

Executive Director Rulemaking meeting

[Please stand by for realtime captions]

Hello, Chris. This is Tracy Johnson. You might want to remind people periodically about stars is -- star six. Yes, to mute phones while not speaking. Sorry, I got an email from Jen Weaver. This is Chris, I just sent Jen Weaver an email because she was having trouble logging into the phone call. This is Chris, sorry about this everyone. We are waiting for Jennifer Weaver from the Attorney General's office to join us.

Good morning, this is Chris again. I just want to go over the medical services board members. On the phone we have -- I have David pump, Amanda Moore, [Indiscernible] Hughes, Ann, Cecile, Jessica Coons, anybody else joined?

[Indiscernible]

Good morning Jen.

Thank you. Thank you for getting me out of the loop of advertisements.

In case you need AAA on your way home, you will know how to reach them. [Laughter]

Is Kim Bimestefer on the phone with us ?

Sorry, [Indiscernible]

Tracy, would you like to continue?

I can try to reach her but I can go forward. [Indiscernible]

I just asked if Kim Bimestefer is available . If everyone is ready, would you like to begin?

Are you ready to go? Is there anyone else that joined on the call?

This is Pat Givens.

Thank you, Pat. [Indiscernible]

IM. -- Let's get the party started. I would like to call our board meeting, March 20th. [Indiscernible] I would like to ask Chris to do rollcall please.

Hello, this is Chris. Amanda Moore.

Here.

Cecile.

Present.

Patricia Givens.

Present.

[Indiscernible]

Present.

David pump.

Present.

Jessica Coons.

Here.

Charlotte.

Here.

Ann .

Here.

Roberts.

Present.

[Indiscernible] date and location of the board meeting. Scheduled to be held Friday, April 10th 2020. 9:00 A.M.. Virtual meeting. [Indiscernible] please identify yourself with your comments. Please identify yourself when speaking. If not speaking please mute your phone by pressing star six. We will move on to the rule.

Hello, I was just [Indiscernible] [Indiscernible - audio has an an echo]

Hello, can you hear me?

Yes.

Good morning board members. [Indiscernible - audio has an an echo]

COVID-19 state of emergency. Affected by the rule. Specifically such services may be provided to clients via telemedicine during telemedicine during the COVID-19 state of emergency, utilizing the following media interactive audio included but not limited telephone and relay calls, interactive video but not limited to interactive audiovisual [Indiscernible] including but not limited to -- excluding electronic mail. [Indiscernible] all general requirements with services [Indiscernible - audio has an an echo]

it is to help to spread the COVID-19 . From the federal government. Telemedicine increases efficiency to provide workforce shortage to COVID-19 and supplies, personal protective equipment in short supply. Finally allowing to -- it allows better continuity of service to put -- to not come into the office.

Emergency nature of the post rule stakeholders were not consulted. However provide communications have been distributed by the department with telemedicine changes during the COVID-19 state of emergency. Please let us know if you have any questions.

Thank you. Are there any questions from the board on this emergency rule?

None from me.

Okay, thank you. I think it is pretty straightforward and I think we understand the circumstances. Are there any people signed up for public testimony?

This is Chris. We have three individuals that have signed up. The first is Polly Anderson. And Sarah Rogers. Hopefully you were able to unmute and allow Polly to speak.

I am sorry, I have one question.

Let's start with you please.

My only question is that the emergency role changes made. Is this emergency forever? Is it for one month? I am curious. Workflows are changing. I am wondering some of us may not want to go back to business as usual. I am just wondering what is in place around that if anything.

Hello, this is Russell. From my understanding will go through the division to the state of emergency. I would defer to Tracy Johnson that goes beyond that. In addition the temporary role, for 120 days, automatically expire if you do not bring it to a final adoption second reading. That is what I can provide right now.

Thank you, I appreciate it. I am just trying to understand as we are making major necessary changes, that I predict that some of these changes will stay in place later. I am just curious how it will potentially change down the road. I appreciate that.

No problem.

Okay, thank you. [Indiscernible - overlapping speakers]

This is Jessica. To clarify, the department is planning on keeping this as a temporary, and not final adoption? Is that the current plan?

This is Russell. That is to my understanding. But it is a fluid situation. I cannot commit to that. 100%. But that is my understanding at this time, I guess.

Thank you.

Even if we do a final adoption, it is for an emergency period, as of the undefined. Would we still be able to do a final adoption in three months? And a total of six months? I am trying to get my head around it.

Yes, exactly. This is Russ. If we do come back and passes a permanent role it will be permanent. There would be no [Indiscernible], it would become a permanent role.

Thank you.

This is Jennifer Weaver. Another option would be another emergency role. We can make it permanent after 120 days, or pass a second emergency role in effect for another 120 days.

Thank you for that. It is very helpful, in terms of these emergency rule makings. I appreciate it.

Okay. Thank you very much for that. Let's move on to Polly Anderson. Public testimony.

Yes, -- good morning. Can you hear me?

Yes.

Thank you. Madame President members of the medical services. My name is Polly Anderson. I am the Vice President of strategy and financing for the Colorado community health network. It is a membership association for Colorado's 21 federally qualified community health centers. Located throughout the state. As you can imagine I am here to testify in support of this rule. Colorado's health centers of the healthcare home forfor [Indiscernible] including about one third of Colorado Medicaid patients. Nearly 800,000 Coloradans, most with very low income rely on local help center to provide primary and preventive medical, dental and behavioral healthcare. These same patients are now relying on health centers as the COVID-19 public crisis unfolds. They are looking to the usual provide for screening, and sometimes testing. And counting on local help centers for not just COVID-19 care, but to continue to provide essential care to them during their pregnancy, to the young children and to help them manage their manage their chronic conditions. The key part of keeping access to care for these people, sick with COVID-19 and trying to avoid it, it is to reduce the risk of further community spread. Providing reimbursement for medical needed care over phone call with audio and video is a key tool to get and keep people safe. And to ensure that they have the revenue needed to stay in business when they are needed more than ever. All centers are critical part of the public health infrastructure. You will hear more about that more about that from Ross proximal testify later. Community health centers are struggling to access needs answer lies, testing and detective equipment during this crisis.

Many were financially struggling, before this due to arises and a number of uninsured and increasing medical problem. Ensuring adequate payment for needed services for Medicaid patients is vital to keeping our doors opened. Or rather phonelines opened. And when most needed. Member and health centers are partnering with the department, with the governor's office, and with other key agencies and the state wide response to this public health emergency. I ask for your support of this rule. Thank you.

Thank you, Ms. Anderson, we appreciate your joining, especially for an emergency meeting. Are there any questions from the board from Ms. Anderson?

Okay, thank you very much, Ms. Anderson. Let's move on to our next public testimony.

Okay, we have Ross Brooks. If he is on the phone.

Good morning, can you hear me?

Yes, we can hear you.

Okay, thank you so much to do medical services board for hosting this call today. My name is Ross Burke of the CEO and the patient of Mountain family health centers. A community health center that that provides affordable medical, dental and behavioral healthcare, to 21,000 peoples in Colorado's rural resort communities. Including Eagle, Garfield and picking counties. Unfortunately we find ourselves at the center of the coven 19 pandemic in our state. Last week as community spread became clear, in Eagle County and [Indiscernible] and Garfield County, we moved quickly as an organization to ship our operations away from face-to-face visits. And to telehealth, telemedicine, telemedical and consultations for the safety of our staff, and the safe the of our patients. I think community health centers across the state have a stark difference from last week to this week when it is a ghost town with clinics. Folks in our communities got the message about social distancing the schools have closed. People are afraid. And so on Monday of this week we saw a massive drop in folks coming in for care. Our ability to be able to provide here and peace of mind, via telemedicine and behavioral health is crucial for our 21,000 patients. We shifted operations quick to be able to do so and serve our communities, and patients within the community. I cannot underscore how important the rulers, and important to provide this service across the state and to vulnerable community members.

Thank you for your consideration of the role.

Thank you. We appreciate your feedback. Any questions from the board form Mr. Brooks?

Okay, thank you, we appreciate your time. Can we move onto the next public testimony?

This is Chris Sykes. Stephanie Frei has requested to comment. Are you on the line?

Yes, I am. If you can hear me. I put my testimony into the Q&A box into the webinar. It is fine if I do not speak.

Would you like for me to read your testimony?

I will go ahead and do it. Thank you for moving. And to implement the role. We strongly supported the measure with telemedicine provided by [Indiscernible] the mental health clinic which is another important issue especially now and time of potential mental health crisis for people. Rural health clinics and family providers, lack of telehealth reimbursement has been a problem for quite a while that has been covered in detail on several reports from the corporation. This is a wide problem, not just in Colorado. We would support the expansion of Telemann's beyond emergency as well. Coloradans especially those who cannot travel. Rural settings. And providers need to have reimbursement to remain in operation. Over the past year, the insured population, declining in particular. Leaving them in a difficult financial position, which has testimony demonstrated. It has worsened during the crisis but we strongly support this. And implement it immediately. Thank you.

Thank you any questions from the board? Okay, thank you very much. Do we have any other further public testimony for the rule?

This is Chris Sykes, at this time, we do not have anybody else signed up. The Mac okay, thank you very much. Are there any questions from the board before we move over?

This is Simon. I have a comment. Speaking as a board member, who was also a pediatrician, as Ross mentioned the way we practice medicine has changed dramatically in the last week changed in about 72 hours from Friday to Monday. When I was in clinic seeing patients last Friday, the clinic was packed. There were people, staff, families, kids and masks. It was packed. On Monday it was a ghost town and it was not just because nothing was happening. There were already all kinds of telephone encounters going on. We do not yet have video capability, coming soon. But the number of encounters that have shifted from being done over telephone was incredible. We are actually in the process of coming out with -- some patients need to be seen in person. We are in the process of defining those essential face to face visits. It is amazing, how critical this is during this period. And how much patients like it, and how much the providers like it. Once we are through this crisis, I think some of the questions that were alluded to early about what we do going forward, are we going to need to revisit those in a big way?

Hello, this is Dr. Fraley. I would like to make a comment echoing Simon. I just want to echo as some of you know that practice serves about 9000 patients, kids, young adults to our clinic and entellus in -- [Indiscernible] is a frontier. Type of situation. We have had telemedicine before, and the tell us and -- telemedicine. As of Friday, when children went from containment to mitigation phase, rapid change down here. We are actually not seeing any patients initially in person. We have all well visits to 18 months and younger. In a clean clinic at the school-based health center. Everyone else is drive through. -- Everything else is telemedicine. And a small number of people being defined [Indiscernible] either for certain lab sets. A huge new world. There is a rural. Patient striving one hour to see has been often leased resource. And it has been a gift to be able to offer them telehealth. We appreciate the telephone option. We do feel like for us, God telemedicine option is a little bit better care, you can actually see the kids. Anyway, I just wanted to give that southern Colorado perspective and appreciation.

Thank you.

Do we have another person speaking?

Yes, this is Ann . I wanted to note think that the permit for the foresight to include all lines of services for FQ HC, and the proposed rule. Including dentistry. Governor Paul is and the ADA did the right thing by ordering a limit of routine dental care. In this state, in order to preserve appropriate PPE and social distancing. What we do expect or foresee happening, is that a time goes on with acute care needs of our population are going to increase, particularly those in the community health center. As we take care of high levels of disease in our dental programs. And so I really appreciate having an option to be able to take care of patients, even from a dental standpoint, while we cannot do a procedure in that environment we can do appropriate triage and support, to keep patients away from the primary care system and the emergency rooms for dental needs. So this is really powerful and important.

Any other comments from the board?

We are echoing from all the providers on the team. I have been doing telemedicine specifically for a long time. And converted all my patients. And during this crisis, and I just want to say I appreciate it. Beyond measure. That these rules are being implement it quickly at a national and state level, particularly for Colorado. Very fast to respond appropriately as we can to this. And I want to echo what has been said but I anticipate -- my question is once you go this direction, and not going back is harder. This has a lot of potential and bandages and many similar circumstances. I am looking forward to how we address change. And I also want to emphasize the one thing that is different here, other tele-things that have been involved with, telephone is a good option. I appreciate that because the video is not always possible for our patients or ourselves, because of connectivity issues. Having the phone available as a backup is a wonderful option, to be able to continue to provide appropriate patient care is the best we can.

Thank you. Any other comments from the board?

This is Jessica Koontz. I just want to add further rule, we are looking for possible changes for the future. I want to say about a week and a half ago I was able to text message my sons off Adonis. This was nothing Medicaid but private pay. It saved me in appointment. I was able to take a picture and then they called me. It was super helpful. Just thoughts for the future. Thank you.

Thank you. Any other comments?

[Indiscernible - overlapping speakers] thank you.

I will echo the same sentiment. I agree. Particularly with the comment, not always do people have a phone, or Internet. Basically we cover three or four counties in Colorado. Hopefully this might change the healthcare in future. Thank you.

Thank you. Any other comments? Okay. Thank you all. Many of us are involved in the front line of patient care is a pretty interesting grade. This rule seems to be pretty much all of us are looking on in our day to day lives. If there are no further comments or testimony, I would like to ask one of you to entertain a motion. If you would, let's read that first motion paragraph, with document one please.

[Indiscernible - overlapping speakers]

I move all emergency rules adopted including immediate adoption necessary to comply with state and federal law. Or federal regulation, or for the preservation of public health, safety and welfare. And that compliance with CRS 24 four one would be contrary to the public interest. I also move the emergency adoption, document 01, MSB 20 03 17 a revision to the medical assistance rule concerning telemedicine, sections 8, 8.5 to 0.4 point be. [Indiscernible] 8.7.30.3 b, 8.75 0.3 point b, incorporating the statement of basis hence statutory authority contained in the records.

I second.

I second.

Thank you very much. We will move toward voting, when I please call -- when I call your name please give me your vote.

[Indiscernible]

I.

Dr. Givens. I. Misuse.

I.

[Indiscernible]

I.

Ms. Coons.

I.

[Indiscernible]

I

Ms. Roberts.

I.

Amanda.

I.

Thank you all very much. Mr. Delaney, thank you for the role. We will now move into document 2. We would like to welcome Ms. Christina golds.

Good morning, can everyone hear me?

Yes.

Continue.

Good morning Madame President members of the board. My name is Christina gold and I am the pharmacy specialist. First I hope everyone is doing well on the phone. I am presenting revisions to the pharmaceutical services role at section 8.800 and 11 .8 .1. Due to the coven 19 pandemic, the department is waiving the prescription signature requirement in section 8 100 .11 point the .1. This will serve as a safety precaution by eliminating the need to touch pens and electronic screens in pharmacies. This will also eliminate members to receive medication that they are effective and need to stay in quarantine. The department envisions that most of us impact there will be a medications delivered by the mail. But it could impact pretty much anyone that needs to get medications so they can get them as easily as possible. This new language reflected on page 7 of your document it will read the requirements in subsection a and B are wave for the duration of a public health emergency as declared by the governor. We have heard from RX plus pharmacy, Colorado retail Council and the pharmacy. They wrote a letter to the governor regarding the need to remove all of signature requirements of the COVID-19 crisis. Therefore in support. The department has a responsibility to protect its providers and members. Therefore in light of COVID-19 we must assist in mitigating the spread in addition to ensuring that members can still be having access to critical medications while in quarantine. The department ensuring the safeguarding place for the duration of any public health emergency as declared by the governor, therefore will apply to public health emergencies that fall outside of trend I. Are there any questions I can answer? The Mac

Thank you. Any questions from the board?

Are we lifting the 30 day limit rule? At all with this pharmacy change?

This is a signature issue. I am wondering if other pharmacy issues like the 30 day limit.

[Indiscernible - overlapping speakers]

I have had people reach out to me concerned that they cannot get more than 30 day supply further kids.

Yes, we are allowing early refills and lifting the current 30 day supply. I believe that change is going into affect either today, or early next week. I can confirm with my colleagues before I give you a definite answer on that.

That would be very helpful. The pharmacies are saying no. I have one mom in need.

I will get in touch and I will let you know as soon as I know.

Thank you.

Thank you for the question. Thank you for giving us the information. Any other questions for the board?

This is Jessica Koontz. I am curious because it is talking about for the future with public health emergencies. I know this situation is pretty new, and unprecedented, have we had public health emergencies in the past? That the governor has declared -- is a pretty rare?

As far as my knowledge, this is super rare. I do not think it has ever, before. We just want to make sure if this ever happens again that there are safe guards in place. And so we can help patients as quickly as possible.

Thank you.

You're welcome.

Any other questions?

Misuse. Good morning. Just to piggyback between the question from Kristi. If pharmacies are saying no, I do not know who said that they are looking to make a change. Does that need to come through us for that change? Or not?

The early refill change?

Yes. No. It does not live in rural. We can do it pretty much. The only thing that we have to consider is doing it in the system, and as quickly as we can do it in the system we can allow it for members. We have been working on that for the past couple of weeks to turn it on we need to. And another decision was only made to do that. I just need to confirm exactly when it has been turned on.

Okay. Thank you for the clarification.

You're welcome.

Thank you misuse. That was [Indiscernible] I know it is hard when he goes back and forth. Any other questions from the board?

Hello, this is Chris Sykes we do not have anybody signed up.

Okay, thank you Chris. If there are no further comments or discussion, I would like to entertain a motion for document 2.

This is Kristi Blakely, move the emergency adoption of document 02 MSB 20 03 a revision to the medical assistance pharmaceutical rule concerning prescription tracking requirements. Section 8.800 one one E one incorporating the statement of basis and purpose and specific statutory authority contained in the records.

Thank you for the motion.

I second.

Thank you. We will go through the rollcall.

Ms. Blakely.

I.

Dr. Fraley.

I.

Dr. Givens.

We will move on. Dr. [Indiscernible]

I.

Mrs. Hughes. Smacked I.

[Indiscernible]

I.

Ms. Coons.

I.

Dr. [Indiscernible]

I. Smacked Dr. [Indiscernible]

I.

Ms. Roberts.

I.

Amanda more than I.

Thank you all very much. Thank you for coming forward and explaining the world to us. That concludes our emergency rule. Let's move into a closing motion please.

This is Ann can you hear me ?

Yes.

Move that all was adopted at this meeting of the medical services board of the Colorado Department of healthcare, health -- policy and financing meet the criteria of the procedure act incorporated by reference.

Okay. Can I have a second for that motion?

Second.

Second, this is Kristi.

Okay, thank you. Let's do a group vote on this. All in favor say I.

I.

Opposed. Motion passes, thank you all very much. Includes the motions. We have time for open forum. Chris do we have anyone signed up for open forum for public comment?

This is Chris Sykes, we do not have anyone signed up.

Okay, great. At this time I will go back to Dr. Johnson. To see if she would like to make any further comments, or Kim Bimestefer . Smacked yes, this is Tracy, can you hear me?

Yes.

I just want to tell you it has been a really whirlwind kind of week as Dr. talked about. It honestly makes me proud to live in Colorado. First of all I want to thank the board for being very responsive about holding the

session today, where many of you are busy with patients and other daily lives. When we asked on Monday, if you would all be available on Friday, we got an immediate response. Thank you. I would also like to extend thanks to our benefit staff and pharmacy staff. Many of whom are working over the weekend. Making this happen. The flexibility in responding to stakeholder comments as they came in, and for the senior staff. [Indiscernible] and their managers did a lot to Sheppard this process. Pulling up with emergency rule in a week and a half is a pretty heavy lift. They all did a great job. With all that said I know there will be some details to work out, getting the systems to conform to the policy. And I ask all to continue to hold hands together. Let us know if there are things that are not working, we will try to be as responsive as possible. This isn't really important time to pull together. Thank you -- this is an really important time. Smacked thank you Tracy.

Any other comments from the board before we adjourn the meeting?

This is Dr. Hamm page. I just want to extend my thanks to Tracy and to the HCPF. I certainly share your feelings about being grateful for the state that we live in. And how everyone is rising to the occasion. Thank you.

Thank you Dr. [Indiscernible]. We thank every single one of you for dropping everything, making cake with emergency meeting this morning. We also know that this impacts every single one of us, whether it is family, school, kids at home, work and your indirect patient care. Please stay safe. Get used to virtual. Not only through the rule because our next meeting on Friday April 10th will also be a virtual meeting as far as we know. Thank you everyone. I appreciate all of your time. We will talk on April 10th. With that I am adjourning the meeting.

Goodbye and thank you everyone. Stay safe.

If anyone needs anything please reach out.

Thank you.

Thank you everyone. Everyone have a great day.

[Event Concluded]