuance date ~~no longer meets the definition of "small employer"~~ *subsequently employs more than 100 employees*, the small group insurance laws and rules continue to apply to the plan as long as the employer renews the current health benefit plan. If the employer opts to renew its current plan, the bill requires an insurance carrier to offer the employer the same small group health benefit plan or, if the same plan is no longer available, a similar plan that the carrier offers to other small employers. The bill requires an insurance carrier to notify the employer that the small group insurance laws and rules will no longer apply if the employer fails to renew the current plan or elects to enroll in a different health benefit plan. *(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.)*
(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Status

2/16/2021 Introduced In Senate - Assigned to Health & Human Services

2/22/2021 Senate Committee on Health & Human Services Refer Amended - Consent Calendar to Senate Committee of the Whole

2/25/2021 Senate Second Reading Passed with Amendments - Committee

2/26/2021 Senate Third Reading Passed - No Amendments

3/1/2021 Introduced In House - Assigned to Health & Insurance

3/9/2021 House Committee on Health & Insurance Refer Unamended to House Committee of the Whole
3/11/2021 House Second Reading Special Order - Passed - No Amendments
3/16/2021 House Third Reading Passed - No Amendments
3/18/2021 Signed by the President of the Senate
3/18/2021 Signed by the Speaker of the House
3/18/2021 Sent to the Governor

BILL [SB21-122](#)

Concerning the bulk purchase of opiate antagonists pursuant to a standing order.

Sponsors: J. Ginal (D) / M. Froelich (D)

Current law allows specific entities to purchase opiate antagonists through the opiate antagonist bulk purchase fund (fund) and also allows specific entities to receive opiate antagonists pursuant to standing orders and protocols. The bill aligns these sections of law so that:

- A unit of local government may purchase opiate antagonists through the fund pursuant to a standing order and protocol; and
- A harm reduction organization, law enforcement agency, or first responder to which opiate antagonists have been prescribed or dispensed through a standing order and protocol may purchase the opiate antagonists through the fund. *(Note: This summary applies to this bill as introduced.)*

Status

2/23/2021 Introduced In Senate - Assigned to Health & Human Services
3/10/2021 Senate Committee on Health & Human Services Refer Unamended to Senate Committee of the Whole
3/12/2021 Senate Second Reading Special Order - Passed - No Amendments
3/16/2021 Senate Third Reading Passed - No Amendments
3/17/2021 Introduced In House - Assigned to Public & Behavioral Health & Human Services

BILL [SB21-123](#)

Concerning expanding the Canadian prescription drug importation program to include prescription drug suppliers from nations other than Canada upon the enactment of legislation by the United States congress authorizing such practice.

Sponsors: J. Ginal (D) | D. Coram (R) / K. McCormick (D) | M. Lynch (R)

In 2019, the Colorado general assembly enacted, and the governor subsequently signed into law, the Canadian prescription drug importation program (program) in the department of health care policy and financing (department). The bill states that the department may expand the program to allow a manufacturer, wholesale distributor, or pharmacy from a nation other than Canada to export prescription drugs into the state under the program if certain conditions are met. If, upon the satisfaction of these conditions, the department decides to expand the program, the executive director of the department shall notify the president of the senate, the speaker of the house of representatives, and specified legislative committees, of the department's intent to do so. The executive director shall provide the notice at least 30 days before the program is expanded, and the notice may include any recommendations of the department for legislation to amend the program to reflect its expansion. *(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)*

Status

2/25/2021 Introduced In Senate - Assigned to Health & Human Services

3/8/2021 Senate Committee on Health & Human Services Refer Unamended to Senate Committee of the Whole

3/11/2021 Senate Second Reading Passed - No Amendments

3/12/2021 Senate Third Reading Passed - No Amendments

3/17/2021 Introduced In House - Assigned to Health & Insurance

BILL [SB21-126](#)

Concerning credentialing of physicians as participating physicians in health coverage plan provider networks.

Sponsors: R. Fields (D) / D. Michaelson Jenet (D)

The bill requires that when a physician applies to be credentialed as a participating physician in a health insurance carrier's (carrier's) provider network, the carrier must conclude the process of credentialing the applicant within 60 calendar days after the carrier receives the applicant's completed application. A carrier must provide each applicant written or electronic notice of the outcome of the applicant's credentialing within 10 calendar days after the conclusion of the credentialing process. Within 7 calendar days after a carrier receives an application, the carrier must provide the applicant a receipt. If a carrier receives an application but fails to provide the applicant a receipt within 7 calendar days, the carrier shall consider the applicant a participating physician, effective no later than 53 calendar days following the carrier's receipt of the application. A carrier may not deny a claim for a medically necessary covered service provided to a covered person if the service:

- Is a covered benefit under the covered person's health coverage plan; and
- Is provided by a participating physician who is in the provider network for the carrier's health coverage plan and has concluded the carrier's credentialing process.

A carrier may not require a participating physician to submit an application or participate in a contracting process in order to be recredentialed. A carrier must allow a participating physician to remain credentialed and include the participating physician in the carrier's provider network unless the carrier discovers information indicating that the participating physician no longer satisfies the carrier's guidelines for participation. The commissioner of insurance is required to enforce the new requirements. A carrier that fails to comply with the bill or with any rules adopted pursuant to the bill is subject to such civil penalties as the commissioner may order. *(Note: This summary applies to this bill as introduced.)*

Status

2/25/2021 Introduced In Senate - Assigned to Health & Human Services

3/8/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

BILL [SB21-127](#)

Concerning the authority of a regulator of health care professionals during a disaster emergency declared by the governor.

Sponsors: J. Ginal (D) / K. Mullica (D)

The bill authorizes the director of the division of professions and occupations or the applicable regulatory board in the department of regulatory agencies (regulator) to suspend or waive statutes or rules governing a health care profession or occupation over which a regulator has authority during a disaster emergency declared by the governor. The suspension or waiver of a statute or rule is limited to those in which strict compliance

would prevent, hinder, or delay necessary action in coping with or responding to the disaster emergency and may not suspend, waive, or modify any supervisory requirements.

The bill allows a regulator to promulgate emergency rules commensurate with the nature of the disaster emergency and within the limits of the declaration and the applicable practice act for a health care profession or occupation. The emergency rules automatically expire 60 days after the termination of the declared disaster emergency. *(Note: This summary applies to this bill as introduced.)*

Status

2/25/2021 Introduced In Senate - Assigned to Business, Labor, & Technology

3/17/2021 Senate Committee on Business, Labor, & Technology Postpone Indefinitely

BILL [SB21-129](#)

Concerning establishing a pilot program to reduce the suicide rate among veterans.

Sponsors: L. Garcia (D) / D. Ortiz (D)

The bill requires the state department of human services (department) to establish a veteran suicide prevention pilot program (pilot program) to reduce the suicide rate and suicidal ideation among veterans by providing no-cost, stigma-free, confidential, and effective behavioral health treatment for post-9/11 veterans and their families. The department is permitted to enter into an agreement with a nonprofit organization to administer the pilot program. The department is required to include information about the pilot program in its annual report to the general assembly. The pilot program is repealed June 30, 2025. *(Note: This summary applies to this bill as introduced.)*

Status

2/25/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/18/2021 Senate Committee on State, Veterans, & Military Affairs Refer Amended to Appropriations

BILL [SB21-130](#)

Concerning authorization for local governments to exempt business personal property from taxation.

Sponsors: C. Holbert (R) / K. Van Winkle (R)

The bill allows counties, municipalities, and special districts to exempt up to 100% of business personal property from the levy and collection of property taxation for the 2021 property tax year. *(Note: This summary applies to this bill as introduced.)*

Status

2/25/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

3/18/2021 Senate Committee on State, Veterans, & Military Affairs Refer Unamended - Consent Calendar to Senate Committee of the Whole

BILL [SB21-137](#)

Concerning the "Behavioral Health Recovery Act of 2021", and, in connection therewith, making an appropriation.

Sponsors: B. Pettersen (D) / D. Michaelson Jenet (D) | C. Kennedy (D)

Section 1 of the bill titles the bill the "Behavioral Health Recovery Act of 2021". **Section 2** of the bill continues the requirement that a podiatrist must adhere to the limitations on prescribing opioids. **Sections 3 and 4** of the bill continue the funding for the medication-assisted treatment expansion pilot program (pilot program) for the 2020-21 through 2022-23 state fiscal years and repeal the pilot program on June 30, 2023. **Section 5** of the bill expands the Colorado state university AgrAbility project (project) by providing funding for the project's rural rehabilitation specialists to provide information, services, and research-based, stress-assistance information, education, suicide prevention training, and referrals to behavioral health-care services to farmers, ranchers, agricultural workers, and their families to mitigate incidences of harmful responses to stress experienced by these individuals. **Section 6** of the bill appropriates money to the department of public health and environment to address behavioral health disorders through public health prevention and intervention and to work with community partners to address behavioral health, mental health, and substance use priorities throughout the state. **Section 7** of the bill continuously appropriates money to the harm reduction grant program. **Section 8** of the bill requires a managed care organization (MCO) to notify a person's provider of approval of authorization of services no later than 24 hours after the submission of the request for services. The initial authorization for intensive residential treatment must be no less than 7 days, and the initial authorization for transitional residential treatment must be no less than 14 days. The initial authorization period may be longer if the MCO does not have sufficient information from the person's provider. MCOs shall continually authorize services in accordance with the person's provider if the MCO's determination conflicts with the provider's recommendation. MCOs shall provide specific justification for each denial of continued authorization for all 6 dimensions in the most recent edition of "The ASAM Criteria for Addictive, Substance-related, and Co-occurring Conditions". **Section 9** of the bill requires the state medical assistance program (medicaid) to include screening for perinatal mood and anxiety disorders for each child enrolled in medicaid in accordance with the health resources and services administration guidelines. The screening must be made available to any person, regardless of whether the person is enrolled in medicaid, so long as the person's child is enrolled in medicaid. **Section 10** of the bill requires the department of human services to develop a statewide data collection and information system to analyze implementation data and selected outcomes to identify areas for improvement, promote accountability, and provide insights to continually improve child and program outcomes. **Section 11** of the bill requires the department of human services, in collaboration with the department of agriculture, to contract with a nonprofit organization primarily focused on serving agricultural and rural communities in Colorado to provide vouchers to individuals living in rural and frontier communities in need of behavioral health-care services. **Section 12** of the bill requires the center for research into substance use disorder prevention, treatment, and recovery support strategies to engage in community engagement activities to address substance use prevention, harm reduction, criminal justice response, treatment, and recovery. **Section 13** of the bill continues the building substance use disorder treatment capacity in underserved communities grant program. **Section 14** of the bill requires the perinatal substance use data linkage project to utilize data from multiple state-administered data sources when examining certain issues related to pregnant and postpartum women with substance use disorders and their infants. **Section 15** of the bill requires the office of behavioral health to use a competitive selection process to select a recovery residence certifying body to certify recovery residences and educate and train recovery residence owners and staff on industry best practices. **Section 16** of the bill requires the office of behavioral health to establish a program to provide temporary financial housing assistance to individuals with a substance use disorder who have no supportive housing options when the individual is transitioning out of a residential treatment setting and into recovery or receiving treatment for the individual's substance use disorder. **Section 16** of the bill also creates the recovery support services grant program for the purpose of providing recovery-oriented services to individuals with a substance use and co-occurring mental health disorder. **Section 17** of the bill continues the appropriation to the maternal and child health pilot program. **Section 18** of the bill continues the program to increase public awareness concerning the safe use, storage, and disposal of opioids and the availability of naloxone and other drugs used to block the effects of an opioid overdose. **Section 19** of the bill continues the harm reduction grant program and the maternal and child health pilot program. **Section 20** of the bill appropriates money to various state departments for certain programs. *(Note: This summary applies to this bill as introduced.)*

Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-139](#)

Concerning reimbursement for dental care services provided through telehealth.

Sponsors: R. Fields (D) | C. Simpson (R)/ S. Lontine (D) | M. Soper (R)

The bill requires each dental plan issued, amended, or renewed in this state to cover services offered to a covered person through telehealth. *(Note: This summary applies to this bill as introduced.)*

Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-154](#)

Concerning the implementation of the 988 national suicide prevention lifeline network in Colorado.

Sponsors: C. Kolker (D) | C. Simpson (R) / L. Cutter (D) | M. Soper (R)

On October 17, 2020, congress passed the "National Suicide Hotline Designation Act of 2020" designating 988 as the 3-digit number for the national suicide prevention lifeline to aid rapid access to suicide prevention and mental health support services. The bill implements 988 as the 3-digit number for crisis response services in Colorado. On or before July 1, 2022, the department of human services (department) shall contract with a nonprofit organization to create the 988 crisis hotline center to provide intervention services and crisis care coordination to individuals calling the 988 crisis hotline 24 hours a day, 7 days a week.

Beginning January 1, 2022, a 988 surcharge (surcharge) is imposed on service users in an amount to be established by the public utilities commission (commission) on an annual basis. The bill requires each service supplier to collect the surcharge from its service users and remit the collected surcharges to the commission on a monthly basis. The state treasurer shall credit the surcharge collections to the 988 surcharge cash fund (fund). The bill imposes a prepaid wireless 988 charge on each retail transaction in an amount to be established by the commission on an annual basis. The bill requires each seller to collect the prepaid wireless 988 charge from the consumer on each retail transaction occurring in the state and remit the collected charges to the department of revenue. The state treasurer shall credit the prepaid wireless 988 charge to the fund.

The office of behavioral health in the department may expend money from the fund for the administration and operation of the 988 crisis hotline center. Beginning January 1, 2023, and each January 1 thereafter, the department shall submit information about the usage of the 988 crisis hotline center to the federal substance abuse and mental health services administration, and information about the expenditures of the fund to the federal communications commission. *(Note: This summary applies to this bill as introduced.)*

Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-156](#)

Concerning the creation of a pilot grant program for the use of nurses in 911 dispatch to help divert incoming 911 calls that do not require emergency medical service to other types of medical care.

Sponsors: L. Garcia (D) / K. Mullica (D)

The bill requires the division of homeland security and emergency management in the department of public safety (division), on or before January 1, 2022, to implement a pilot grant program (program) to help finance the use of nurse intake of 911 calls, which involves nurses assisting with 911 dispatch for the purpose of diverting nonurgent 911 calls to medical care that does not require ambulance service or treatment in an emergency room. The division, after reviewing applications, shall designate 4 public safety answering points to participate in the program, one of which is located in a county with 60,000 or more residents and 3 of which are located in a county or counties with fewer than 60,000 residents. To participate in the program, the designated public safety answering points must each enter into a contract with an entity that can provide nurses who are trained and equipped to provide nurse intake of 911 calls. On or before June 1, 2023, the division shall report to the judiciary committees in the senate and the house of representatives or their successor committees on the program. *(Note: This summary applies to this bill as introduced.)*

Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-158](#)

Concerning modifications to the Colorado health service corps program administered by the department of public health and environment to expand the availability of geriatric care providers in shortage areas in the state.

Sponsors: J. Danielson (D) | B. Pettersen (D) / B. Titone (D) | M. Duran (D)

The bill modifies the Colorado health service corps program administered by the primary care office (office) in the department of public health and environment, which program includes a loan repayment program, as follows:

- Allows geriatric advanced practice providers, which include advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period; and
- Requires the general assembly to annually and continuously appropriate money from the general fund to the office for the 2021-22 through the 2025-26 fiscal years to help repay loans for geriatric advanced practice providers. *(Note: This summary applies to this bill as introduced.)*

Status

3/1/2021 Introduced In Senate - Assigned to Health & Human Services

BILL [SB21-160](#)

Concerning certain administrative clarifications to local government election codes.

Sponsors: B. Gardner (R) / M. Snyder (D)

The bill makes the following changes to the local government and special district election codes:

- Revises statutory citations to clarify that the Colorado local government election code is the portion of the election code applicable to special district elections;
- Provides additional statutory citations to specify all instances in which a county assessor provides a list of property owners for an election;
- Clarifies that, when computing time for any designated period of days for a local government election, the first day from which the period of days runs is excluded and the last day from which the period of days runs is included;

- Specifies that the candidate self-nomination form for special district elections must contain the county where the special district is located;
- Clarifies that a candidate's and witness's respective addresses and telephone numbers and a candidate's current e-mail address need to be provided but do not need to be printed by the candidate and witness on the self-nomination form for special district elections;
- Specifies that an eligible elector of a local government who is a covered voter must reside within the boundaries of the local government to receive a mail ballot;
- Clarifies that local government ballots may be automatically sent to eligible electors who are qualified under contracts to purchase taxable property; and
- Eliminates provisions governing a self-affirming oath or affirmation of an elector in the statutes governing special districts that are covered by similar provisions in the election code.

The board of directors of a special district currently consists of 5 or 7 directors elected at large. The bill provides a process for dividing a special district into separate director districts and for members to be elected from each director district at large or by the electors within each director district. *(Note: This summary applies to this bill as introduced.)*

Status

3/2/2021 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

BILL [SB21-169](#)

Concerning protecting consumers from unfair discrimination in insurance practices.

Sponsors: J. Buckner (D)

An insurer is prohibited from:

- Considering an individual's race, color, national or ethnic origin, religion, sex, sexual orientation, disability, or transgender status in any insurance practice; or
- Directly or indirectly using any external consumer data and information source, algorithm, or predictive model (external data source) that unfairly discriminates against an individual based on an individual's race, color, national or ethnic origin, religion, sex, sexual orientation, disability, or transgender status.

On and after January 1, 2022, an insurer that uses one or more external data sources in any insurance practice shall submit certain disclosures to the division of insurance. The commissioner of insurance (commissioner) may examine and investigate an insurer's use of an external data source. If the commissioner determines that use of an external data source bears no direct causal relationship to insurance losses or to the condition of a property or applicant to be potentially insured and that the use of the external data source unfairly discriminates on the basis of an individual's membership in a protected class, the commissioner may promulgate rules restricting or prohibiting the use of the external data source. *(Note: This summary applies to this bill as introduced.)*

Status

3/2/2021 Introduced In Senate - Assigned to Business, Labor, & Technology

Position: Strongly Support

Concerning the Colorado prescription drug affordability review board, and, in connection therewith, directing the board to review the affordability of certain drugs and establish upper payment limits for certain drugs; prohibiting certain entities from purchasing or reimbursing for any drug for distribution in the state at an amount that exceeds the upper payment limit established for the prescription drug; and establishing penalties for violations.

Sponsors: S. Jaquez Lewis (D) | J. Gonzales (D) / Y. Caraveo (D) | C. Kennedy (D)

The bill creates the Colorado prescription drug affordability review board (board) as an independent unit of state government and requires the board to perform affordability reviews of prescription drugs and establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers. The board is also required to promulgate rules as necessary for its purposes.

The board shall determine by rule the methodology for establishing an upper payment limit for a prescription drug. An upper payment limit applies to all purchases of and payer reimbursements for the prescription drug dispensed or administered to individuals in the state in person, by mail, or by other means. Any savings generated for a health benefit plan as a result of an upper payment limit established by the board must be used by the carrier that issued the health benefit plan to reduce costs to consumers.

On and after January 1, 2022, the bill prohibits any purchase or payer reimbursement for a prescription drug from exceeding an upper payment limit established by the board for that prescription drug. A person who violates the prohibition may be subject to a fine of \$1,000 for each violation. Final board decisions are subject to judicial review.

A person aggrieved by a decision of the board may appeal the decision within 60 days. The board shall consider the appeal and issue a final decision concerning the appeal within 60 days after the board receives the appeal. Any prescription drug manufacturer (manufacturer) that intends to withdraw a prescription drug for which the board has established an upper payment limit from sale or distribution within the state must notify, at least 180 days before the withdrawal:

- The commissioner;
- The attorney general; and
- Each entity in the state with which the manufacturer has contracted for the sale or distribution of the prescription drug.

A manufacturer who fails to comply with the notice requirement may be required to pay a penalty of up to \$500,000.

For all prescription drugs dispensed at a pharmacy and paid for by a carrier during the immediately preceding calendar year, the bill requires each carrier and each pharmacy benefit management firm acting on behalf of a carrier to report certain information.

The bill creates the Colorado prescription drug affordability advisory council to provide stakeholder input to the board. The board must submit an annual report to the governor and to subject matter committees of the general assembly summarizing the activities of the board during the preceding calendar year. *(Note: This summary applies to this bill as introduced.)*

Status

3/8/2021 Introduced In Senate - Assigned to Health & Human Services

3/17/2021 Senate Committee on Health & Human Services Refer Amended to Appropriations

BILL [SB21-176](#)

Concerning protections for Colorado workers against discriminatory employment practices.

Sponsors: F. Winter (D) | B. Pettersen (D) / S. Lontine (D) | M. Gray (D)

For purposes of addressing discriminatory or unfair employment practices pursuant to Colorado's anti-discrimination laws, the bill:

- Allows an employment discrimination claim to be brought in any court of competent jurisdiction in the county or district where the alleged discriminatory or unfair employment practice occurred and allows an individual to file a civil action, without otherwise exhausting administrative proceedings and remedies, as long as the individual either files a charge with the Colorado civil rights commission (commission) or serves a written demand for the relief on the individual's employer and allows the employer 14 days to respond;
- Expands the definition of "employee" to include individuals in domestic service; individuals who perform a service for a price, including independent contractors, subcontractors, and their employees; and individuals who offer services or labor without pay;
- Adds new definitions of "caregiver", "care recipient", "child", "minor child", "harassment", "hostile work environment", and "independent contractor";
- Adds protections from discriminatory or unfair employment practices for individuals based on their "marital status" or "caregiver status";
- Specifies that it is a discriminatory or unfair employment practice for an employer to fail to initiate an investigation of a complaint or fail to take prompt remedial action if appropriate;
- Prohibits certain preemployment medical examinations, imposes limitations on inquiries and examinations about an employee's disability during employment, and specifies that violations of these prohibitions and limitations constitute discriminatory or unfair employment practices;
- Expands the time limit to file a charge with the commission from 6 months to 300 days after the alleged discriminatory or unfair employment practice occurred;
- Repeals the limits on remedies in cases involving age discrimination; and
- Limits the ability of an employer to require confidentiality of claims once a charge is filed with the commission. *(Note: This summary applies to this bill as introduced.)*

Status

3/8/2021 Introduced In Senate - Assigned to Judiciary

BILL [SB21-181](#)

Concerning state agencies addressing health disparities in Colorado.

Sponsors: R. Fields (D) | D. Coram (R) / L. Herod (D) | Y. Caraveo (D)

The bill renames the existing "health disparities grant program" to the "health disparities and community grant program" (program) and expands the program to authorize the office of health equity (office) to:

- Award grants from money currently transferred from the prevention, early detection, and treatment fund to the health disparities grant program fund (fund) for the purpose of positively affecting social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations; and
- Award grants from any additional money appropriated by the general assembly to the fund to community organizations to reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health.

On or before January 1, 2022, and continuing every 2 years thereafter, the office is required to issue a report concerning health disparities in Colorado by race and ethnicity that includes an assessment of the impact of social determinants of health on health disparities and recommended strategies to begin to address such inequities with the collaboration of the health equity commission and other stakeholders. On or before July 1, 2022, the office is required to facilitate a state agency work group to develop an equity strategic plan. Specific state agencies are required to participate in the state agency work group to ensure coordination in equity-related work across state agencies to address social determinants of health in each agency's respective area. The bill adds additional state agency executive directors to the health equity commission. *(Note: This summary applies to this bill as introduced.)*

Status

3/10/2021 Introduced In Senate - Assigned to Health & Human Services

COVID-19 Pandemic Update

Health District Board of Directors Meeting

March 23, 2021



Total Confirmed

117,723

Confirmed Cases by Country/Region

80,757 Mainland China
10,149 Italy
8,042 Iran
7,513 South Korea
1,646 Spain
1,606 France
1,281 Germany
793 US
696 Others
581 Japan
382 Netherlands
374 Switzerland
373 UK
325 Sweden
277 Norway
267 Belgium
262 Denmark
182 Austria
160 Singapore

Country/Region St/Prov

Last Updated at (M/D/YYYY)
3/10/2020, 11:53:03 AM



Cumulative Confirmed Cases

Active Cases

117
countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Visualization: JHU CSSE. Automation Support: [Esri Living Atlas team](#) and [JHU APL](#). Data sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#) and [DXY](#) and local media reports. Read more in this [blog](#). [Contact US](#).

Downloadable database: [GitHub](#): [Here](#). Feature layer: [Here](#).

Confirmed cases include presumptive positive cases.

Point level: Province/State level - China, US, Canada, Australia; Country level - other countries. All points shown on the map are based on geographic centroids and are not representative of a specific address, building or any location at a spatial scale finer than

Total Deaths

4,258

3,024 deaths
Hubei Mainland China

631 deaths
Italy

291 deaths
Iran

54 deaths
South Korea

35 deaths
Spain

30 deaths
France

20 deaths
Washington US

20 deaths
Henan Mainland China

13 deaths
Heilongjiang Mainland China

10 deaths
Japan

Total Recovered

64,391

47,743 recovered
Hubei Mainland China

2,731 recovered
Iran

1,274 recovered
Guangdong Mainland China

1,247 recovered
Henan Mainland China

1,191 recovered
Zhejiang Mainland China

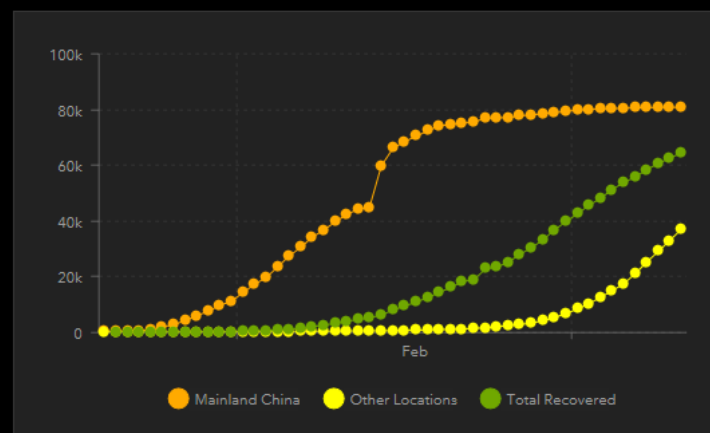
990 recovered
Hunan Mainland China

984 recovered
Anhui Mainland China

927 recovered
Jiangxi Mainland China

724 recovered
Italy

719 recovered
Shandong Mainland China



Actual

Logarithmic

Daily Cases



Global Cases

123,541,704

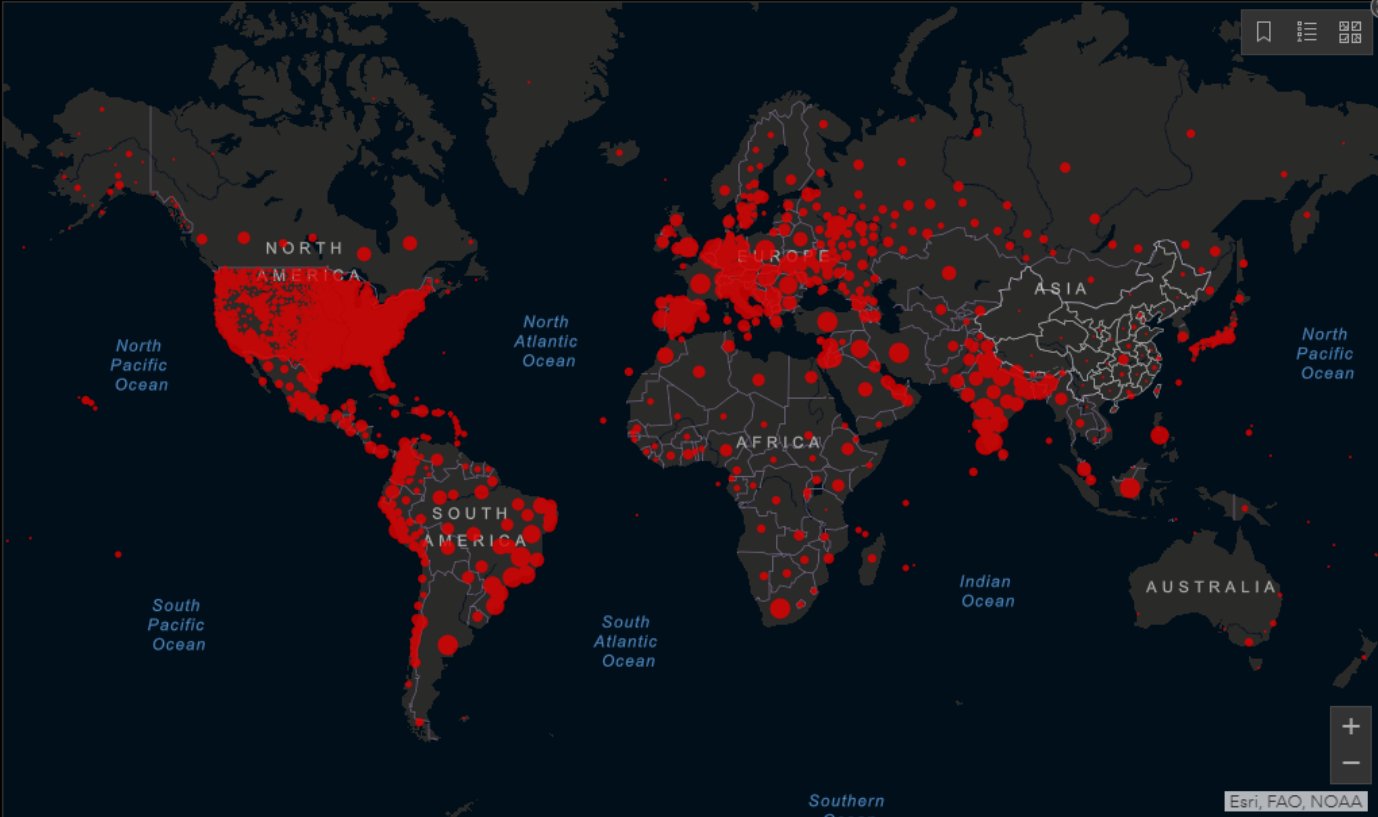
Cases by Country/Region/Sovereignty

| | |
|------------|----------------|
| 29,861,457 | US |
| 11,998,233 | Brazil |
| 11,646,081 | India |
| 4,416,226 | Russia |
| 4,358,899 | France |
| 4,315,561 | United Kingdom |
| 3,390,181 | Italy |
| 3,228,803 | Spain |
| 3,035,338 | Turkey |
| 2,678,252 | Germany |
| 2,337,150 | Colombia |
| 2,245,771 | Argentina |
| 2,195,772 | Mexico |
| 2,073,129 | Poland |
| 1,808,422 | Iran |

Admin0 Admin1 Admin2

Last Updated at (M/D/YYYY)

3/22/2021, 4:26 PM



Cumulative Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

192

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#). Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and [Stavros Niarchos Foundation](#). Resource support: [Slack](#), [Github](#) and [AWS](#). Click [here](#) to **donate** to the CSSE dashboard team, and other JHU COVID-19 Research Efforts. [FAQ](#). Read more in this [blog](#). [Contact US](#).

Global Deaths

2,720,169

| | |
|----------------|----------------|
| 542,845 deaths | US |
| 294,042 deaths | Brazil |
| 198,036 deaths | Mexico |
| 159,967 deaths | India |
| 126,410 deaths | United Kingdom |
| 105,328 deaths | Italy |
| 93,812 deaths | Russia |

Global Deaths

Global Recovered

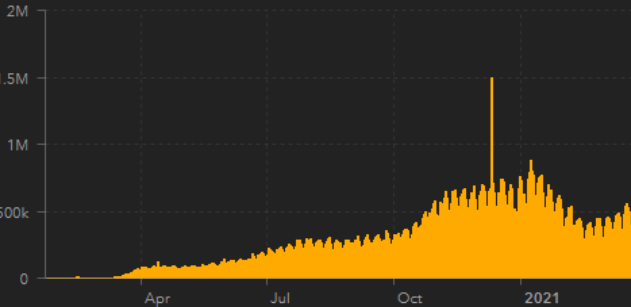
Total Test Results in US

382,222,468

| | |
|------------------|------------------|
| 52,250,830 tests | California US |
| 42,798,540 tests | New York US |
| 23,357,150 tests | Florida US |
| 20,739,846 tests | Texas US |
| 19,629,022 tests | Illinois US |
| 18,008,712 tests | Massachusetts US |
| 11,645,357 tests | New Jersey US |

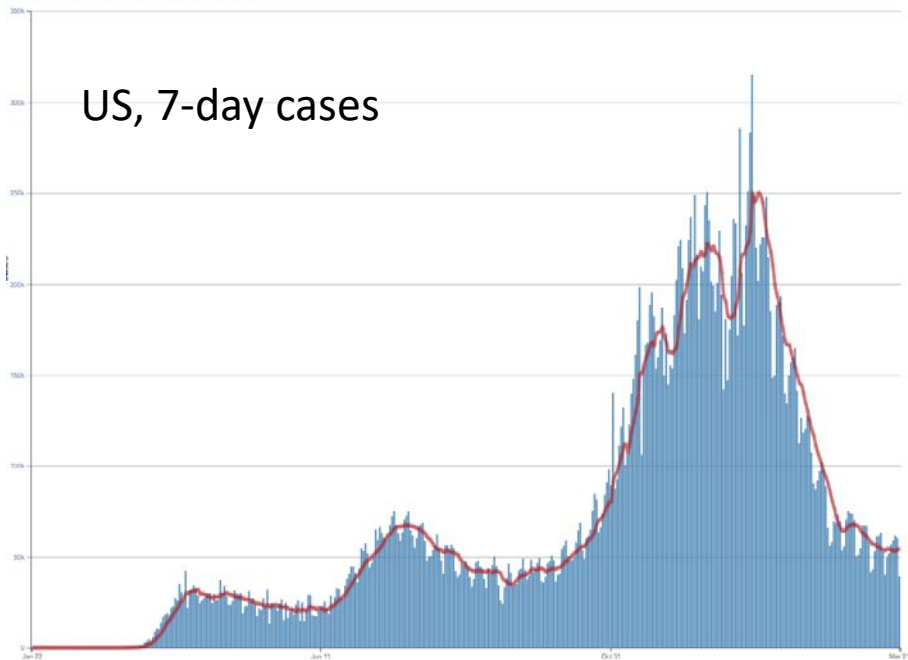
US Test Results

US Deaths

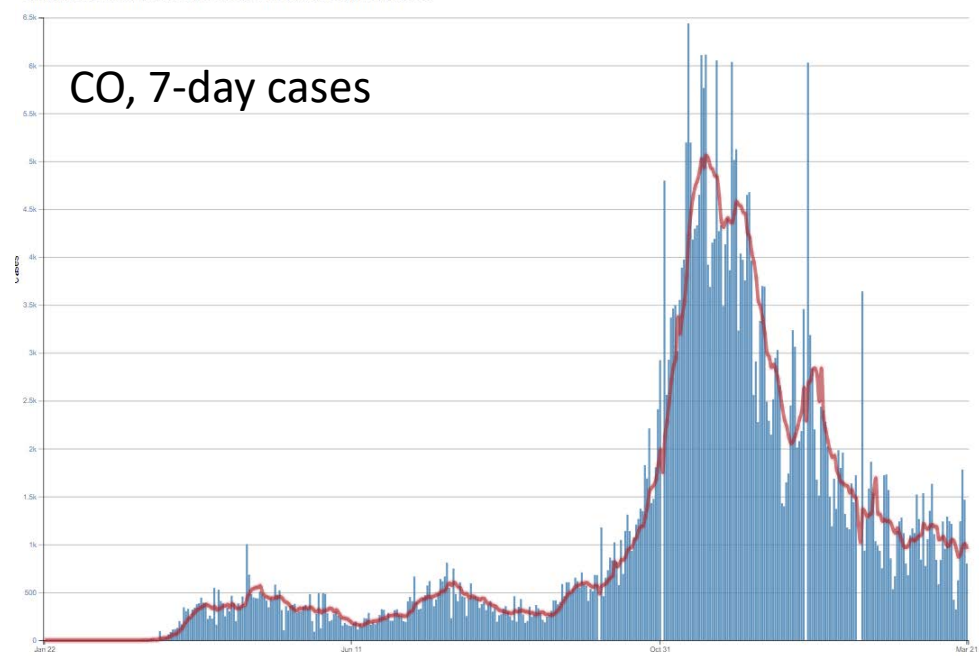


Daily Cases

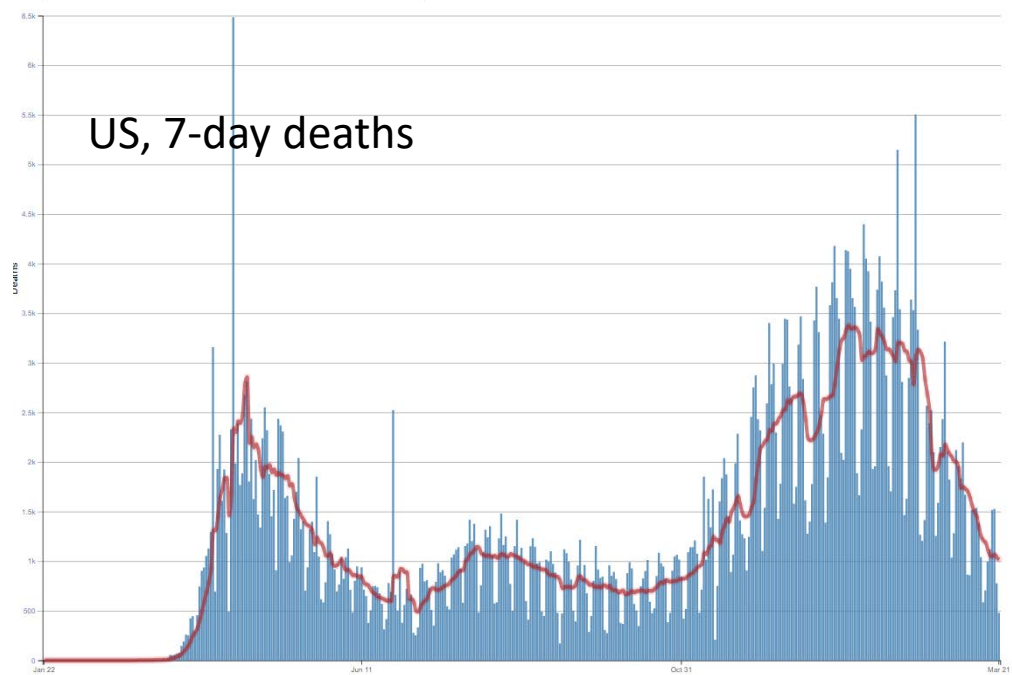
Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



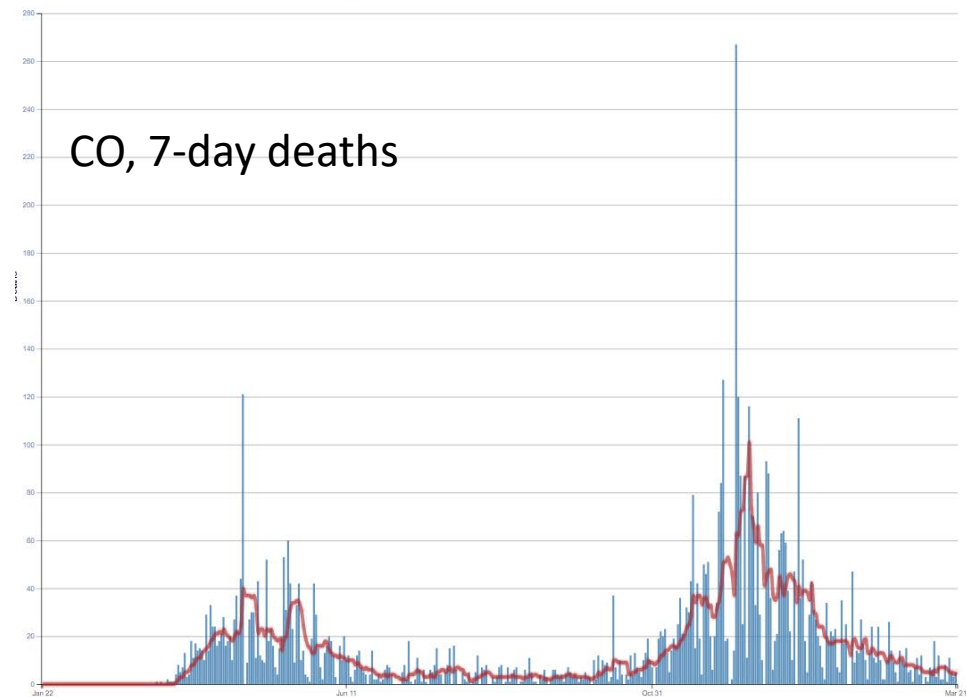
Daily Trends in Number of COVID-19 Cases in Colorado Reported to CDC



Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC



Daily Trends in Number of COVID-19 Deaths in Colorado Reported to CDC



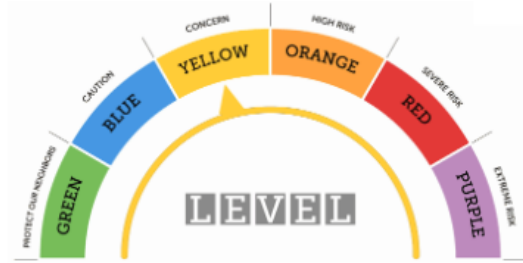
Risk Score: **Medium**



Determined by Larimer County Health Dept

Low **Medium** **High**

Dial 2.0 Level: **Concern**



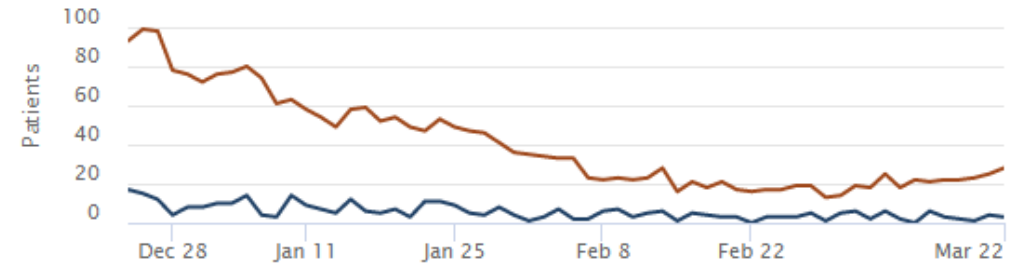
The state moved Larimer County to Yellow on [Feb. 6](#).

☒ Guidance ☒ Level Determinants ☒ State Info

COVID Hospital Patients

Admission & Inpatient by Day

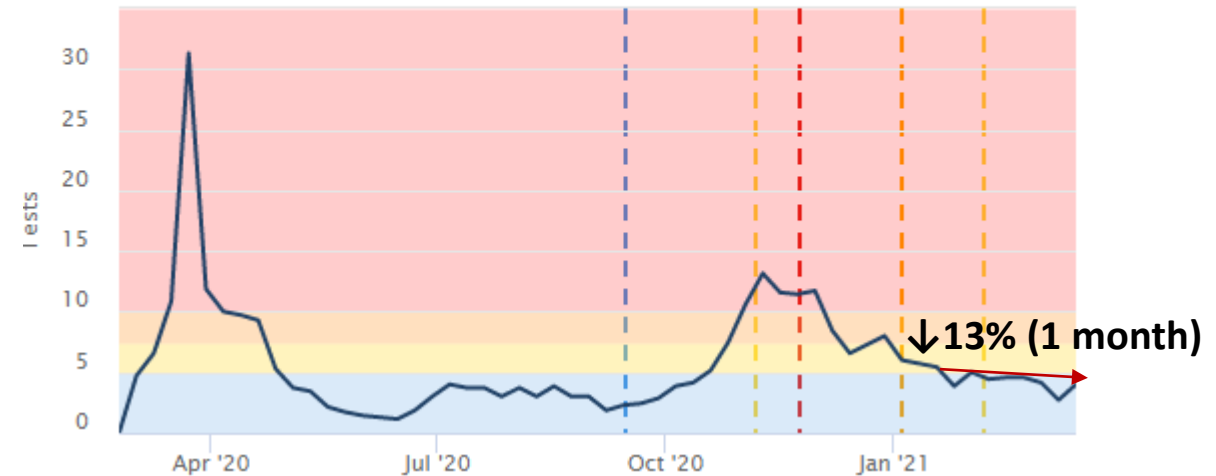
Zoom 1wk 1mo **3mo** All 7d 14d Mo



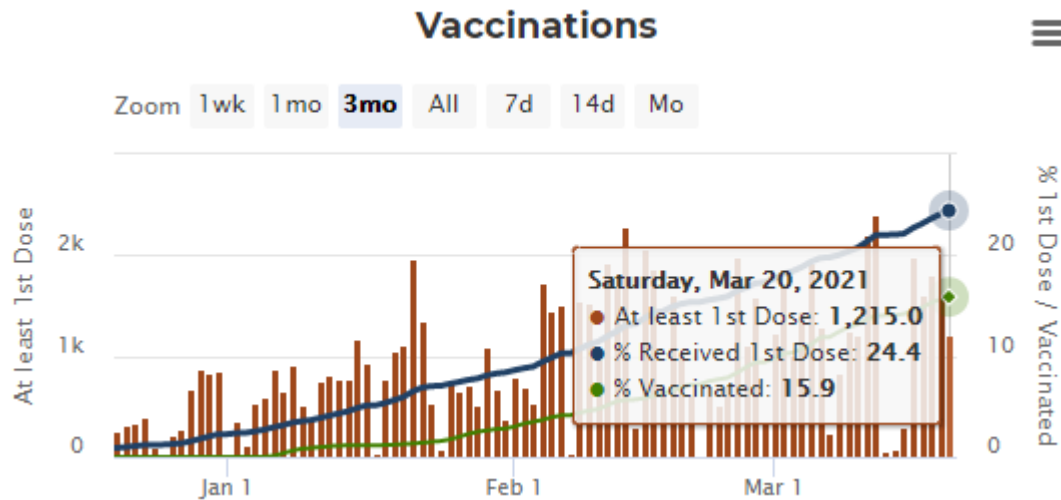
— Admission Count — Inpatient Count

PCR % Positive by Day

Zoom 1wk 1mo 3mo All **7d** 14d Mo



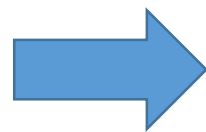
Vaccine in Larimer Co.



~1 in 4 in Larimer Co with at least 1st dose (24.9% nationally; ~24% in CO)

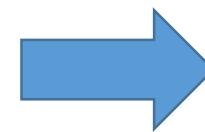
| Category | Total | % of group |
|---|---------|------------|
| Doses received by residents | 143,766 | -- |
| Residents receiving first dose | 87,157 | 24.4% |
| Residents vaccinated | 56,609 | 15.9% |
| Age 70+ residents at least one dose | 30,518 | 76.5% |
| Age 70+ residents vaccinated | 26,609 | 66.7% |
| White non-Latinx residents vaccinated | 50,924 | 17.0% |
| Non-White non-Latinx residents vaccinated | 1,583 | 9.7% |
| Latinx residents vaccinated | 2,000 | 4.8% |
| Unknown race residents vaccinated | 2,102 | -- |

~200,000 adults
unvaccinated



Residents vaccinated
Daily average, last 14 days

1,025







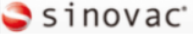


195 days
*at current rate

Immunity in Larimer Co could be >45%

- >87K first dose of vaccine (~[72-92% effective](#) two weeks after first dose)
- ~19K confirmed covid cases ([CDC says](#) actual is likely 4.6X confirmed) or ~86K infected
 - Covid-projections estimates 4% overlap between infected & vaccinated
- $86 + 87 - 8.6 \text{ (4\%)} = 164\text{K}$ with some immunity (45%)
- Almost 1 of every 2 people unlikely to get infected, and also unlikely to spread

Seven extremely effective vaccines in use globally

| Company | Platform | Doses | Non-clinical results | # who got vaccine | Protection from hospitalization from COVID-19 | Protection from COVID severe dz (some at home) | Efficacy against milder COVID |
|---|--|-------|---|---|---|--|--|
|  | mRNA-1273 mRNA in lipid nanoparticle | 2 | Neutralizing Abs; Strong Th1 CD4+, CD8+; protection from challenge (macaques) | ~15,000 | 97% (1 in vaccine arm after 2nd dose hospitalized) | 97% (30 cases in placebo arm; 0 in vaccine reported but 1 severe per FDA) | 94.1% |
|  | BNT162b2 mRNA in lipid nanoparticle | 2 | Neutralizing Abs; Strong Th1 CD4+, CD8+; protection from challenge (macaques) | ~18,600 | 100% | 100% (9 cases in placebo arm; 0 in vaccine- 1 initially severe but not) | 95% |
|  | JNJ-78436725 Non-replicating human adenovirus/DNA | 1 | Neutralizing Abs; Strong Th1 CD4+ > Th2; CD8+; challenge protection (macaque) | ~22,000 US, Latin America, S. Africa | 100% | 85.4% across 3 sites (7 deaths, 16 hospitalizations, all in placebo arm) | 72% US; 61% Latin America; 64% S. Africa (96% B1.351) |
|  | AZD 1222 Non-replicating Chimp Adenovirus-DNA | 2 | Neutralizing Abs; Strong Th1 CD4+ > Th2; CD8+; protection from challenge (macaques) | ~8588 | 100% | 100% (15 in placebo – all hospitalized; 0 in vaccine) | 70% overall; 76% 1 dose; S. Africa trial halted for mild |
|  | NVX-CoV2373 Spike protein/RBD + Matrix M adjuvant | 2 | Neutralizing Abs; Strong Th1 CD4 > Th2; challenge protection (macaques) | ~8833 (Phase 3 UK; 2b SA) | 100% | 100% (10 severe in placebo in UK/SA; 0 in vaccine) | 96.4% UK; 89% B117 UK; 55% SA (94% B1351) |
|  | Ad26 and Ad5 adenovirus/DNA | 2 | NAbs; IFN- γ secretion PMBCs, cellular response | ~14964 | 100% | 100% (20 in placebo; 0 vaccine) | 91.6% |
|  | Inactivated virus | 2 | Antibodies (T cells next) | ~12500 | 100% | 83% (tx needed) | 50.7% across |

Source: [COVID-19 Vaccines | HIV, ID and Global Medicine \(ucsf.edu\)](#)

Studies that showed COVID-19 vaccines reduce asymptomatic infection (transmission)

| Setting | Finding of xx% reduction in asymptomatic or infections that included asymptomatic | Reference |
|--|---|---|
| Healthcare workers in England | 86% | Hall SSRN , February 22, 2021 |
| Healthcare workers in Israel | 75% | Amit, Lancet , March 6, 2021 |
| Patients in Mayo Clinic health system | 88.7% | Pawlowski medRxiv , February 27, 2021 |
| Israel Ministry of Health (nationwide) | 94% | Pfizer press release , March 11, 2021 |
| Israel general population (Pfizer) | 90% | Dagan NEJM , February 24, 2021 |
| Pre-surgical patients in Mayo Clinic health system | 80% | Tande Clin Inf Dis , March 10, 2021 |
| Healthcare workers in Cambridge University Hospitals | 75% | Weekes Authorea , February 24, 2021 |
| Moreover, nasal viral loads from post-vaccination exposures are low and likely noninfectious per CT values (use rapid Ag test) | | |

Source: [COVID-19 Vaccines | HIV, ID and Global Medicine \(ucsf.edu\)](#)






bioRxiv is receiving many new papers on coronavirus SARS-CoV-2. A reminder: these are preliminary reports that have not been peer-reviewed. They should not be used to guide practice/health-related behavior, or be reported in news media as established information.

New Results

[Comments \(9\)](#)[Previous](#)

Negligible impact of SARS-CoV-2 variants on CD4⁺ and CD8⁺ T cell reactivity in COVID-19 exposed donors and vaccinees

Posted March 01, 2021

Alison Tarke, John Sidney, Nils Methot,  Yun Zhang,  Jennifer M. Dan, Benjamin Goodwin, Paul Rubiro, Aaron Sutherland,  Ricardo da Silva Antunes, April Frazier, Stephen A. Rawlings, Davey M. Smith, Bjoern Peters, Richard H. Scheuermann, Daniela Weiskopf,  Shane Crotty,  Alba Grifoni, Alessandro Sette

doi: <https://doi.org/10.1101/2021.02.27.433180>

This article is a preprint and has not been certified by peer review [what does this mean?].

[Download PDF](#)[XML](#)[Tweet](#)

- “Similarly, we demonstrate that the sequences of the vast majority of SARS-CoV-2 T cell epitopes are **not affected by the mutations** found in the variants analyzed.”
- In other words, vaccine and natural immunity likely strong against variants

Continuing to learn more about treatment

ANESTHESIA &
ANALGESIA

Articles & Issues ▾ A&A Practice CME Collections Subjects 中文翻译 Multimedia ▾ For

COVID-19 ARTICLES: ORIGINAL CLINICAL RESEARCH REPORT

Aspirin Use Is Associated With Decreased Mechanical Ventilation, Intensive Care Unit Admission, and In-Hospital Mortality in Hospitalized Patients With Coronavirus Disease 2019

Chow, Jonathan H. MD^{*}; Khanna, Ashish K. MD, FCCP, FCCM^{†,‡}; Kethireddy, Shravan MD[§]; Yamane, David MD^{||}; Levine, Andrea MD[¶]; Jackson, Amanda M. MD[#]; McCurdy, Michael T. MD[¶]; Tabatabai, Ali MD^{¶,**}; Kumar, Gagan MD[§]; Park, Paul MD^{††}; Benjenk, Ivy RN, MPH[†]; Menaker, Jay MD; Ahmed, Nayab MD^{§§}; Glidewell, Evan MD^{|||}; Presutto, Elizabeth MD^{††}; Cain, Shannon MD^{¶¶}; Haridasa, Naeha BS[‡]; Field, Wesley MD^{§§}; Fowler, Jacob G. BS^{|||}; Trinh, Duy MD^{††}; Johnson, Kathleen N. BS^{|||}; Kaur, Aman DO^{§§}; Lee, Amanda BS^{††}; Sebastian, Kyle MD^{|||}; Ulrich, Allison MD^{††}; Peña, Salvador MD, PhD^{|||}; Carpenter, Ross MD^{††}; Sudhakar, Shruti MD^{††}; Uppal, Pushpinder MD^{††}; Fedeles, Benjamin T. MD, Capt, USAF, MC^{††}; Sachs, Aaron MD^{††}; Dahbour, Layth MD^{††}; Teeter, William MD^{**,##}; Tanaka, Kenichi MD^{†††}; Galvagno, Samuel M. DO, PhD^{**}; Herr, Daniel L. MD^{**}; Scalea, Thomas M. MD^{**†††}; Mazzeffi, Michael A. MD, MPH^{***}

Author Information ☺

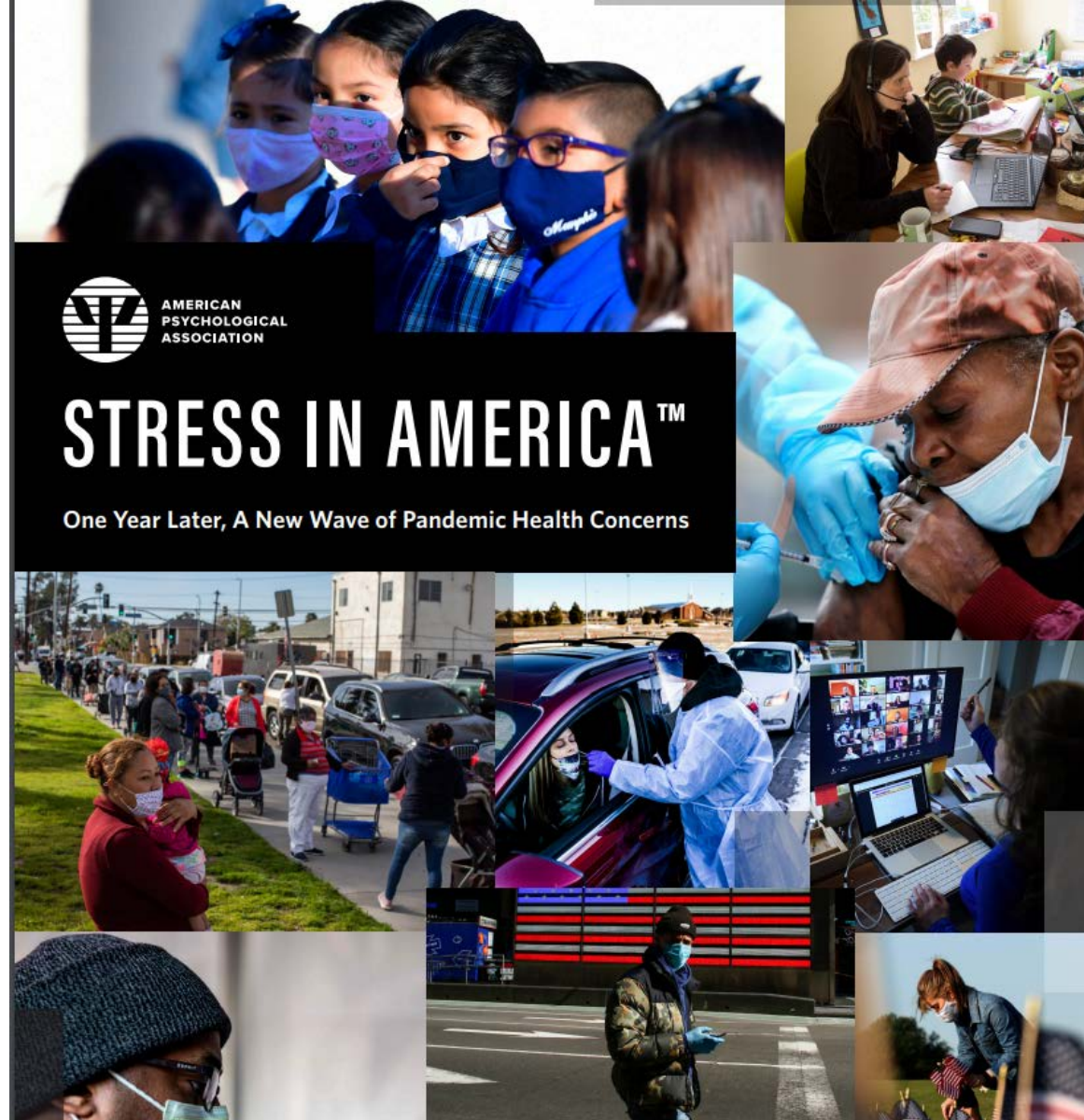
Anesthesia & Analgesia: April 2021 - Volume 132 - Issue 4 - p 930-941
doi: 10.1213/ANE.00000000000005292

- Use of low-dose aspirin early in a patient's hospital stay for COVID-19 is associated with better outcomes
- After multivariable adjustment, aspirin use was associated with a 44% reduced risk for mechanical ventilation

Pandemic Fallout

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

-Preamble to the Constitution of WHO, 22 July 1946

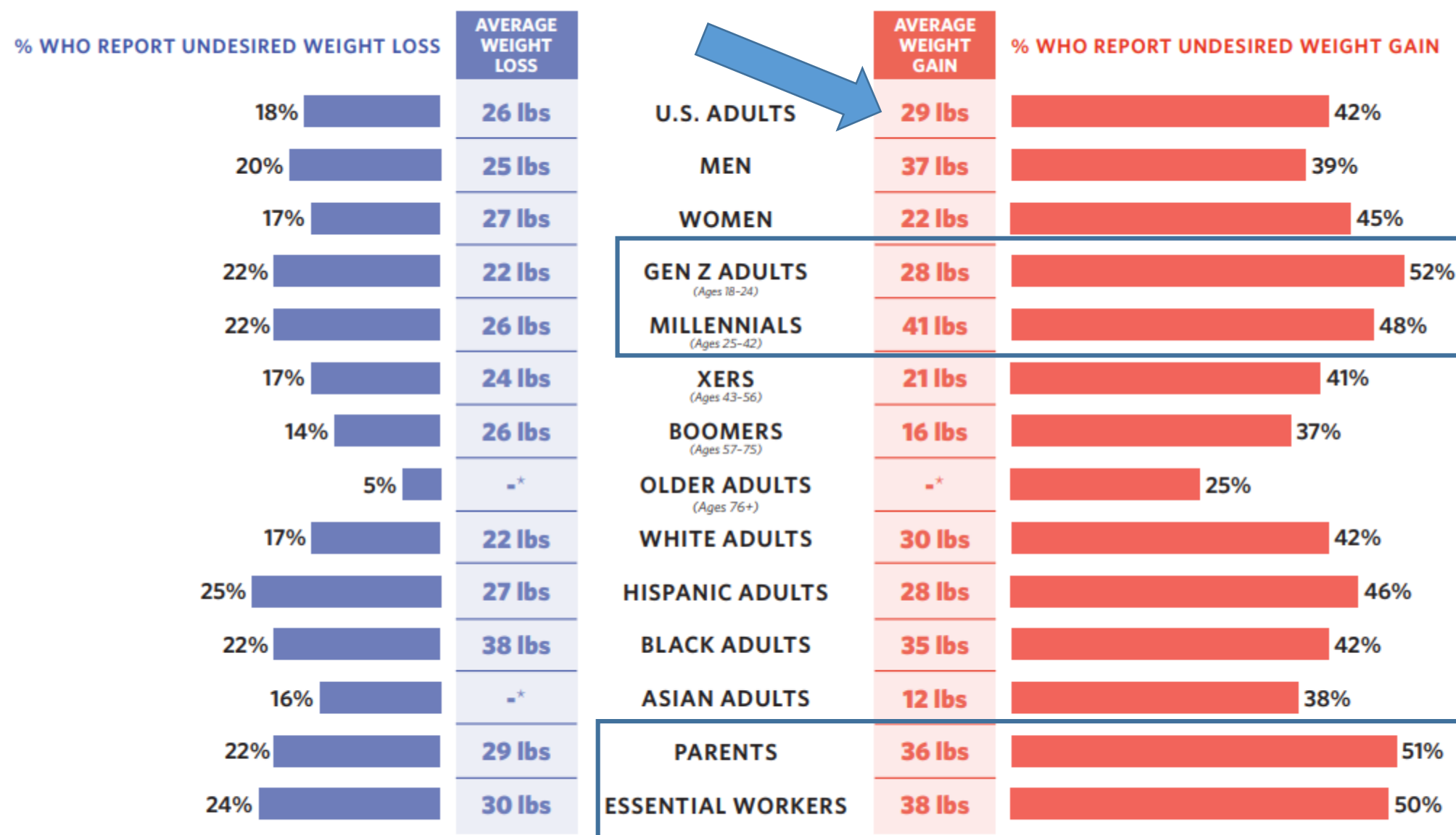


<https://www.apa.org/news/press/releases/stress/2021/sia-pandemic-report.pdf>

KEY SURVEY FINDINGS INCLUDE:

- A majority of adults (61%) report experiencing undesired weight changes
- Two in 3 Americans (67%) report sleeping disturbances
- Nearly 1 in 4 adults (23%) reported drinking more alcohol to cope with their stress
- Nearly half of Americans (47%) said they delayed or canceled health care services
- Nearly half of parents (48%) said the level of stress in their life has increased compared with before the pandemic. More than 3 in 5 parents with children who are still home for remote learning (62%) said the same.
- Essential workers >2X as likely to have received treatment from a mental health professional (34% vs. 12%) and to have been diagnosed with a mental health disorder (25% vs. 9%).
- Black Americans most likely to report feelings of concern about the future: 57% vs. 51% Asian, 50% Hispanic and 47% white.
- Gen Z adults (46%) most likely generation to say mental health has worsened, followed by Xers (33%), Millennials (31%), Boomers (28%) and older adults (9%).

SLIGHTLY MORE THAN 6 IN 10 U.S. ADULTS (61%) REPORT UNDESIRE WEIGHT CHANGE SINCE START OF PANDEMIC



¹ Data among adults ages 21+

*Insufficient sample size for reporting

Delays in Curable Cancer Diagnosis/Treatment

European Journal of Clinical Oncology, Vol.3, Issue 1, 001-003

Mini Review



COVID-19 policies might result in more life-years lost than saved

TUE 02 FEB 2021

“Lockdown policies have had a direct impact on people’s willingness – and ability – to access health and social services.”

- Professor Paul Dolan



The life-years saved from Covid-19 deaths that have been averted as a result of lockdown measures may be fewer than the life-years that will be lost from deaths resulting from curable diseases, according to [a research paper published by LSE](#). [↗](#)

Life-Years and Lockdowns: Estimating the Effects on Covid-19 and Cancer Outcomes from the UK’s Response to the Pandemic

Pinar Jenkins¹, Karol Sikora^{2*} and Paul Dolan¹

¹London School of Economics and Political Science, London, United Kingdom

²Rutherford Cancer Centre, London, United Kingdom

Corresponding Author*

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Rutherford Cancer Centres,
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Tel: 447901556453

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Received date: January 07, 2021; **Accepted date:** January 22, 2021; **Published date:** January 29, 2021

 Press release

Across virtually every key measure of childhood, progress has gone backward, UNICEF says as pandemic declaration hits one-year mark

Spokespeople available for interview

10 March 2021

“One year into the COVID-19 pandemic, progress has gone backward across virtually every key measure of childhood,” said Henrietta Fore, UNICEF Executive Director. “The number of children who are hungry, isolated, abused, anxious, living in poverty and forced into marriage has increased. At the same time, their access to education, socialization and essential services including health, nutrition and protection has decreased. The signs that children will bear the scars of the pandemic for years to come are unmistakable.”

February 3, 2021

Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic

Kristin M. Holland, PhD, MPH¹; Christopher Jones, PharmD, DrPH, MPH¹; Alana M. Vivolo-Kantor, PhD, MPH¹; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Psychiatry. Published online February 3, 2021. doi:10.1001/jamapsychiatry.2020.4402

"This cross-sectional study of almost 190 million ED visits found that visit rates for mental health conditions, suicide attempts, all drug and opioid overdoses, intimate partner violence, and child abuse and neglect were higher in mid-March through October 2020, during the COVID-19 pandemic, compared with the same period in 2019."

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
January 26, 2021

Health District Office Building
120 Bristlecone Drive, Fort Collins
Remote Meeting

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary
Molly Gutilla, MS DrPH, Board Vice President
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Brian Ferrans, CIT Director
James Stewart, Medical Director
Lorraine Haywood, Finance Director
Laura Mai, Asst. Finance Director
Dana Turner, Dental Director
Richard Cox, Communications Director
Brian Ferrans, CIT Director
Kristen Cochran-Ward, MH/SU Director

Staff Present:

Lin Wilder, Special Projects Director
Sue Hewitt, Evaluation Coordinator
Suman Mathur, Evaluator & Data Analyst
Julie Kenney, Administrative Assistant
Jessica Shannon, Resource Dev. Coordinator
Anita Benavidez, Executive Assistant

Public Present:

Beth DeHaven
Lindsey Wyatt
Libby Sparks

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:00 p.m.

The agenda is amended to remove the November 10 and December 11 Board Meeting Minutes from the Consent Agenda.

MOTION: To approve the agenda as Amended
Moved/Seconded/Carried Unanimously

PUBLIC COMMENT

None

PRESENTATIONS & DISCUSSION

COVID-19

Current Status

Dr. James Stewart provided an epidemiology update as well as answers to questions about the new COVID vaccines. The US overview shows cases are rising in 2 states, staying the same in 5 states, and falling in 49 states, as of today. He also shared key metrics, from the COVID tracking project, on tests, cases, hospitalizations, and death. Updated as of today, hospitalizations and deaths are trending

down in Colorado. This follows the worst surge that Colorado has experienced, which started around Halloween, peaked in November/December, and have been coming down since. Indigenous, LatinX, and African Americans are contracting and dying from the disease at a greater rate than the white population. The Larimer County dashboard indicates that the County is trending with the rest of the state. The Dial Level sits at orange (high risk), while the test positivity rate has trended down since November. ICU and hospital beds are still available, if we see another surge. There is still a significant high risk to older people; those 65+ are seeing the highest rate of deaths, with 94% of deaths in Larimer County in that age group.

The COVID Vaccinations – James Stewart, MD

Dr. Stewart shared information on the ‘biggest vaccination campaign in history,’ with 68M doses given in 56 countries (as of today), 24M shots in the US, 340K doses in Colorado (about 53% of the state supply), and 5.3% of the population in Larimer County. The CDPHE website identifies vaccination locations, which currently include UCHHealth, Banner, Estes Park Hospital, and Associates in Family Medicine.

In a rough estimate of County vaccination, if about 30% of adults are not ready to receive the vaccine, there are about 180,000 adults left to vaccinate. One of the high priority populations is adults 70+. In Larimer County, 30% of those 70+ years have received their first dose, with the state goal to reach 70% by the end of February. 94% of those in Long Term Care Facilities have received at least their first dose.

Common questions from the community are “why should I get vaccinated?” and “are the vaccines safe?” In general, the reasons to promote widespread community vaccination are to protect yourself and your family, help stop spread in the community, return to “normal” society, and set the example for others.

There is exciting new technology that has allowed the more rapid development of vaccines, which are required to get us to herd immunity so that we can get out of this situation. In general, those who can, should get vaccinated (some should have conversations with their provider). Determining safety is the priority of vaccine trials, and results in COVID-19 vaccine trials of both Pfizer and Moderna vaccines with 30-50,000 participants (far more than prior trials) have demonstrated both effectiveness and safety. Both vaccines were approved by independent advisory committees for the FDA and CDC and no steps in determining safety were skipped. The diversity of trial participants was representative of the population breakdown. Both vaccines have 94-95% efficacy in preventing infection and about a 98% efficacy in preventing severe COVID-19.

Factors that contributed to the speedy development of these vaccines include the massive global effort with nearly unlimited resources, large volunteer pools, and prior work on vaccines for SARS (2003) and MERS (2012). The mRNA (messenger RNA) approach, the method through which the Pfizer and Moderna vaccines work, has been effectively used for cancer and HIV treatment for the last 10 years. Both vaccines require a second dose 3-4 weeks after the first. Full protection occurs 1 – 2 weeks after the second dose. The longevity of protection is still unknown, although natural immunity following infection lasts for months. Some people will experience side effects from the vaccine (fatigue and headache are most common), which generally dissipate in 24-48 hours. Accurate information on the vaccines can be found on the CDC website. Vaccines are the safest, most effective way to control the COVID-19 pandemic.

A board question was when vaccine rollouts might occur for special populations, for example teachers. The state has been reassuring education and teachers that they will be prioritized in one of the next

vaccine phases, but we don't have a timeline yet. One recent study indicated that, in a rural Wisconsin school district, children in schools were complying with wearing masks and were not found to be a major factor in community spread. Larimer County Department of Public Health is working with schools on vaccination planning.

Another question related to what the 95% efficacy rate indicates. Data shows that the mRNA vaccines provide 94-95% protection against **any** COVID infection, so anyone getting the vaccination is 94-95% less likely to become infected than those who have not received the vaccine. However, that means that 5% still could become infected.

Update: COVID and the Health District

Isolation/Recovery, and Quarantine (IRQ) Site

Ms. Plock provided an update on the IRQ site, which was moved to a hotel in Loveland in response to the huge spike in homeless cases in early to mid-December. The Myrtle site wasn't large enough and the configuration (infected and quarantined, different genders) has an impact on the number who can be served. The Loveland IRQ site experienced some days with 25 people or more, and others with just a handful. A continuing challenge is providing isolation and recovery to those who are discharged from hospitals, and who have substance use issues needing detox. Staff has been working directly with the hospitals and with Dr. Lesley Brooks at SummitStone and NoCo Health Alliance to on communication, protocols, medications, and consultation for those experiencing addiction. Health District staff continue to be incredibly dedicated – working odd and long hours. The Loveland site closes on February 12, and the IRQ will be moved back to the Myrtle site. Ms. Plock is relieved to report that all of the Health District staff supporting the IRQ have received the first dose of the vaccine. The Myrtle site is planned to be retained throughout the year until herd immunity is effective, with a lease through June and month-to-month rental after that.

Health District and COVID Vaccinations

In the later part of December, the Health District received a request from the State to become a vaccine provider. There have been a multitude of steps in preparation, including obtaining the necessary refrigeration and other equipment for handling of the vaccine. With an updated refrigerator/freezer delivered last Friday, the Health District was finally able to apply yesterday and has already received approval. There is a very dedicated team of people figuring out what a clinic would look like at our site and/or a larger community clinic. We anticipate maybe being able to begin providing vaccinations the week after next. Staff is working with both Salud and SummitStone, as well as recruiting volunteers (largely retired MDs). Staff training is underway. Salud anticipates receiving larger amounts of vaccine making it possible for them to do larger clinics, and our staff may assist in those. Flexibility continues to be the philosophy needed in order to prepare for and participate in vaccine distribution..

Other

A little over 50% of the staff has been invited to get vaccinated from three difference access points, all with small windows of opportunity. Priorities have been those staff supporting the IRQ, Integrated Care (within primary care clinics) and Dental staff, as well as those who will be vaccinating or vaccination clinic staff. The next priority are public facing services best done in person, which includes some of the Mental Health Connections/CAYAC providers. The rest of staff will need to wait until the proper priority phases come around. Dr. Prows noted that, at some point, Associates in Family Medicine will be receiving much larger shipments of the vaccine, and there may be opportunities for working together on staffing larger clinics.

BOARD ACTION

Amendments to Personnel Policies – Carol Plock, Lorraine Haywood, Lin Wilder

Paid Time Off: Changes Required by New State Law: Ratification

Ms. Plock explained that Health District leadership has reviewed Paid Time Off policies related to the new Colorado Healthy Families and Workplaces Act (HFWA). The HFWA requires that our organization provide paid sick leave. The Health District already provides flexible paid time off for benefitted employees in an amount that exceeds the requirement, but it will need to be tracked differently. Although the HD does not currently differentiate between vacation and sick time, employees will now be required to code sick time off differently, using the state definition of sick leave as a guide. Those who are not in benefitted positions (those who work under 20 hours/week, or are in PRN or temporary status) will now accumulate paid sick leave. Paid sick leave for non-benefitted employees will accrue at the rate of 1 hour for every 30 hours worked. The Act also added a requirement of 80 hours additional paid time off for qualifying public health emergencies. The changes had to be implemented on January 1, so Board President Mike Liggett, gave approval, which now requires board ratification.

MOTION: To ratify the Amendments to Section 400, Leave Policies, of the Employee Handbook, to reflect the paid leave policy changes as required by the HFWA, outlined in the memo and policy changes included in the packet).

Moved/Seconded/Carried Unanimously

Consideration of Increases in Paid Time Off

Carol Plock stated that Health District leadership has reviewed current PTO policies (for benefitted employees), including a comparison with peer organizations. Currently employees earn PTO at the rate of 1 day/month in the first year; 1.5 days/month in the second year; and 2 days/month at the third year and beyond. This review brought some things to light: (1) a new employee has to wait to accrue time off, which may lead to an inclination to come to work sick; (2) in the first year of service, PTO is below the levels of most of our peer organizations; (3) our employees do benefit from a significant increase in accrual of time off at the beginning of year two, and at the start of year three, and (4) in Year 20, annual accruals earned by Health District employees falls well below peer organizations. Lin Wilder reviewed data on the percent of employees in various categories and estimated productivity and financial impact, which were minimal.

Staff recommendation is to provide two additional days of PTO at the beginning of employment; and also to allocate two extra days, one time only, for current employees who have worked less than one year. In addition, staff recommend that those employees who have reached at least 15 years' service would begin accruing an additional 2 days of PTO accumulation per year. Board questions included where the funds would come from, and whether a cap on total PTO accumulation needed to be added. Funds to cover the financial burden are minimal, and will come from unspent personnel costs in the first year, and be included in ongoing budgets in future years. The current cap on accumulation of PTO is 200 hours (accumulated time after that goes into an emergency paid time off bank, to be used only in emergencies), and that limit would not change.

MOTION: To modify current PTO policies to: 1) provide two additional days of PTO at the beginning of employment; 2) one time only, allocate two extra days in 2021 for current employees who have worked less than one year; and 3) those who have reached at least 15 years' service will begin accruing an additional 2 days of PTO per year, starting in 2021.

Moved/Seconded/Carried Unanimously

PRESENTATION, DISCUSSION, POSSIBLE BOARD ACTION

Policy Update

State Legislation

With a short, 3 day initial legislative session opening due to high levels of COVID, legislators passed just required bills, which included fixing some language on bills from 2020, and updates for different types of providers to be vaccinators for COVID-19, etc. They hope to reconvene the session February 16, and a full 120-day session is expected. The Budget will be the key priority for the session, including supplemental requests, the Long Bill (the budget) – which addresses the general fund (the part of the budget over which the legislature has complete control; it is less than ½ of the state’s budget), the general fund reserve (which the legislature is required to set aside; it is built up during good years, and spent down during bad), the marijuana tax cash fund, and the budget stabilization factor.

The reserve is intended to be at 7.25% of discretionary expenses but was reduced to 3.07% and again to 2.86% of current budget. Legislators have access to the Marijuana Tax Cash Fund; there are guidelines on how funds should be spent, but they have some discretion. The Budget Stabilization Factor (also known as the negative factor) will impact school districts, likely driving a state school fund shortfall. Under Amendment 23, the state has to increase state school funding by the rate of inflation and enrollment but the Budget Stabilization Factor cuts those dollars by a percentage. Some of the funding cuts initially made in the 2020 fiscal year may be returned, although legislators may also want new programs rather than a simple return of funding to programs that were cut. Ms. Williams anticipates a very active session, with about 300 bills likely to be introduced on Day 1.

Federal Policy

Biden’s American Rescue Plan includes a large list of items, totaling \$1.9T. Some key parts: A national vaccination program; funds 100,000 public health workers, reinstates and expands emergency sick leave and EFMLA to 15 weeks as well as reimbursement to local governments for costs of leave; raising the minimum wage to \$15/hr.; extending the foreclosure and eviction moratorium to end of 2021; extension of the 15% SNAP benefit increase; child care stabilization fund; \$1400 stimulus checks; tax credits to help cover cost of child care; subsidizing COBRA until September; an expansion and increased value of the Premium Tax Credit; and expanded access to behavioral health services through SAMHSA. The Biden administration actions include regulation rollbacks, new regulations, and executive orders (including things that will impact the ACA and health insurance).

The Board agreed to add a May 11 Special Board Meeting in the event that the Colorado session does run the full 120-days.

BRIEF UPDATES & REPORTS

Executive Director Updates

Ms. Plock provided some quick snapshots: Life is changing every minute with vaccinations; purchase of the Mulberry building closed earlier this month, and Chris Sheafar has been very busy creating new leases with tenants, working on initial repairs, etc; vaccination preparation has taken considerable effort (the front desk staff at the 120 building will be very involved). Open enrollment ended December 15. Staff assisted fewer people than expected as Medicaid rolls keep climbing in Larimer County. The team had to deal with state technical challenges that created glitches in the open enrollment process.

Given the mix of employee vaccination status, leadership has started thinking about the processes for staff to return to the offices. Initial focus is on Connections and CAYAC – to reinstate their in-person sessions. There are currently no plans to open all of the Health District offices.

Information from two conferences held today: From the Northeast Colorado Economic Forecast. A commercial real estate expert believes that most people will return to “in office” work because it’s more efficient and most people prefer it. From a bank expert who does economic forecasting: The CARES ACT and PPP was rolled out very quickly, which was an incredible feat – the largest program in history - that gave a lifeline to businesses and prevented huge numbers of bankruptcies. Although national retail sales are up, consumer confidence is low while business confidence is high, related in part to the very low interest rates. Officials have seen a spike in Colorado unemployment claims in the past couple of weeks – fraudulent claims may be a part of that. The forecast for Colorado job gains is 40K vs. the loss of 140K jobs last year. It will likely go into 2022 before all jobs are back on par. Home prices in Fort Collins have shown a growth of 3.5%. Growth in the national debt will need to be addressed within a couple of years. National assistance for local governments is particularly important as local and state governments suffer bigger losses due to tax revenue reduction and the additional COVID-related expenses.

In the opening day of the Health Action Virtual Conference, the key topics were: Health Care affordability: It’s important to fix problems with the ACA, lower health care costs, and make COBRA insurance more affordable. Legislators gave a firsthand description of how terrifying it was to be in the Capitol on January 6.

Liaison to PVHS/UCHealth North Report

Director Naqvi announced that he and his family will be moving to Switzerland for a new opportunity. He will need to resign in early March and is happy to lend whatever support is needed for the transition. The February 9 agenda will include an item to discuss the process and regulations for replacing a Board member. It was also noted that the Board will have to identify a new representative to the UCH Hospital Board.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Adoption of Resolution 2021-01: Establish Meeting Days, Times, and Locations AND Resolution 2021-02: Public Posting of Meeting Notices
- Approval of the October 2020 Financials

MOTION: To approve the Consent Agenda as Amended
Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS

- February 9, 2021, 4:00 pm, Board of Directors Special Meeting
- February 23, 2021, 4:00 pm, Board of Directors Regular Meeting
- March 9, 2021, 4:00 pm, Board of Directors Special Meeting

ADJOURN

MOTION: To Adjourn the Meeting
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:47 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHHealth-North/PVHS Board

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
February 9, 2021

Health District Office Building
120 Bristlecone Drive, Fort Collins
Remote Meeting

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary
Molly Gutilla, MS DrPH, Board Vice President
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Brian Ferrans, CIT Director
James Stewart, Medical Director
Lorraine Haywood, Finance Director
Karen Spink, Assistant Director
Laura Mai, Asst. Finance Director
Dana Turner, Dental Director
Richard Cox, Communications Director

Staff Present:

Kristen Cochran-Ward, MH/SU Director
Lin Wilder, Special Projects Director
Suman Mathur, Evaluator & Data Analyst
Alyson Williams, Policy Coordinator
Jessica Shannon, Resource Dev. Coordinator
Anita Benavidez, Executive Assistant

Public Present:

Becca Schulte

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:01 p.m.

A Board member requested an addition to the agenda titled "Document sharing and technology."

MOTION: To approve the agenda as Amended
Moved/Seconded/Carried Unanimously

Brief note from Carol Plock that staff has been working like crazy to prepare to administer vaccinations including notification to those eligible and the physical set up at the Health District.

PUBLIC COMMENT

None

PRESENTATIONS & DISCUSSION

Policy

Policy Coordinator Alyson Williams reviewed both State and Federal policy activity.

State Legislative Proposals

Restoration of Medicaid Adult Benefit to \$1500. Last year, due to the need to balance the state budget because of COVID, the state legislature passed a measure to reduce the adult Medicaid dental benefit from \$1,500 to \$1,000, beginning when the higher federal match afforded through the federal

"Families First Coronavirus Response Act" expires. At the time, it was unclear when that might be. The Federal Match Rate is now in effect at least until March 2022. Given the need for adequate funding for dental services, the recommendation is for strong support of a 2021 bill to restore the Medicaid Adult Dental Benefit limit to \$1,500.

MOTION: To strongly support the restoration of the Medicaid Adult Dental Benefit to its prior limit of \$1,500.

Moved/Seconded/Carried Unanimously

A draft of a bipartisan bill entitled Law Enforcement Community Partnerships is intended to expand the purpose of the Peace Officers Mental Health Support Grant Program to include funding for response services to enhance law enforcement's handling of calls for services related to mental health and social service needs, including calls that do not require the presence of a peace officer.

MOTION: To support the upcoming 2021 House Bill on Law Enforcement Community Partnerships

Moved/Seconded/Carried Unanimously

Federal Policy Issues

The Health Force & Resilience Force Act

There is a proposal before federal legislators that would establish a "Health Force" and a "Resilience Force." The concept would provide federal funds to state, local and tribal governments to hire, train, and retain community members to serve in key public health roles. In the short term this would include vaccine outreach, contact tracing and other COVID-19 duties, while long-term duties would depend on the needs of the community. The Resilience Force would provide a surge workforce for FEMA, broadening opportunities for unemployed Americans while supporting the COVID-19 response plan and other activities as defined. It has a price tag of \$40B over three years and then is scaled back beyond that. If it looks like it will move, more information will be provided in the future.

COVID Relief/Stimulus Package

The Senate has passed a budget resolution (51 to 50, with the Vice President breaking the tie) to kick off the reconciliation process, paving the way for a stimulus bill with very direct impacts on health insurance affordability and income stability. The House Ways and Means Committee released its COVID relief proposal including providing full subsidies for those with incomes between 100 and 150% for health insurance premium benefits on the market place, subsidies for those with incomes over 400% FPL on the marketplace (to address the 'cliff effect'), and providing 100% subsidies for those on unemployment – all for a period of two years.

The plan also proposes a new child tax credit of \$3,600 for children 0-6 and \$3,000 for those ages 6 – 17, although it diminishes for a single individual making \$75K or a couple making \$150K. The proposal extends unemployment benefits to end of August and raises the benefit to \$400/week, establishes a \$15 minimum wage, and provides a direct payment stimulus check of \$1,400 at the same income levels used for the original stimulus checks, although those levels are an area of contention. Other proposals would provide enhanced funding for states that have not yet expanded Medicaid, in an effort to lower the rate of uninsured in the country. It is not yet clear whether local government funding will be included in the stimulus package. While the package is moving, what can be included will be in part up to the determination of the Parliamentarian, since the reconciliation process has limits.

President Biden's Health Care Executive Orders and Rulemaking. Biden has directed a special enrollment period for the ACA marketplaces, from Feb 15 through May 15, 2021. Colorado opened a similar special enrollment period Feb 8 through May 15, although it was a little different because it was only for those who are uninsured. The new Administration is anticipated to carefully examine

current policies, and may make rulemaking changes to address recent changes, such as policies that undermine protections for pre-existing conditions; demonstration and waiver policies for Medicaid that may reduce coverage, such as block-granting Medicaid, and work requirements; short-term policies and association health plans; etc. They will also be looking for ways to fix the ‘family glitch’ – a part of the ACA that determines ‘affordability’ based on whether insurance is affordable for the individual employee, not the whole family – often making family coverage unaffordable. The rulemaking process includes a “notice of proposed rulemaking”, sharing of proposals, a comment period, and finalization.

Selection of New Liaison to UCHHealth Board

Director Naqvi, who will be resigning from the Board in March, gave a review of the responsibilities of the Liaison appointed to serve on the UCHHealth North/PVH Board role. The Liaison serves as a member of the UCHHealth North/PVH Board, but not the MCR Board, and is expected to attend and vote during the combined PVH/MCR meetings and the PVH meetings, but not the MCR meetings. Meeting topics are about the business of UCHHealth, and are also attended by senior management. Board members are expected to also serve on two sub committees – Finance, Government, Quality, and Foundation. The time commitment is typically a half day once/month for Board meetings, an additional 1-2 hours for each subordinate committee meeting per month, an overall retreat consisting of two days per year, and about an hour for any adhoc meetings (typically announced a couple of days in advance, along with joint meetings with the overall UCHHealth Board, the Health District, and Longmont/Steamboat.

The key obligation in this role is to represent the best interests of the Health District; not to become immersed in all of the UCHHealth work, but to delineate what it does that is most related to our work, to understand the finances and what links the two organizations, and to foster support for programs. He noted that while UCHHealth has had a strong financial position, COVID may create more of a financial burden in the future. A board question was how relevant would a medical background be – he responded that the UCHHealth/PVH board needs (and has) one, but that in every discussion, there is a room full of physicians. The board thanked Director Naqvi for his past work in the Liaison position.

MOTION: To appoint Director Celeste Kling as the new Liaison to the UCHHealth Board.

Moved/Seconded/Carried Unanimously

Board Member Replacement Process and Timeline

Ms. Plock provided the Board with a potential process, based on what has been used in the past, for the appointment of a Board member to fill the upcoming open position. Documents included a process and timeline for appointment (the timeline should be considered tentative), a call for candidates, and an application form. The board considered various options for selection, and decided to have an open application process. Candidates from the 2020 election process will be specifically invited to apply, and, keeping in mind the desire for diversity on the Board, the announcement will also go out to representatives of diverse entities within the community. Candidates will be informed that the term is until the next election, in May of 2022. The process will be changed so that the board will have the flexibility of how many interviews, if any, to hold. The Call for Candidates will include a statement about encouraging diversity. The board made a few changes to the application form, and it will not include the request for a resume or CV. Director Naqvi set his resignation for March 1.

Document Sharing and Technology

Director Gutilla suggested that the Board begin using a document-sharing platform (she has used My Committee) for ease in accessing documents. This system would be an archive only – the board would not use it to work on documents. Staff will do some research, consult with board members regarding their needs and experience, and come back to the Board with options and costs. Karen Spink, Assistant Director, noted that she is already looking at that sort of platform. There was also a question

about archiving board member emails; staff will also determine the current status of that process.

DICUSSION

Brief Status Update – COVID and the Health District

Ms. Plock updated the Board that the COVID-19 “dial” metrics changed at the state level – widening the bands for number of cases in a community, the percent of positive tests, and hospitalizations; and adding a 7-day case rate. As a result, Larimer County moved to Yellow on the dial on Saturday, which moves capacity for many things, including restaurants, gyms, retail and some indoor events. For offices, remote work is still strongly encouraged. The current 7 day case rate in Larimer County is 113, which compares to 30-50 over the summer; the 14 day case rate is 260. There are currently 22 COVID-19 patients in the hospitals vs. a peak of 122. Despite the numbers falling, we are still at greater rates than the summer metrics.

The Health District has been approved as a vaccine provider and the staff scrambled to get clinic times up and running at the end of this week after short notice that they would receive 100 doses this week. Suman Mathur has been appointed coordinator of vaccinations, with Dr. Stewart directing the effort. Larimer County has moved to phase 1B.2 for those eligible for vaccines, but are lagging in vaccinations for some healthcare workers (1B.1). Larimer County will provide us with their priority populations to be vaccinated.

In addition to the Health District’s first vaccination clinic on Thursday, staff will be moving out of the Loveland Hotel IRQ back to Myrtle House the same day. Though not guaranteed, it is looking promising that funding will be available to cover those costs, either through relief funds, or through FEMA funds available through a special allocation that does not require a match and is allowing for retroactive funding. Other COVID costs will be an increase in PRN staffing for those giving vaccinations. In other news, the special open enrollment period opened for the ACA marketplaces, so Larimer Health Connect is back to enrollment mode.

In a brief discussion regarding meetings with UCHHealth, the Health District Board and the UCHHealth North/PVH Board will aim to have their joint board meeting around June, and we will request that CEO Kevin Unger attend the Health District’s Board meeting in April to review their Master Plan. We will ask Mr. Unger to also address Community Benefit at that meeting.

PUBLIC COMMENT (2nd opportunity)

None

ANNOUNCEMENTS

- February 23, 2021, 4:00 pm, Board of Directors Regular Meeting (Mike not available)
- March 9, 2021, 4:00 pm, Board of Directors Special Meeting
- March 23, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:48 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHHealth-North/PVHS Board

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
February 23, 2021

Health District Office Building
120 Bristlecone Drive, Fort Collins
Remote Meeting

MINUTES

BOARD MEMBERS PRESENT: Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary
Molly Gutilla, MS DrPH, Board Vice President
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

ABSENT: Michael D. Liggett, Esq. Board President

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Brian Ferrans, CIT Director
James Stewart, Medical Director
Lorraine Haywood, Finance Director
Karen Spink, Assistant Director
Laura Mai, Asst. Finance Director
Dana Turner, Dental Director
Richard Cox, Communications Director

Staff Present:

Kristen Cochran-Ward, MH/SU Director
Suman Mathur, Evaluator & Data Analyst
Alyson Williams, Policy Coordinator
MJ Jorgensen, CIT Project Impl. Coordinator
Rosie Duran, LHC Coordinator
Ida Cossitt-Glesner, Public Policy Specialist
Pam Klein, Connections Project Specialist
Anita Benavidez, Executive Assistant

Public Present:

Anna Fuller

CALL TO ORDER; APPROVAL OF AGENDA

Director Celeste Kling, Board Secretary called the meeting to order at 4:07 p.m. because Vice President Molly Gutilla was having technical difficulties. Vice President Gutilla joined the meeting during the COVID-19 Status presentation.

Ratification of letters to local legislators regarding H.R. 535 and S. 91, the Special Districts Provide Essential Services Act, was added to the Policy section. The January 26, 2021 Board Meeting minutes were removed from the Consent Agenda.

MOTION: To approve the agenda as Amended
Moved/Seconded/Carried Unanimously

PUBLIC COMMENT

None

UPDATES & DISCUSSION

COVID-19 Status

Dr. Stewart provided an update on COVID, presenting the national overview that although cases are

falling in most states, the U.S. now has sadly had 500,000 COVID-related deaths. Like the rest of the country, Colorado's cases are still trending down, with a 70% reduction in cases since December, and drops in hospitalizations and deaths. In Larimer County, about 15% of adults have had at least one dose, with 67% of those aged 70+ receiving their first dose. 7 day case rates remain in the yellow stage, and have flat-lined there since early February. The County rate of positive tests is at 4.5%.

There are two new vaccines coming up for emergency approval in the U.S.: Johnson & Johnson's single-dose and AstraZeneca. Both are 100% effective at preventing hospitalizations and deaths, and 65-85% effective in preventing any kind of illness. Despite variants making COVID more contagious, the US is at its lowest reproduction number since the beginning of the pandemic, at .80, which leads to slower spread.

Using the number of first doses and confirmed COVID cases in Larimer County, a back-of-the-envelope estimate is that about 38% of our community now has some immunity. There is emerging evidence around the efficacy of the first dose of vaccine, indicating potentially greater than 85-90% efficacy two weeks after the first dose. The United Kingdom is prioritizing first dose delivery and extending the delay to twelve weeks for the second dose, and France is recommending a single vaccine dose for those who have had COVID-19. Pfizer has new data that shows standard freezer temperatures may be sufficient for a limited time of storage.

On the other hand, a recent Vital Statistics Surveillance report indicates US life expectancy has dropped by one year, with disparity in people of color. Declines in preventive care such as cancer screenings are impacting health status; the medical community will have to pick up the pieces when COVID is under control.

Health District as COVID-19 Vaccination Provider

Suman Mathur reported that the Vaccine Team has been very busy the past in preparing for and holding vaccine clinics. The Health District was asked in late December by the State/CDPHE to become a vaccine provider. Application was made in late January with a very quick approval. The first shipment of vaccine arrived on February 9 and the first Health District vaccine clinic occurred on February 11 and 12, with 108 doses delivered. The appointment for the second shot is made as people leave the clinic. Staff has been notified that another 200 doses will arrive tomorrow and the clinic will run Thursday and Friday this week.

In coordination with LCDHE, the Health District is working to vaccinate Tier 1B.1 moderate risk health care providers, Health District clients 70+ (with special focus on those without internet) and 65+, as well as other community members aged 65+ referred to the Health District by the State COVID vax hotline. There is additional outreach to Meals on Wheels clients.

The model for our clinics is built from our model for influenza vaccinations. Front desk and evaluation staff have been trained to handle the non-clinical aspects while the clinical staff includes Dr. Stewart, both Health District nurses Julie Abramoff and Cheri Nichols, PRNs, and volunteer medical providers from the community. Bilingual materials are being created and bilingual staff identified. There are weekly calls at both County and State levels and we have access to free transportation for clients. Challenges include a limited and unpredictable supply of vaccine; only 2-3 days of lead time from finding out whether we will receive vaccine to starting clinics; reaching clients aged 70+; managing phone traffic; and the lack of a centralized scheduling process with a universal waitlist.

In the future, we would like to have regular clinics 1-2 days/week (including offering vaccines to our own clients as they fit the priority phases), and an additional 1-2 days/week in mobile clinics with

special populations (i.e., Murphy Center/Homeward Alliance, Northern Colorado Health Network, BIPOC Alliance, Red Feather Lakes, etc.), is coordinating with Salud, and is focusing on equity.

A board question related to what is known about vaccine hesitancy. Things are evolving; in our own community survey last summer (before there were any approved vaccines), about 66% would take a vaccine if it were offered, while 25% were unsure. We know that hesitancy is quite different than those who decline completely, and that education about the safety of the vaccines can make a significant difference. The BIPOC Alliance, and the black and Latinx communities are working on options for outreach, including using trusted messengers. Staff are having conversations to see how the Health District might be able to help amplify the messages without getting in the way. Short videos are being planned, and Salud invited 9News to come next week for a press conference, with leaders being vaccinated on site.

Larimer Health Connect

Rosie Duran, Larimer Health Connect Coordinator, provided an update to the Board on the Open Enrollment period for the marketplace during the pandemic. Numbers were down slightly, as was the case across the state; in part because so many people qualified for Medicaid during COVID (11,000 in Larimer County), and once on, they are not being dropped until the emergency is over. The team reached 800 unduplicated households with a total of 1,300 encounters, 239 of whom were uninsured for at least the past 60 days. At least 395 were known enrolled in the marketplace.

From the start of COVID, IT moved quickly to assure that staff could work remotely – from being sent home on a Wednesday, and being back up and running remotely by the next Tuesday. Customers were a little hesitant to do video appointments at first, so staff created a video to share before hand. Some clients who were uncomfortable or unskilled with the virtual environment, were seen “in-person” at the Mason Street conference room with special precautions. Some customers loved virtual appointments, so some level of virtual options are anticipated to continue in the future.

We found that our customers were experiencing more challenges than before. Compared to prior years, customers faced increased unemployment, loss of income, and no child care/school. They found themselves focused on survival – needing to meet basic needs. Insurance choices were affected; many changed providers in order to save money. Barriers to care remain the same – cost, access to care, and in this year, there were many new technology and system issues, requiring many clients to come back to complete the process. Sometimes Connect for Health CO phone lines didn’t work, or customers had password re-set challenges. Many customers became frustrated, and many let their plans auto-renew, even if that plan wasn’t the best one for their needs.

Outreach continued to those ‘eligible but not enrolled’ throughout Larimer County, utilizing both print and digital forums including Google, Facebook and Instagram, as well as sharing information with partners who serve this population. With less access to in-person outreach, the future will include working with school districts, coffee shops, and working with communications specialists to reach the most people possible. A new national uninsured enrollment period began February 8 and will run through May 15, while Colorado started their efforts one week earlier. Coverage starts the first of the following month. Staff is requesting additional funds from Connect for Colorado for the purpose of marketing and outreach, and the team continues to develop health insurance literacy education classes.

PRESENTATION & ACTIONS

Policy Coordinator Alyson Williams reviewed both State and Federal activity.

State Legislative Proposals

State legislators have been in session for 11 days, with 263 bills introduced; 1 bill killed; and 2 issues

with a position.

HB21-1075: Replaces the term “Illegal Alien” with “worker without authorization” as it relates to public contracts for services.

MOTION: To strongly support HB21-1075: Replace the term “Illegal Alien”
Moved/Seconded/Carried Unanimously

SB21-009: Reproductive Health Care Program includes contraceptives and family planning service for undocumented individuals. Its features have evidence of reducing unplanned pregnancies, and is cost saving. It also requires coverage of a one-year supply of oral contraceptives at a time for all Medicaid beneficiaries, rather than one month at a time.

MOTION: To support SB21-009: Reproductive Health Care Program
Moved/Seconded/Carried Unanimously

SB21-025: Family Planning Services for Eligible Individuals expands Medicaid from 133% FPL to 250% FPL only for family planning services to individuals who are not pregnant. It has been done in multiple other states, again with impact on unplanned pregnancies, lower abortion rates, and cost savings.

MOTION: To support SB21-025: Family Planning Services for Eligible Individuals
Moved/Seconded/Carried Unanimously

Senior Dental Program (SDP) Restoration of Funding: is under consideration by the Joint Budget Committee (JBC). In FY19-20, the SDP had an increase in its appropriation from \$3M to \$4M; in budget balancing actions for FY20-21 due to COVID, the JBC decreased the appropriation back to \$3M. The proposal is to restore that \$1M funding to SDP.

MOTION: To strongly support the restoration of funding of \$1M to the Senior Dental Program, raising its appropriation from \$3M to \$4M.
Moved/Seconded/Carried Unanimously

Update on restoring the Medicaid Adult Dental Benefit from \$1,000 to \$1,500: We have conveyed the need to the JBC and our local legislators. The JBC is awaiting figure setting for the budget, anticipated on March 4. On April 8th, the Long Bill begins; it looks positive that this may be included.

Federal Policy Issues

Special Districts Provide Essential Services Act

With Board President approval received in the interim between meetings, a letter was sent to Colorado federal legislators encouraging support of the “Special Districts Provide Essential Services Act H.R. 535, S. 91, sponsored by Colorado Senator Michael Bennet. The Act would include funding for special districts in the potential COVID stimulus package being considered at the federal level; it was considered important because other local government entities are anticipated to have guaranteed funding, but special districts were not specifically mentioned. The letter needs board ratification.

MOTION: To ratify the letters sent to legislators, supporting the ‘Special Districts Provide Essential Services’ Act, H.R. 535, S. 91.

Moved/Seconded/Carried Unanimously

COVID Relief/Stimulus Package

Health-related legislation in the proposed COVID Relief package includes premium tax credits to those >400% FPL; zero dollar premiums for those with incomes below 150% of FPL; Federal funding covering 85% of COBRA premiums to September 30, 2021; and Medicaid Expansion with a 2-year increase in FMAP (90% of all expansion costs) when a state expands, resulting in huge savings for

those states that haven't already expanded Medicaid. It would also add a cap of 8.5% on health insurance expenditure for those with incomes over 400% FPL. Ms. Plock noted that these are groundbreaking enormous changes that have been estimated to result in an increase of 4-5M people becoming insured across the country, if passed as proposed.

Other COVID Legislation includes direct stimulus payments of \$1400, with the same \$75K/\$150K income threshold; a one time minimum wage increase of \$15/hour; housing assistance; food security through strengthening WIC; child care, head start and an overhaul of the child tax credit; public health support including vaccines, testing, PPE, stockpiles, and workforce; funding for schools; and PPP and other business grants and loans. It is 592 pages long and unlikely to make it through both the House and the Senate in its current form.

UPDATES & REPORTS

Executive Director Updates

The Call for Board Candidates has been posted, an email sent to all of last year's candidates, and posting on social media. An email will be sent tomorrow to diverse organizations in the community. Applications are due March 11, and will be sent to the Board on March 12. The Board will hold a brief special meeting to determine which of the candidates, if any, will be interviewed. The selected individual is expected to be appointed to the Board either the regular meeting in March or the first meeting in April – the appointment must take place by the end of April.

The Isolation/Recovery and Quarantine service (IRQ) has moved back to Myrtle where, despite recent maintenance, more repairs were necessary. The Myrtle site is seeing a steady rate of use, at the rate of 3-5 individuals per day. Staff have been advocating to the county and state getting vaccinations to those experiencing homelessness, in order to prevent the spread, but have not yet been successful.

Ms. Plock reported that we anticipate participating in Unite Colorado, a software platform and methodology of accomplished streamlined referrals and care coordination across a wide variety of organizations. In North Carolina, it is considered to be a major tool in their equity effort – because of its effectiveness in connecting people more quickly and effectively to the services they need. Staff will present on this tool in one of the upcoming Board meetings. A Board member inquired about the intersection between HealthInfoSource and Unite Colorado. HIS is about having a comprehensive list of behavioral health options, and an easy way to search, while Unite Colorado provides the smooth process for making referrals for a broader range of community services, and closing the communication loop to be sure the person connected to services. We are looking into how the two can best integrate.

In recent conversations with Kevin Unger and John Santisteven, the constant theme was all about vaccines; it is impressive how high their commitment is to vaccinations for our community. Salud is one of 250 Federally Qualified Health Centers initially selected to receive significant amounts of vaccines per week (800-1,000 doses), directly from the federal government. They are planning clinics for targeted populations as they receive their first allocation in the next couple of weeks. Staff at both organizations, like ours, continue to feel stretched, exhausted, and a little burnt out; both are working on ways to support their staff while continuing to meet the still intense needs of the community.

Ms. Plock provided a brief update from the National Health Policy Conference. Staffers from Capitol Hill reported that the top priority is to “get the virus under control,” and that “there is a lot to be done in health care, not just on COVID – and a lot can be bipartisan.” Presenters indicated that legislation this year is likely to be transformational for access to health care, and make major strides in equity. In addressing structural racism, presenters consistently reported that biggest equity solution opportunity

would be to get states who hadn't expanded Medicaid to do so, followed by increased subsidies for families for health insurance, adequate diagnoses of disease, more attention and services for addiction, and removing immigration status as a barrier to health coverage and care. A likely bipartisan legislative change could be a shift in payment for telehealth, allowing audio only as well as video. Other bipartisan efforts could include an increase in mental health treatment, and data streamlining.

There were two sides to what people had observed during COVID: on the one hand, an unprecedented level of innovation (telehealth, testing, lockdowns, open data sharing, etc.), but on the other hand, as the university hospital in Newark reported, the difficulty of jockeying for PPE, competing on a regular basis with richer systems for needed resources, seeing ratios of staff to patients like never before, experiencing EDs full beyond capacity, and observing the worst of inequity. The hope that came out of this conference is that the new administration will work to try to right those wrongs.

Liaison to PVHS/UCHealth North Report

Director Naqvi reported that UCHealth is closely watching its experience to determine COVID's financial impact, and whether it will be temporary or a more permanent recalibration. Admissions, outpatient care, and ortho patients are all down. There has also been a significant reduction in cardiovascular and neurosurgery volumes, though the assumption is that this volume will bounce back at some point. ED visits are down, but the acuity is higher; it looks like there is a shift where people are going more to their provider's urgent care, and less to ED. UCHealth received funding from the CARES Act, but ended up not needing it; it will be paid back by April. Nursing costs have escalated, partly due to competition, particularly in critical care nursing; the question is whether those are temporary trends or are here to stay. There is a push for unionization of the workforce, which would add more employee costs; it won't be determined until later in the year.

The organization is providing about 30K vaccines per week and every patient 70+ in their system has been contacted. They have vaccinated 90% of the teachers in their allocation group. The system is committed to providing vaccinations due to recognition of their importance, despite the fact that they don't have assurance that they will be reimbursed for the cost – they are paying for staff, space, etc., which adds to the financial stress. It has been difficult to get advance information from the state to do adequate planning. A Board member asked if their board receives reports on community benefit spending; there has not been a recent report. We will request that Dr. Unger address this in his presentation to the Board in April.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Approval of the November 10, 2020 and December 11, 2020 Board Meeting Minutes
- Approval of the November 2020 Financials

MOTION: To approve the Consent Agenda as Amended
Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS

- March 9, 2021, 4:00 pm, Board of Directors Special Meeting
- March 23, 4:00 pm, Board of Directors Regular Meeting
- April 13, 4:00 pm, Board of Directors Special Meeting

This was Board Director Faraz Naqvi's last meeting with us. Staff and the Board shared their best

wishes as Dr. Naqvi moves to Switzerland. Comments included: sincere thanks for his commitment and dedication in service to the Board; appreciation for the additional time it took to be the UCHealth Board Liaison; gratitude for his intellectual calculations that provided insight when making decisions; sincere appreciation for his wisdom, calm manner, voice of reason and good humor. The community values the work he has done, including working with others to develop community geriatric medical services when before there were very few. Dr. Naqvi noted that the leaving is bittersweet and that he is deeply thankful for the opportunity to work with this group.

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 6:10 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHHealth-North/PVHS Board



Health District

of Northern Larimer County

Preliminary Financials

December 2020

CORRECTED March 22, 2021

HEALTH DISTRICT
of Northern Larimer County
December 2020
Summary Financial Narrative

Revenues

The Health District is 1.1% behind year-to-date tax revenue projections. Interest income is 64.2% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from 0.28% to 0.29% (based on the weighted average of all investments). Fee for service revenue from clients is 54.8% behind year-to-date projections and revenue from third party reimbursements is 34.8% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 6.4% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 20.5% behind year-to-date projections. Program variances are as follows: Administration 12.1%; Board 17.9%; Connections: Mental Health/Substance Issues Services 16.0%; Dental Services 21.4%; MH/SUD/Primary Care 20.5%; Health Promotion 19.2%; Community Impact 24.7%; Program Assessment and Evaluation 21.2%; Health Care Access 17.4%; HealthInfoSource 26.2%; and Resource Development 14.5%.

Capital Outlay

Capital expenditures are 80.6% behind year-to-date projections due to the postponement of some capital purchases due to current COVID-19 circumstances.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 12/31/2020

ASSETS

| | |
|-------------------------------------|--------------------------|
| Current Assets: | |
| Cash & Investments | \$8,186,522 |
| Accounts Receivable | 196,178 |
| Property Taxes Receivable | 8,275,019 |
| Specific Ownership Tax Receivable | 50,645 |
| Prepaid Expenses | 139,155 |
| Total Current Assets | <u>16,847,519</u> |
| Property and Equipment | |
| Land | 4,592,595 |
| Building and Leasehold Improvements | 4,421,116 |
| Equipment | 1,139,134 |
| Accumulated Depreciation | (2,917,089) |
| Total Property and Equipment | <u>7,235,756</u> |
| Total Assets | <u><u>24,083,275</u></u> |

LIABILITIES AND EQUITY

| | |
|---|--------------------------|
| Current Liabilities: | |
| Accounts Payable | 1,060,432 |
| Deposits | 1,000 |
| Deferred Revenue | 762,050 |
| Total Current Liabilities | <u>1,823,483</u> |
| Long-term Liabilities: | |
| Compensated Absences Payable | 50,250 |
| Total Long-term Liabilities | <u>50,250</u> |
| Deferred Inflows of Resources | |
| Deferred Property Tax Revenue | 8,274,968 |
| Total Deferred Inflows of Revenues | <u>8,274,968</u> |
| Total Liabilities & Deferred Inflows of Resources | <u>10,148,701</u> |
| EQUITY | |
| Retained Earnings | 13,706,789 |
| Net Income | 227,785 |
| TOTAL EQUITY | <u>13,934,574</u> |
| TOTAL LIABILITIES AND EQUITY | <u><u>24,083,275</u></u> |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 12/31/2020

| | <u>Current Month</u> | <u>Year to Date</u> |
|--|----------------------|---------------------|
| Revenue | | |
| Property Taxes | 51 | 8,188,926 |
| Specific Ownership Taxes | 50,645 | 623,456 |
| Lease Revenue | 96,697 | 1,149,096 |
| Interest Income | 1,967 | 64,468 |
| Sales Revenue | 0 | 80 |
| Fee For Service Income | 8,450 | 103,998 |
| Third Party Income | 117,929 | 635,031 |
| Grant Income | 196,984 | 1,062,205 |
| Special Projects | 2,300 | 7,607 |
| Donations | 40 | 40 |
| Miscellaneous Income | 620 | 18,735 |
| Gain/(Loss) on Asset Disposal | 0 | (3,570) |
| Total Revenue | <u>475,682</u> | <u>11,850,071</u> |
| Expenses: | | |
| Operating Expenses | | |
| Administration | 68,184 | 819,752 |
| Board Expenses | 852 | 62,201 |
| Connections: Mental Health/Substance Issues Svcs | 155,817 | 1,691,899 |
| Dental Services | 343,099 | 3,251,203 |
| Integrated Care (MHSA/PC) | 118,623 | 999,677 |
| Health Promotion | 72,313 | 711,283 |
| Healthy Mind Matters | 51,245 | 565,897 |
| Program Assessment & Evaluation | 15,825 | 189,316 |
| Health Care Access | 121,669 | 1,014,728 |
| HealthInfoSource | 8,559 | 87,972 |
| Resource Development | 16,562 | 160,033 |
| Special Projects | 77,830 | 891,546 |
| Grant Projects | 290,315 | 1,012,317 |
| Total Operating Expenses | <u>1,340,892</u> | <u>11,457,825</u> |
| Depreciation and Amortization | | |
| Depreciation Expense | <u>13,682</u> | <u>164,460</u> |
| Total Depreciation and Amortization | <u>13,682</u> | <u>164,460</u> |
| Total Expenses | <u>1,354,574</u> | <u>11,622,285</u> |
| Net Income | <u>(878,893)</u> | <u>227,785</u> |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 12/31/2020

| | Current Month | | Year to Date | | Annual | | Remaining |
|---|----------------------|--------------------|----------------------|---------------------|----------------------|----------------------|----------------------|
| | Budget | Actual | Budget | Actual | Budget | | Funds |
| Revenue: | | | | | | | |
| Property Taxes | \$38 | \$51 | \$8,250,616 | \$8,188,926 | \$8,250,616 | \$61,690 | \$61,690 |
| Specific Ownership Taxes | 54,816 | 50,645 | 650,000 | 623,456 | 650,000 | 26,544 | 26,544 |
| Lease Revenue | 96,697 | 96,697 | 1,149,096 | 1,149,096 | 1,149,096 | 0 | 0 |
| Interest Income | 15,000 | 1,967 | 180,000 | 64,468 | 180,000 | 115,532 | 115,532 |
| Sales Revenue | 42 | 0 | 506 | 80 | 506 | 426 | 426 |
| Fee for Services Income | 19,243 | 8,450 | 230,919 | 103,998 | 230,919 | 126,921 | 126,921 |
| Third Party Reimbursements | 112,975 | 117,929 | 974,247 | 635,031 | 974,247 | 339,216 | 339,216 |
| Grant Revenue | 753,926 | 196,984 | 1,201,408 | 1,062,205 | 1,201,408 | 139,203 | 139,203 |
| Partnership Revenue | 3,080 | 2,300 | 31,270 | 7,607 | 31,270 | 23,663 | 23,663 |
| Donations Sponsorships/Fundraising | 0 | 40 | 0 | 40 | 0 | (40) | (40) |
| Miscellaneous Income | 1,708 | 620 | 20,500 | 18,735 | 20,500 | 1,765 | 1,765 |
| Gain/(Loss) on Disposal of Assets | 0 | 0 | 0 | (3,570) | 0 | 3,570 | 3,570 |
| Total Revenue | \$1,057,525 | \$475,682 | \$12,688,562 | \$11,850,071 | \$12,688,562 | \$838,491 | \$838,491 |
| Expenditures: | | | | | | | |
| Operating Expenditures | | | | | | | |
| Administration | \$62,115 | \$68,184 | \$932,658 | \$819,752 | \$932,658 | \$112,905 | \$112,905 |
| Board Expenses | 3,509 | 852 | 75,723 | 62,201 | 75,723 | 13,522 | 13,522 |
| Connections: Mental Health/Substance Issue... | 163,621 | 155,817 | 2,015,365 | 1,691,899 | 2,015,365 | 323,466 | 323,466 |
| Dental Services | 339,244 | 343,099 | 4,136,444 | 3,251,203 | 4,136,444 | 885,241 | 885,241 |
| Integrated Care (MH/SUD/PC) | 103,122 | 118,623 | 1,256,927 | 999,677 | 1,256,927 | 257,249 | 257,249 |
| Health Promotion | 62,355 | 72,313 | 880,564 | 711,283 | 880,564 | 169,280 | 169,280 |
| Community Impact | 61,447 | 51,245 | 751,297 | 565,897 | 751,297 | 185,400 | 185,400 |
| Program Assessment & Evaluation | 19,692 | 15,825 | 240,165 | 189,316 | 240,165 | 50,849 | 50,849 |
| Health Care Access | 111,394 | 121,669 | 1,228,945 | 1,014,728 | 1,228,945 | 214,217 | 214,217 |
| HealthInfoSource | 9,707 | 8,559 | 119,237 | 87,972 | 119,237 | 31,265 | 31,265 |
| Resource Development | 15,296 | 16,562 | 187,143 | 160,033 | 187,143 | 27,110 | 27,110 |
| Contingency (Operations) | 147,000 | 0 | 192,000 | 4,330 | 192,000 | 187,670 | 187,670 |
| Special Projects | 520,993 | 77,830 | 2,718,118 | 887,216 | 2,718,118 | 1,830,902 | 1,830,902 |
| Grant Projects | 753,926 | 290,315 | 1,201,408 | 1,012,317 | 1,201,408 | 189,091 | 189,091 |
| Total Operating Expenditures | \$2,373,422 | \$1,340,892 | \$15,935,993 | \$11,457,825 | \$15,935,993 | \$4,478,168 | \$4,478,168 |
| Net Income | (\$1,315,896) | (\$865,211) | (\$3,247,431) | \$392,245 | (\$3,247,431) | (\$3,639,677) | (\$3,639,677) |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2020 to 12/31/2020

| | <u>Current Month</u> <u>Budget</u> | <u>Current Month</u> <u>Actual</u> | <u>Current Month</u> <u>Variance</u> | <u>Year to Date</u> <u>Budget</u> | <u>Year to Date</u> <u>Actual</u> | <u>Year to Date</u> <u>Variance</u> | <u>Annual Budget</u> | <u>Annual Funds</u> <u>Remaining</u> |
|----------------------------------|---------------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------------|--|----------------------|---|
| Non-Operating Expenditures | | | | | | | | |
| Building | - | - | - | 52,000 | - | 52,000 | 52,000 | 52,000 |
| Capital Equipment | 5,000 | - | 5,000 | 20,000 | - | 20,000 | 20,000 | 20,000 |
| General Office Equipment | 20,000 | 5,500 | 14,500 | 54,000 | 5,500 | 48,500 | 54,000 | 48,500 |
| Medical & Dental Equipment | 6,000 | - | 6,000 | 56,541 | 2,750 | 53,791 | 56,541 | 53,791 |
| Computer Equipment | - | 29,847 | (29,847) | 54,714 | 35,559 | 19,155 | 54,714 | 19,155 |
| Computer Software | - | - | - | 16,800 | - | 16,800 | 16,800 | 16,800 |
| Equipment for Building | - | 5,513 | (5,513) | - | 5,513 | (5,513) | - | (5,513) |
| Total Non-Operating Expenditures | <u>\$ 31,000</u> | <u>\$ 40,860</u> | <u>\$ (9,860)</u> | <u>\$ 254,055</u> | <u>\$ 49,321</u> | <u>\$ 204,734</u> | <u>\$ 254,055</u> | <u>\$ 210,246</u> |

PRELIMINARY

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2020

| | Current Month | | | Year to Date | | | Annual | Remaining |
|---|---------------|---------|------------|--------------|-----------|-------------|-----------|-----------|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Funds |
| Administration | | | | | | | | |
| Revenue: | | | | | | | | |
| Miscellaneous Income | \$875 | \$0 | (\$875) | \$10,500 | \$8,871 | (\$1,629) | \$10,500 | \$1,629 |
| Total Revenue | 875 | 0 | (875) | 10,500 | 8,871 | (1,629) | 10,500 | 1,629 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 48,636 | 51,181 | (2,545) | 583,629 | 519,578 | 64,051 | 583,629 | 64,051 |
| Supplies and Purchased Services | 13,480 | 17,003 | (3,523) | 349,029 | 300,174 | 48,854 | 349,029 | 48,854 |
| Total Expenditures | 62,115 | 68,184 | (6,068) | 932,658 | 819,752 | 112,905 | 932,658 | 112,905 |
| Board of Directors | | | | | | | | |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 0 | 0 | 0 | 8,612 | 16,253 | (7,641) | 8,612 | (7,641) |
| Supplies and Purchased Services | 3,509 | 852 | 2,657 | 42,111 | 18,879 | 23,232 | 42,111 | 23,232 |
| Election Expenses | 0 | 0 | 0 | 25,000 | 27,069 | (2,069) | 25,000 | (2,069) |
| Total Expenditures | 3,509 | 852 | 2,657 | 75,723 | 62,201 | 13,522 | 75,723 | 13,522 |
| Connections: Mental Health/substance Issue | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 2,500 | 2,190 | (310) | 30,000 | 18,623 | (11,377) | 30,000 | 11,377 |
| Total Revenue | 2,500 | 2,190 | (310) | 30,000 | 18,623 | (11,377) | 30,000 | 11,377 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 15,238 | 91,036 | (75,798) | 1,437,852 | 1,237,008 | 200,844 | 1,437,852 | 200,844 |
| Supplies and Purchased Services | 148,383 | 64,781 | 83,602 | 577,513 | 454,891 | 122,622 | 577,513 | 122,622 |
| Total Expenditures | 163,621 | 155,817 | 7,804 | 2,015,365 | 1,691,899 | 323,466 | 2,015,365 | 323,466 |
| Dental Services | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 81,967 | 58,660 | (23,307) | 983,601 | 551,877 | (431,724) | 983,601 | 431,724 |
| Total Revenue | 81,967 | 58,660 | (23,307) | 983,601 | 551,877 | (431,724) | 983,601 | 431,724 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 267,542 | 268,588 | (1,046) | 3,210,504 | 2,734,621 | 475,883 | 3,210,504 | 475,883 |
| Supplies and Purchased Services | 71,702 | 74,062 | (2,360) | 925,940 | 516,133 | 409,807 | 925,940 | 409,807 |
| Total Expenditures | 339,244 | 342,650 | (3,406) | 4,136,444 | 3,250,754 | 885,690 | 4,136,444 | 885,690 |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2020

| | Current Month | | | Year to Date | | | Annual | Remaining |
|---|---------------|---------|----------|--------------|---------|----------|-----------|-----------|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Funds |
| <u>Integrated Care (MHSA/PC)</u> | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 47,724 | 66,006 | 18,282 | 191,233 | 177,717 | (13,516) | 191,233 | 13,516 |
| Total Revenue | 47,724 | 66,006 | 18,282 | 191,233 | 177,717 | (13,516) | 191,233 | 13,516 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 93,063 | 104,903 | (11,840) | 1,116,752 | 915,413 | 201,339 | 1,116,752 | 201,339 |
| Supplies and Purchased Services | 10,059 | 13,720 | (3,661) | 140,175 | 84,264 | 55,911 | 140,175 | 55,911 |
| Total Expenditures | 103,122 | 118,623 | (15,501) | 1,256,927 | 999,677 | 257,249 | 1,256,927 | 257,249 |
| <u>Community Impact</u> | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Revenue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 53,983 | 41,664 | 12,319 | 647,797 | 509,614 | 138,183 | 647,797 | 138,183 |
| Supplies and Purchased Services | 7,464 | 9,581 | (2,117) | 103,500 | 56,283 | 47,217 | 103,500 | 47,217 |
| Total Expenditures | 61,447 | 51,245 | 10,202 | 751,297 | 565,897 | 185,400 | 751,297 | 185,400 |
| <u>Program Assessment & Evaluation</u> | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Revenue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 17,156 | 11,869 | 5,287 | 205,865 | 167,347 | 38,518 | 205,865 | 38,518 |
| Supplies and Purchased Services | 2,536 | 3,956 | (1,420) | 34,300 | 21,969 | 12,330 | 34,300 | 12,330 |
| Total Expenditures | 19,692 | 15,825 | 3,867 | 240,165 | 189,316 | 50,849 | 240,165 | 50,849 |
| <u>Health Promotion</u> | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 903 | 143 | (761) | 10,838 | 1,070 | (9,768) | 10,838 | 9,768 |
| Total Revenue | 903 | 143 | (761) | 10,838 | 1,070 | (9,768) | 10,838 | 9,768 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 58,712 | 53,313 | 5,399 | 704,547 | 599,144 | 105,403 | 704,547 | 105,403 |
| Supplies and Purchased Services | 3,643 | 18,999 | (15,357) | 176,017 | 112,139 | 63,878 | 176,017 | 63,878 |
| Total Expenditures | 62,355 | 72,313 | (9,958) | 880,564 | 711,283 | 169,280 | 880,564 | 169,280 |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2020

| | Current Month | | | Year to Date | | | Annual | Remaining |
|-------------------------------------|---------------|---------|----------|--------------|-----------|----------|-----------|-----------|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Funds |
| Health Care Access | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 0 | 40 | 40 | 0 | 134 | 134 | 0 | (134) |
| Total Revenue | 0 | 40 | 40 | 0 | 134 | 134 | 0 | (134) |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 83,268 | 87,890 | (4,622) | 999,216 | 868,545 | 130,671 | 999,216 | 130,671 |
| Supplies and Purchased Services | 28,126 | 33,779 | (5,653) | 229,729 | 146,183 | 83,546 | 229,729 | 83,546 |
| Total Expenditures | 111,394 | 121,669 | (10,275) | 1,228,945 | 1,014,728 | 214,217 | 1,228,945 | 214,217 |
| Health Info Source | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Revenue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 7,967 | 6,682 | 1,285 | 95,605 | 73,097 | 22,508 | 95,605 | 22,508 |
| Supplies and Purchased Services | 1,740 | 1,876 | (137) | 23,632 | 14,876 | 8,756 | 23,632 | 8,756 |
| Total Expenditures | 9,707 | 8,559 | 1,148 | 119,237 | 87,972 | 31,265 | 119,237 | 31,265 |
| Resource Development | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Revenue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 13,513 | 14,273 | (760) | 162,156 | 148,095 | 14,061 | 162,156 | 14,061 |
| Supplies and Purchased Services | 1,783 | 2,289 | (506) | 24,987 | 11,937 | 13,050 | 24,987 | 13,050 |
| Total Expenditures | 15,296 | 16,562 | (1,266) | 187,143 | 160,033 | 27,110 | 187,143 | 27,110 |

Health District of Northern Larimer County

Investment Schedule December 2020

| Investment | Institution | Current Value | % | Current Yield | Maturity |
|----------------------------------|---------------------|---------------------|-----------------|---------------|------------|
| Local Government Investment Pool | COLOTRUST | \$ 1,383 | 0.017% | 0.06% | N/A |
| Local Government Investment Pool | COLOTRUST | \$ 6,462,625 | 81.141% | 0.12% | N/A |
| Flex Savings Account | First National Bank | \$ 238,419 | 2.993% | 0.10% | N/A |
| Certificate of Deposit | Advantage Bank | \$ 140,106 | 1.759% | 1.60% | 12/27/2021 |
| Certificate of Deposit | Advantage Bank | \$ 113,168 | 1.421% | 2.15% | 9/2/2021 |
| Certificate of Deposit | Points West | \$ 115,123 | 1.445% | 0.70% | 12/12/2021 |
| Certificate of Deposit | Points West | \$ 155,754 | 1.956% | 1.00% | 4/2/2022 |
| Certificate of Deposit | Adams State Bank | \$ 238,121 | 2.990% | 1.59% | 10/7/2021 |
| Certificate of Deposit | Cache Bank & Trust | \$ 250,000 | 3.139% | 1.01% | 1/9/2021 |
| Certificate of Deposit | Farmers Bank | \$ 250,000 | 3.139% | 0.65% | 6/27/2022 |
| Total/Weighted Average | | <u>\$ 7,964,700</u> | <u>100.000%</u> | <u>0.29%</u> | |

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.



BOARD OF DIRECTORS REGULAR MEETING

March 23, 2021

4:00 pm

Virtual

AGENDA

- 4:00 p.m. **Call to Order; Introductions; Approval of Agenda**Michael Liggett
- 4:05 p.m. **PUBLIC COMMENT**
Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back of the agenda.
- 4:10 p.m. **DISCUSSION & ACTIONS**
- **Policy** Alyson William
 - State Legislative Proposals**
 - HB21-1107: Protections for Public Health Department Workers (*brief*)
 - Staff recommended position: Support
 - HB21-1135: Health-care Cost-sharing Consumer Protections (*analysis*)
 - Staff recommended position: Strongly Support
 - SB21-154: 988 Suicide Prevention Lifeline Network (*analysis*)
 - Staff recommended position: Support
 - Other Policy Issues that May Arise
 - Federal Policy Issues**
 - Stimulus Package: American Rescue Plan
 - **Board Member Appointment to Fill Vacant Seat**Michael Liggett
- 4:45 p.m. **REPORTS AND DISCUSSION**
- **COVID Status**James Stewart
 - **Brief Status Update, COVID and the Health District**..... Carol Plock
 - **HealthInfoSource.com - Demo and Update**Lin Wilder
- 5:30 p.m. **OTHER UPDATES & REPORTS**
- **Executive Director Updates**Carol Plock
 - **Liaison to PVHS/UCHealth North Report**Celeste Kling
- 5:40 p.m. **PUBLIC COMMENT (2nd opportunity)** See Note above.
- 5:45 p.m. **CONSENT AGENDA**
- Approval of the Board Meeting Minutes for January 26, 2021; February 9, 2021; February 23, 2021; and March 9, 2021
- 5:50 p.m. **PRELIMINARY REPORT: December 2020 Financials**
- 5:55 p.m. **ANNOUNCEMENTS**
- April 13, 4:00 pm – Board of Directors Special Meeting (policy)
 - April 27, 4:00 pm – Board of Directors Regular Meeting
 - May 11, 4:00 pm – Board of Directors Special Meeting (policy)
- 6:00 p.m. **ADJOURN**

Join Zoom Meeting

Registration is required. Click this link to register:

<https://healthdistrict.zoom.us/meeting/register/tJAkd-2gqzMvG9DeIWYNA3LmHAm0rJblyc-J>

After registering, you will receive a confirmation email containing information about joining the meeting.

GUIDELINES FOR PUBLIC COMMENT


The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as ‘Public Comment.’** If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**



POLICY

March 23, 2021





TOPICS OF DISCUSSION

01

STATE

02

FEDERAL



STATE





39

DAYS IN
SESSION

454

BILLS
INTRODUCED

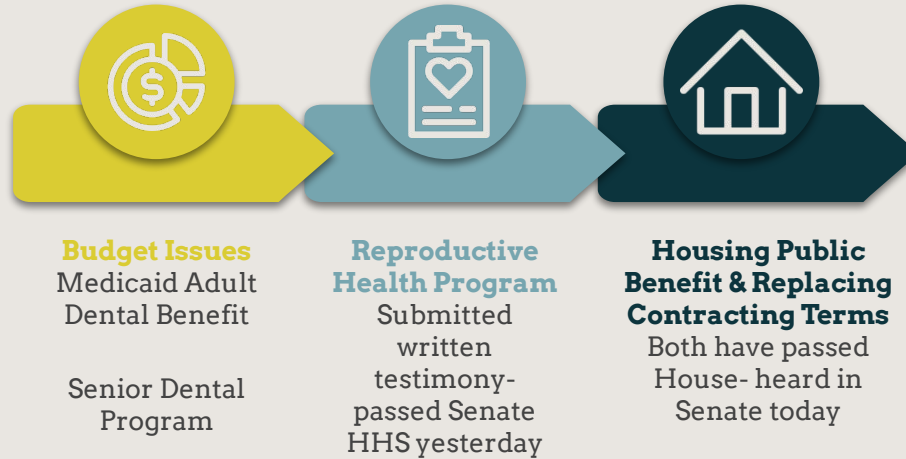
48

BILLS
KILLED/LOST

12

ISSUES WITH
A POSITION

UPDATES



HB21-1107: PROTECTIONS FOR PUBLIC HEALTH DEPARTMENT WORKERS



HOUSE: Caraveo (D) & Carver (R)
SENATE: Bridges (D) & Lundeen (R)

TBD Hearing
Senate Judiciary

CURRENTLY: unlawful to publish the personal information of a law enforcement official, human services worker, and their families, if the publishing of the personal information would pose an imminent and serious threat to their safety

THIS BILL: extends the protection of personal information on the internet to public health workers, including employees, contractors or employees of contractors of CDPHE or local public health agencies.



HB21-1135: HEALTH-CARE COST-SHARING CONSUMER PROTECTIONS



PI'ed today.

HOUSE: Lontine (D)
SENATE: Fields (D)

March 23 Hearing
House Health & Insurance

The bill requires operators of health care cost-sharing arrangements (CSAs) to report specified information to the Commissioner of Insurance in the Department of Regulatory Agencies (DORA), provide disclosures to consumers, and respond to requests for payment within a specified time period.



SB21-154: 988 SUICIDE PREVENTION LIFELINE NETWORK



SENATE: Kolker (D) & Simpson (R)

HOUSE: Cutter (D) & Soper (R)

**TBD Hearing
Senate Health & Human
Services**

In 2020, the U.S. Congress passed the "National Suicide Hotline Designation Act of 2020" designating 988 as the 3-digit number for the national suicide prevention lifeline. The bill implements 988 as the 3-digit number for crisis response services in Colorado.



FEDERAL- ARPA



MEDICAID/CHIP PROVISIONS

**Option to have
community
based mobile
crisis response
with increased
FMAP**

**New option to
extend
postpartum
coverage for 12
months**

**More funding
for states to
newly expand
(i.e. Wyoming?)**

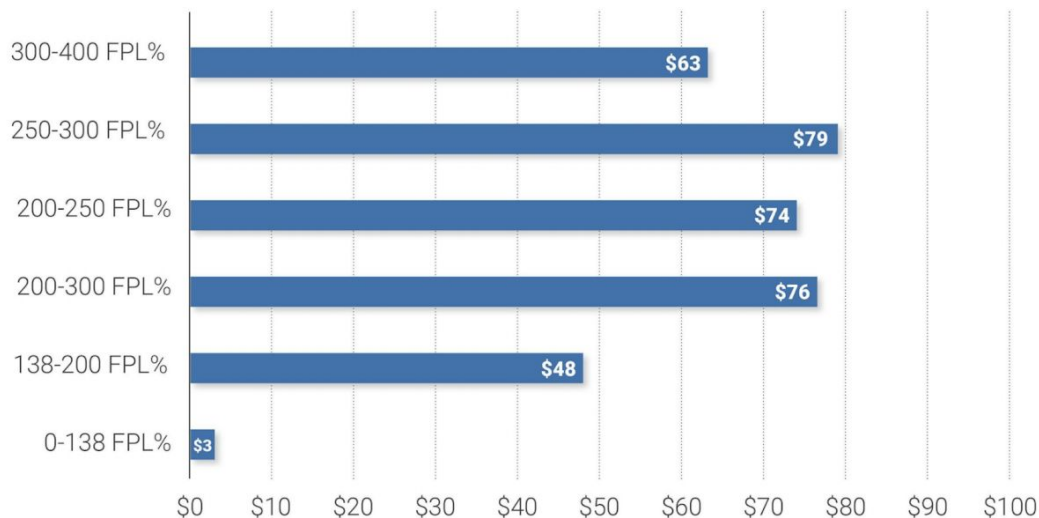
**Increased
Medicaid Drug
Rebates for
manufacturers
that have
imposed
excessive price
increases (\$20B
in savings over
next 10 years)**



PRIVATE INSURANCE



Average C4HCO Premium Savings Under the ARP

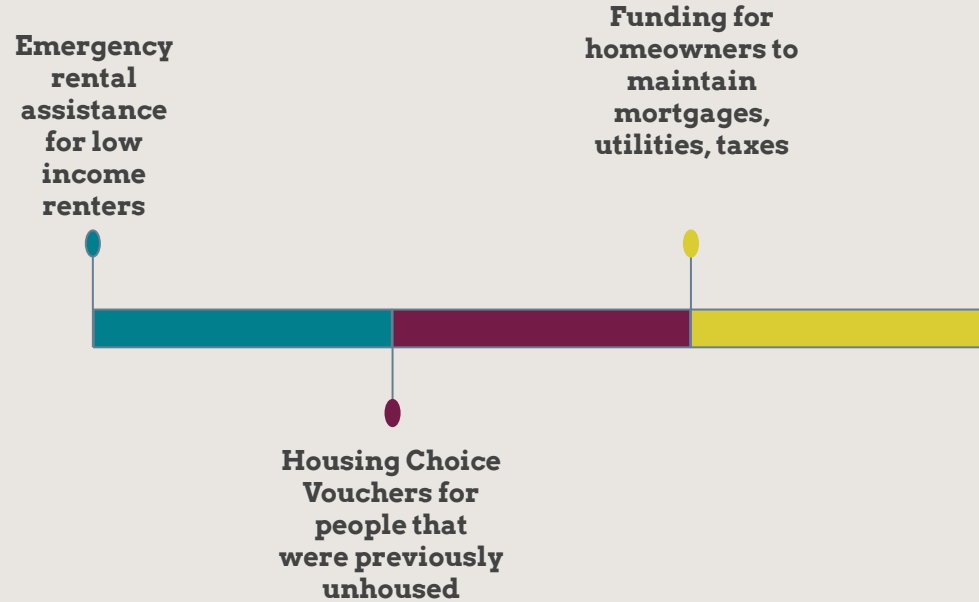


**Note: The net premium difference for <138% FPL is small (\$3) because this group's premiums are already close to \$0. The ARP brings benchmark premiums down to \$0 for anyone under 150% FPL.*

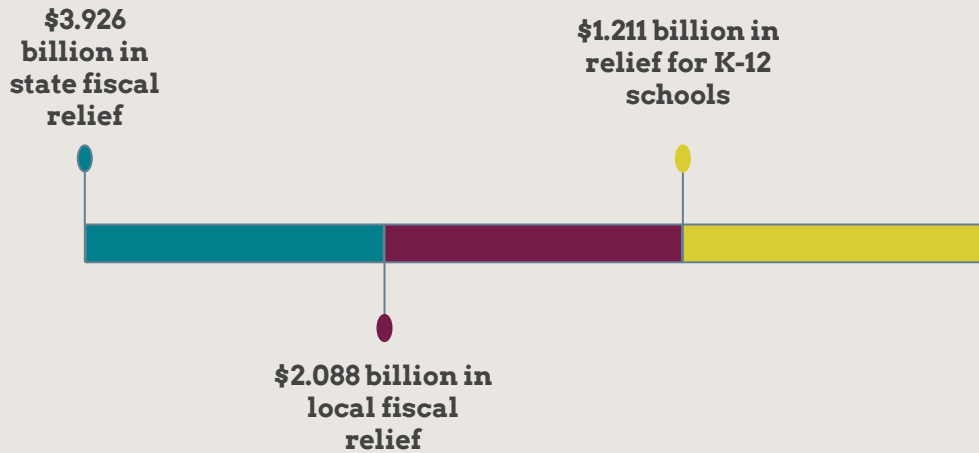


COLORADO
Health Insurance
Affordability Enterprise

HOUSING



STATE & LOCAL AID



TAX CREDITS

Additional relief of up to \$1,600 per child through the Child Tax Credit to the families of 1,109,000 children, lifting 57,000 children out of poverty

Additional relief of up to nearly \$1,000 through the Earned Income Tax Credit to 299,000 childless workers





CREDITS

- ◀ Presentation template by [Slidesgo](#)
- ◀ Icons by [\[redacted\]](#)
- ◀ Infographics by [\[redacted\]](#)



Redesigned HealthInfoSource Web Resource

Selected Key Improvements

The following is a selection of some of the improvements in design and functionality of the new HealthInfoSource (HIS) website at www.healthinfosource.com.

One foundational change is that HIS has narrowed its focus. When we spoke with professionals and community members before the redesign process, they told us that behavioral health is the one area in which it can still be very difficult to find care or to find a provider who is a good match for their needs. So, rather than listing all types of healthcare providers in Larimer County, HIS now specializes in providing information on mental health and substance use resources in Larimer County in order to meet the greatest need in a more focused way.

All HIS users benefit from:

- A cleaner, more colorful and pleasing design
- The ability to access on desktop, tablet and mobile phone rather than just desktop
- A more modern approach to searching using filters, keywords, etc.
- A more intuitive user interface
- A map that shows the location of provider offices and the ability to filter providers based on office location
- Click of a button translation into over 100 languages
- A “last updated” date on each record to help judge the timeliness of information provided
- The ability to easily share provider profiles, search results, and health guides by email and text
- The ability to create a free user profile to store favorite provider profiles, articles, search results and other resources
- Blog articles and health guides on new services available locally, hot topics about mental health and substance use, and/or the latest research findings in the field.

HIS users will find the following new or expanded information:

- Ability to filter on:
 - providers who are accepting new clients
 - providers able to prescribe medications
 - who is offering telehealth services and/or in-person services
- In-depth information on services for substance use disorders and addiction, including a wide range of approaches to treatment, information on who is providing Medication Assisted Treatment (MAT), and the ability to find providers who can prescribe specific medications for addiction
- Clearer information on multiple office locations, and the specific wheelchair accessibility information for each office location

- More granular information on ages served, which will be especially helpful for those seeking services for very young children
- Easy to access information on groups and classes, ability to filter this information, and links to each organization or provider's groups from their profile.
- More in-depth information on providers (faith, race/ethnicity, sexual orientation, etc.) that is optional for providers to include, which will help potential clients find a better match
- Quick access to links to each provider's website, social media profiles, etc.
- The ability to see photos of providers, staff and the actual office space on provider profiles

Connections staff and other care coordinators can:

- Create notes on new information and changes regarding provider and organization availability, contact information, insurances accepted, services offered, etc. These notes will replace the usual "little yellow sticky notes everywhere" that is often the approach for care coordinators
- Request on a note that the HIS admin permanently update the provider record when appropriate which helps keep profiles up-to-date
- Easily text and email profiles, search results, and other resources to their clients
- Post and view professional announcements on job postings, professional development opportunities, office space for rent, supervision and consultation groups, and other useful information

All listed HIS providers and organizations benefit from:

- Free inclusion on a local and focused source of information on their practices and services, which ultimately benefits Connections staff and other care coordinators in making referrals, as well as the community in finding appropriate care
- Ability to post and access professional announcements on professional development opportunities, office space for rent, job postings, supervision and consultation groups, and other useful information
- Option to write and submit articles on areas of expertise for publishing in the Healthinfosource.com Blog
- Easier approaches to updating their listings

Health District staff (HIS admins) benefit from:

- An easier back-end interface for administering the site
- Ability to do more of our own changes to the site than the prior outdated platform allowed
- Greater efficiency creating and sending out the "Connections" professional newsletter, which is now integrated with the Professional Announcements component of HIS and can be automated