

**CMS Board of Directors: March 16, 2018
CONSENT CALENDAR: Three Items for Approval**

Item 1: Minutes of January 19, 2018, Meeting; Pages 1-6

Item 2: Council-Committee Appointment: Pages 7

Item 3: Council-Committee Meetings: Pages 7-17

Item 1: January 19, 2018 BOD Minutes:

MEMBERS PRESENT

President	Robert Yakely, MD
President-elect	Deb Parsons, MD
Imm. Past President	Katie Lozano, MD
Districts 1 & 2	Richard Lamb, MD
Districts 3 & 4	Gina Martin, MD
District 5	David Markenson, MD
District 6	Brandi Ring, MD
District 8	Mark Johnson, MD
District 10	Rocky White, MD
District 11	Cory Carroll, MD
District 12	Patrick Pevoto, MD
District 13	Brad Roberts, MD
District 14	Sofiya Diurbia, CSOM
CPMG	Kim Warner, MD
RFS	Charles Tharp, MD

MEMBERS ABSENT (EXCUSED)

District 7	Kelley Wear, MD
District 9	Curtis Hagedorn, MD

GUESTS

Stephen Boucher, Sara Lipnick, Dr. Lynn Parry, Judy Ladd, Dr. Leto Quarles, Dr. Lee Morgan, Mark Fogg, Elaine Buckholtz, RVU,

CMS STAFF

Alfred Gilchrist, Susan Koontz, JD, Chet Seward, Dean Holzkamp, Marilyn Rissmiller, Kate Alfano, Tim Roberts, Gene Richer, Dianna Fetter

Item 1: Minutes of January 19, 2018, Meeting: Page

- I. Introductions of members and guests Robert Yakely, MD
- CMS President and board of directors' chairman, Robert Yakely, MD, welcomed members and guests to the second of six board meeting that he will chair during his term as CMS President.

- Dr. Yakely stated his goals for the meeting as follows: (1) To do my best to chair today’s meetings efficiently so that time is wisely used and in a manner that we have some fun along the way; (2) Conclude the meeting by 4:15pm; (3) Conclude the Executive Session by 5:15pm.; and, (4) Complete all of the agenda items with sound decision and robust discussion.
- Dr. Yakely:
 - Warmly welcomed Ms. Sofiya Diurba, the new Medical Student Component board member.
 - Stated, based on the board’s standing rules for guest participation at board meetings, that no members who are not on the board nor have any component society executives asked to address the board on any agenda item.
 - Acknowledged and thanked Kelly Wear, MD, for her service on the board representing Boulder County Medical Society.
 - Acknowledged the future participation of Boulder County Medical Society’s new board member, Leto Quarles, MD.

II. Fiscal Year 2017-2018 Operational Plan

Robert Yakely, MD

- Strategic planning outcomes: **(Discussion-action)**
- Dr. Yakely announced that:
 - The agenda item, Strategic Planning Outcomes, is a continuation of the board’s November strategic planning retreat.
 - Under this agenda item the board would take a series of 7 votes; and,
 - A strategic discussion would be led by Chet Seward, CMS Sr. Director of Policy.
- Mr. Seward made a 15-minute presentation designed to help the board get back into the strategic planning mode and to put into further context the votes they would be casting.
- Following Mr. Seward’s presentation, Dr. Yakely proceeded with a discussion on tracking the CMS brand with members. Dr. Yakely stated that:
 - CMS has been tracking its brand characteristics every two years since 2008.
 - The brand characteristics are scheduled to be checked again in 2019
 - The board has never set a “target” to shoot for on the brand characteristics.
 - The “goal” today is to set a target that we’d like to achieve by 2019 for each brand characteristic.

Discussion focused on appropriate goals for organizational brand track metrics, in addition to surfacing the need for other data and related measures of member engagement and the value of CMS membership.

This discussion was finalized without votes on brand track targets. Dr. Yakely made the following points to begin the discussion and votes on a new CMS Purpose, Values, Vision:

- The board reviewed and discussed the current language used to describe the CMS purpose, values and vision in November.
- Major points from the discussion included the need for new language to recognize and reflect health, patients and terms from the all-member survey that resonated strongly.
- The new statements under consideration are based mainly on the board’s November discussion.
- The board proceeded to discuss the proposed new “Mission” statement. Following discussion, a motion was made, seconded and unanimously adopted to approve the following new “mission” statement:

“Mission: To champion health care issues that improve patient care, promote physician professional satisfaction and create healthier communities in Colorado”

- Dr. Yakely turned the board’s attention to the draft, new set of CMS values. Following considerable discussion, a motion was made, seconded and unanimously adopted to approve the following new CMS “values”:

Values

- Leadership – We serve with integrity, using an open and credible process that is grassroots responsive to build consensus among our diverse membership.
- Collaborative and physician driven – We work with others to find common ground and solve problems. We also fearlessly fight for collective physician priorities.
- Evidence-based – We make decisions that are data-driven, membership responsive and patient-centered.
- Innovation – We embrace and drive change for better health and health care.
- Professionalism – We demonstrate ethical and technical excellence in the service of physicians and their patients.

- Dr. Yakely turned the board’s attention to the current CMS “vision” statement and the recommendation that the current statement be maintained. A motion was made, seconded and unanimously adopted to maintain the current statement of “vision.”
- Dr. Yakely turned the board’s attention to three new proposed CMS strategic goals. To begin the discussion, Dr. Yakely explained, in addition to what was included in the board’s background material: (1) The difference between the three proposed new goals and goals of the past is significant; The goals of the past are “issue” oriented goals while the three proposed new goals

represent “how” CMS is going to achieve its “mission and vision”; and, (2) “How” CMS is going to achieve its “Mission and Vision” will still be operationalized through an annual operational plan. Chet Seward, Sr. Director of Policy, made additional comments. Following discussion, a motion was made, seconded and unanimously adopted to approve the following new CMS strategic “goals”:

Goals:

The board also voted to adopt the following new goals for CMS.

- Professional Satisfaction: State-of-the-art advocacy will focus on member priorities to positively impact rewarding physician careers.
- Efficient and Effective Communication: Dynamic exchange of information with members will ensure timely action on their priorities.
- Organizational Excellence: Continued innovation of CMS will increase membership value and make CMS meaningful and relevant to a diverse physician population.

- Having completed discussion and votes on new CMS “Mission, Values, Vision, and Goals, a motion was made, seconded and unanimously adopted to put these statements on Central Line for input from our members and for a final vote at the March board of directors meeting.

- Preserving the liability climate: The Colorado Supreme Court (**Information**) Mark Fogg, JD

- Mark Fogg, JD, COPIC General Counsel, discussed Governor Hickenlooper’s appointment of CU law professor Melissa Hart to the Colorado Supreme. The appointment was made over the objections of the state’s lawsuit reform communities, including COPIC and CMS.

- Prescription Drug Abuse: Invitation from Colorado Consortium (**Action**) Alfred Gilchrist

- Dr. Yakely called on CMS President-elect, Deb Parsons, MD, to make a presentation on the invitation from the Colorado Consortium for Prescription Drug Abuse Prevention. Following Dr. Parsons’s presentation, a motion was made, seconded and unanimously adopted that:

“CMS enthusiastically accept the invitation from the Colorado Consortium for Prescription Drug Abuse Prevention to convene medical professionals/organizations to set a future, coordinated strategic course on guideline development and other activities and programs.”

- Central Line Robert Yakely, MD

- Now we move to two Central Line proposals

- Dr. Yakely made the following comments to begin discussion and voting on the Central Line proposals:
 - All of the information detailing these action items are contained within Central Line.

- This is now our 7th board meeting with Central Line, thus a review the process is not needed.
- For each of the two policy proposals, he outlined a three-step process.

A. Policy proposal

- Medicaid fee disputes (**Action**)

- Dr. Yakely remarked that this proposal was submitted on Central Line by the board of directors. Following the three-step process, a motion was made, seconded and unanimously adopted to approve the following as CMS policy:

- CMS affirms current policy (235.975 Out-of-Network and Network Adequacy) that states, “It is the basic right and privilege of each physician to set fees for services that are reasonable and appropriate, while always remaining sensitive to the varying resources of patients and retaining the freedom to choose instances where courtesy or charity could be extended in a dignified, ethical and lawful manner.”
- Because it is the strong preference of the board of directors that CMS represent the entire house of medicine as one voice, CMS does not involve itself in Medicaid fee disputes that benefit one specialty over another, except when serving as a convener of the involved specialties to achieve consensus or as otherwise determined by the Council on Legislation and approved by the board of directors.
- CMS will vigorously advocate for increased fees and/or improved processes in the Colorado Medicaid program that benefits all specialties or where there is a consensus desire from the house of medicine.

- Marijuana position update (**Action**)

Dr. Yakely turned the board’s attention to the Central Line proposal, marijuana position update and followed the three-step process for decision making. Following discussion, board agreed with the strong sentiment of members on the need to update CMS policy on marijuana; that it would be important for CMS to ensure that this policy recommendation is legally and clinically sound; and, that the board will create a subcommittee involving the author and other experts to conduct a review of the proposed policy and make updates if necessary with a final vote on the proposal no later than the May meeting of the CMS board of directors.

B. Performance review (**Strategic Discussion 1**)

- The performance review of Central Line was postponed due to time overruns on earlier agenda items.

BREAK

- Organizational Excellence

A. Annual Meeting Performance Review: (**Strategic Discussion 1**)

- Dr. Yakely made the following comments to start the discussion on the Annual Meeting performance review: (1) The board has a responsibility to performance review the 2015 Governance Reforms; (2) The current Annual Meeting is conducted as a result of the 2015 reforms; (3) Under this agenda item the board will: (a) Discuss the Annual Meeting evidence and data in comparison to what was approved in the 2015 HOD governance reform report; and, (b) Surface perspectives, questions, and ideas about the Annual Meeting that can be organized into a second discussion and perhaps action items at the March board meeting, the second step in this performance review.
- Following an abbreviated discussion, there was an informal consensus that the Annual Meeting should be continued.

B. Consent Calendar

Robert Yakely, MD

- Approval of minutes from 11-17-17 meeting **(Action)**
- Council and committee appointments: **(Action)**

A motion was made, seconded and unanimously adopted to approve the Consent calendar

C. Finance Committee Report

David Markenson, MD

- Financial summary and statements: October-November 2017 **(Action)**
- Dr. Yakely gave the Finance Committee report in the absence of David Markenson, MD, who had to leave the meeting early the meeting early. A motion was made, seconded and unanimously adopted to approve the Finance Committee report.

III. Board Memo Update: Extractions

Robert Yakely, MD

IV. Executive Office Reports

- A. President – No Report Presented
- B. President-elect – No Report Presented
- C. Immediate Past President – No Report Presented
- D. Chief Executive Officer – No Report Presented

Robert Yakely, MD
 Deb Parsons, MD
 Katie Lozano, MD
 Alfred Gilchrist

V. Other Business

- A. Next meeting March 16, 2018, CMS Headquarters, Denver, CO

VI. Adjournment

VII. Executive Session

The board convened into Executive Session

Item 2: Council-Committee Appointment: Page

Why the board is taking action on council-committee nominations: CMS bylaws provide the following, “The President and/or President-elect shall appoint members of councils, committees and other work groups with ratification by the Board of Directors.”

How the council and committee appointments were selected: (1) The CMS President communicated with all current council and committee members to inquire about their willingness to continue serving; and, (2) Special outreach to specialty and component medical societies seeking physicians to serve on the Committee on Prescription Drug Abuse resulted in several new appointments.

Councils & Committees 2018 (additions since January 2018 BOD meeting)**CPMG Governing Council:**

Chair Term: 11/2015 - 11/2018

Kim D Warner, MD - Chair

Christopher J Fellenz, MD

Shannon Jantz, MD

Eleanor Jensen, DO

Nora A Reznickova, MD

Oscar A Sanchez, MD

Alison L Sandberg, MD

Ashley E Wheeler, MD

Physician Wellness Committee:

Christie Reimer, MD

Item 3: Council and Committee Minutes**COL MINUTES****January 24, 2018*****Members Attended***

Rebecca Braverman, Gina Carr, Cory Carroll, Clara Epstein, Kristin Freestone, Stuart Gottesfeld, Enno Heuscher, Mark Johnson, George Kalousek, Taj Kattapuram, Brent Keeler, Rachel Landin, Steven Lowenstein, David Markenson, Mark Matthews, Frederick Miller, Lee E. Morgan, Carla Murphy, Richard Penalzoza, Steven Perry, Scott Replogle, Brandi Ring, Emily Schneider, Stephen Sherick, Kathleen Traylor, Gary VanderArk, Bruce Waring, Kim Warner, Gerry Yeung, and Zainab Zullali

Guests

Jean Martin, MD and John Conklin, Esq

Members Excused

Alan Kimura, Martha Middlemist, Lynn Parry, Deb Parsons, Luke Selby, Christopher Unrein, Michael Volz, and Robert Yakely

Members Absent

Ian Reynolds, Aaron Burrows, Laird Cagan, Katie Lozano, Tamaan Osbourne-Roberts, David Ross, and Allison Sandberg

Staff/Non-Members/Guests

Ruth Aponte, Ryan Biehle, Dick Brown, Suzanne Hamilton, Jerry Johnson, Susan Koontz, Melissa McCormick, Sara Odendahl, Beverly Razon, Alison Shmerling, Debbie Wagner, and Katie Wolf

Roll Call, Introductions, and Welcome

Dr. Morgan called the meeting to order at 6:00 pm. Roll call was taken, introductions made, and a quorum reached. Dr. Morgan welcomed new Council members (George Kalousek, Richard Penalozza, Emily Schneder, Luke Selby, Harold “Hap” Young, Gerry Yeung, and Zainab Zullani).

Dr. Morgan advised Council that Adrienne Abatemarco would be leaving CMS after three years. She thanked Adrienne for her service and wished her well. Dr. Morgan then introduced and welcomed Emily Bishop, a trainee who was learning from Adrienne and trying the position.

Conflict of Interest

Dr. Morgan then advised that confidentiality documents needed to be signed and must be done by the time of the next COL meeting on February 14th. She explained the information concerning conflict of interest and COL and reminded everyone that positions taken at COL may be shared; however the substance of any COL discussions may not be shared.

She also mentioned that as Chair, she will begin each Council meeting by asking members to identify any conflicts of interest they have with issues before the Council and rescue themselves from voting on those issues.

The meeting then commenced.

Action Items: State Legislation for COL Vote

Before opening discussion on the evenings’ legislation, Dr. Morgan updated the Council on the Opioid and Other Substance Use Disorders Interim Study Committee which met several times over the summer to address the opioid crisis in Colorado. CMS, along with other groups, testified on the issue and gave input on bills to be introduced during the 2018 session. She then explained as a result of this committee’s efforts, 6 bills were drafted, 5 of which have been introduced and were on the table for discussion tonight.

1. **SB18-022 Clinical Practice for Opioid Prescribing**
Dr. Jean Martin advised Council of the Amendments to the bill, noting the need to clarify the immunities language so there are no unintended consequences and the purpose of the proposed report cards. John Conklin advised the language is intended to meet the status quo. Council discussed the balance between physician autonomy and addressing the crisis. After lively discussion, Council voted to **SUPPORT – MEDIUM** (3 oppose).
2. **HB18-1007 Substance Use Disorder Payment and Coverage**
Concern was raised about the bill and Council's current concerns. After a brief discussion, Council voted to **MONITOR** (unanimous).
3. **SB18-024 Expand Access Behavioral Health Care Providers**
After brief discussion, Council voted to **SUPPORT – LOW** (unanimous).
4. **SB18-040 Substance Use Disorder Harm Reduction**
Dr. Morgan began the discussion by advising of CMS' support of the bill and requesting that the discussion focus on what level of support Council would like to extend. Discussion then commenced, noting the importance of supervised injection sites and clean needle exchange programs for public safety. AMA's support on this issue was also addressed. After further discussion, Council voted for **SUPPORT – STRONG** (unanimous).
5. **HB18-1003 Opioid Misuse Prevention**
The bill continues the Interim Committee, which convened during the summer and repeals on 7/1/20. After brief discussion, Council voted to **SUPPORT – LOW** (unanimous).
6. **HB18-1068 Eliminate Registered in Naturopathic Doctor Title**
Council discussed the importance of informing the public on the various professional medical services available and their distinctions. After brief discussion, Council voted to **OPPOSE** (unanimous).
7. **SB18-050 Free-Standing Emergency Facilities as Safe Haven**
Discussion began with acknowledgement of a general support for the bill but raised concerns about the definition of Free-Standing EDs. Susan Koontz said she would like to discuss with the bill's drafters before deciding whether to support. Council also discussed the efforts of Hospitals to clarify these definitions as well. Council voted to **MONITOR** (unanimous).
8. **SB18-065 Add HMOs Life and Health Insurance Protection Association**
The discussion began with a clarification that the purpose of General Associations is to insure against insolvency negatively impacting all health insurance providers, but that historically HMOs were exempt from the Association. After robust discussion, Council voted to **MONITOR** (2 abstaining).
9. **HB18-1097 Patient Choice of Pharmacy**
A brief discussion ensued and Council voted to be **NEUTRAL** (3 oppose, 1 abstain).

10. **HB18-1012 Vision Care Plans Carriers Eye Care Providers**

It was noted that ophthalmologists support this bill. After discussion, Council voted to **SUPPORT – LOW** (unanimous).

Information Items

Dr. Morgan reminded Council that the next meeting on 14 February 2018 will be via phone because a room is not available. She also advised Council to regularly check Basecamp.

The meeting was then adjourned.

COL MINUTES

February 14, 2018

Members Attended

Braden Anderson, Rebecca Braverman, Laird Cagan, Gina Carr, Cory Carroll, Kristin Freestone, Stuart Gottesfeld, George Kalousek, Taj Kattapuram, Rachel Landin, David Markenson, Mark Matthews, Martha Middlemist, Lee Morgan, Carla Murphy, Lynn Parry, Steven Perry, Scott Replogle, Brandi Ring, Emily Schneider, Lisa Swanson, Kathleen Traylor, Christopher Unrein, Michael Volz, Kim Warner, Gerry Yeung, Zainab Zullali

Guests

David Flannery, MD

Members Excused

Clara Epstein, Mark Johnson, Steven Lowenstein, Fred Miller, Richard Penaloza, Deb Parsons, Luke Selby, Robert Yakely

Members Absent

Aaron Burrows, Enno Heuscher, Brent Keeler, Alan Kimura, Katie Lozano, Tamaan Osbourne-Roberts, Ian Reynolds, David Ross, Allison Sanberg, Stephen Sherick, Donna Sullivan, Gary VanderArk, and Bruce Waring

Staff/Non-Members

Ryan Biehle, Emily Bishop, Terry Boucher, Edie Busam, Alfred Gilchrist, Paul Glasheen, Suzanne Hamilton, Jerry Johnson, Susan Koontz, Melissa McCormick, Marilyn Rissmiller, Katie Wolf, Usha Varma

Roll Call, Introductions, Welcome

Dr. Morgan called the meeting to order at 6:00pm. Roll call was taken, introductions made, and a quorum reached. Dr. Morgan welcomed new Council members (Braden Anderson & Lisa Swanson). Dr. Morgan then reminded everyone to be courteous to their fellow Council members on the webinar and phone and proactively thanked them for their patience.

Dr. Morgan then apologized for not following procedure during a potential conflict of interest during the last meeting and erring on the side of caution. She explained that she would be initiating a review of the COI procedure during interim, per the request of the Board of Directors. She concluded by asking if there were any conflicts of interest that evening. Hearing none, the meeting then commenced.

Action Items: State Legislation for COL Vote

Before commencing with the bills on the table, Dr. Morgan advised Council that SB18-115 had been killed earlier that afternoon.

1. **HB18-1118 Create Health Care Legislative Review Committee**

The bill was explained to be fairly straight forward and after brief discussion, Council voted to **monitor** (unanimous).

2. **HB18-1006 Infant Newborn Screening**

Discussion began with a note on the bill's bipartisan support and that it is the first update to screening legislation in 20 years. After brief discussion regarding the Fiscal Note, Council voted to **support** (unanimous).

3. **HB18-1114 Require License Practice Genetic Counseling**

A physician that had previously been in touch with CMS lobbyists regarding this bill, Dr. David Flannery, explained his concerns regarding scope of practice and diagnostic power given to genetic counselors in the as-written bill. It was pointed out that CMS has in the past supported similar legislation but that the language of this bill was particularly broad. CMS staff then advised Council that the bill had been delayed until March 8th. Council voted to **table** (unanimous).

4. **HB18-1136 Substance Use Disorder Treatment**

Dr. Morgan advised Council that this was another bill that came out of the Interim Opioid and Other Substance Use Disorder Study Committee. Discussion commenced, and a concern was raised regarding managed care organizations. Pending an answer and clarification regarding this concern, Council voted to **monitor** (unanimous)

5. **HB18-1211 Controlling Medicaid Fraud**

Dr. Morgan began the discussion by thanking CMS lobbyists for their hard work on this bill. She noted that certain amendments are pending and the bill's sponsors are working on securing permission for a late entry date in order to include those amendments. Discussion also noted that this bill makes the prosecution burden on the Attorney General's office very high, which would be good for physicians. Council voted to **support** (unanimous).

6. **HB18-1207 Hospital Financial Transparency Measures**

After brief explanation and discussion, Council voted to **support** (unanimous).

7. **HB18-1094 Children and Youth Mental Health Treatment Act**

It was noted that this program has been in place since 1999 and that this bill seeks to streamline the program and its ability to provide placement and resources. After brief discussion regarding the importance of mental health support for children and youths, Council voted to **support** (unanimous).

8. **SB18-146 FSED Required Consumer Notices**

Dr. Morgan advised Council that this bill passed out of committee that afternoon. Discussion commenced with concern regarding the 2nd written disclosure after screening and its impact on patients. CMS lobbyists explained they were working on securing an amendment to the bill and Council decided to **oppose as written, pending amendment** and gave lobbyists authority to change to **support** once that amendment was secured. (3 oppose, 1 abstain).

9. **HB18-1112 Pharmacist Health Care Services Coverage**

After robust discussion, Council decided to move the discussion to Basecamp (1 abstain).

Updates

Dr. Morgan, Susan Koontz, and Marilyn Rissmiller then updated the council on SB18-022 Opioid Prescribing, the latest out-of-network provider draft bill, and that SB18-040 Substance Use Harm Reduction had also been killed earlier that day.

Information items

Council approved the minutes from the last meeting with one correction. Dr. Morgan then reminded Council that the next meeting would be February 28th in the Founders Boardroom at COPIC.

She advised everyone to continue checking basecamp and once more thanked everyone for their patience with the conference call and webinar.

The meeting was then adjourned.

COL MINUTES

February 28, 2018

Members Attended

Braden Anderson, Laird Cagan, Clara Epstein, Kristin Freestone, Stuart Gottesfeld, Enno Heuscher, Mark Johnson, George Kalousek, Brent Keeler, Alan Kimura, Taj Kattapuram, Rachel Landin, Steven Lowenstein, Katie Lozano, David Markenson, Mark Matthews, Martha Middlemist, Frederick Miller, Lynn Parry, Deb Parsons, Richard Penalzoza, Steven Perry, Scott Replogle, Brandi Ring, Allison Sandberg, Emily Schneider, Luke Selby, Donna Sullivan, Lisa Swanson, Kathleen Traylor, Christopher Unrein, Gary VanderArk, Michael Volz, Bruce Waring, Kim Warner, Robert Yakely, Gerry Yeung, Zainab Zullali

Guests

Stacy Parra, MD

Members Excused

Rebecca Braverman, Gina Carr, Lee Morgan, Taman Osbourne-Roberts, Stephen Sherick

Members Absent

Aaron Burrows, Cory Carroll, Carla Murphy, Ian Reynolds

Staff/Non-Members

Ryan Biehle, Emily Bishop, Terry Boucher, Dick Brown, Paul Glasheen, Suzanne Hamilton, Jerry Johnson, Susan Koontz, Judy Ladd, Sara Odendahl, Marilyn Rissmiller, Chet Seward, Debbie Wagner, Katie Wolf

Roll Call, Introductions, Welcome

Dr. Matthews called the meeting to order at 6:00 p.m. Roll call was taken, introductions made, and a quorum reached. Martha Middlemist introduced her guest, Stacy Parra.

Before addressing the legislation on the agenda, Dr. Matthews informed Council that HB18-1068 had been killed in committee that Monday and that a rumored motion to reconsider did not come to fruition. Dr. Johnson, with the input of Susan Koontz and Jerry Johnson, then addressed his testimony in opposition to the bill and the subsequent commitment made to Sen. Tate to work with the NDs, possibly to draft a late bill, should a solution regarding titling be reached. Dr. Johnson noted that Council's concerns with NDs lay in their education and scope of practice but that titling issues were something Council could work with them on. Susan finished by advising Council that a scope of practice subcommittee meeting would be set up with the NDs.

Action Items: State Legislation for COL Vote

1. HB18-1114 Require License Practice Genetic Counseling

This bill was brought up again after COL decided to table the discussion at the last meeting pending more information. It was noted that several amendments were in the works to clarify language in the bill and Council voted for **CONDITIONAL SUPPORT PENDING THE AMENDMENTS** (2 oppose, 2 abstain)

2. HB18-1112 Pharmacist Health Care Services Coverage

Dr. Matthews advised Council this was another holdover from the last meeting pending more information. Katie Wolf (1) provided context on the bill, (2) clarified that rural and underserved areas are defined using federal standards and reevaluated annually, (3) and explained the health care services the bill refers to. Council voted to **SUPPORT – LOW LEVEL** (2 oppose, 4 abstain)

3. HB18-1212 Freestanding Emergency Departments Licensure

Suzanne Hamilton provided context and answered several questions regarding the licensure. After discussing, Council voted to **MONITOR** (2 abstain)

4. HB18-1155 Sunset Continue Physical Therapy Board Functions

Dr. Matthews advised council on the details of the bill and noted that physical therapists were seeking to add allowance for dry needling, a procedure they had been doing for years but which acupuncturists were raising objection to. After brief discussion, Council voted to **MONITOR** (unanimous)

5. HB18-1182 Statewide System for Advanced Directives

Council noted that a similar bill passed in 2011 but it has not received funding and concern was expressed that this legislation would remain underfunded as well. It was noted that this system would be helpful if funded. Council voted to **SUPPORT – LOW LEVEL** (unanimous) and expressed an interest to include psychiatric advance directives.

6. HB18-1179 Prohibit Price Gouging on Prescription Drugs

Dr. Matthews advised council on the bill's definition of price gouging and opened the floor to discussion. A concern was raised about how effective in-state legislation would be when many drug companies are out-of-state or out-of-country. After discussion, Council voted to **MONITOR** (3 oppose, 1 abstain)

Updates

Dr. Matthews then clarified a question Council had last meeting on HB18-1136 regarding the bill's inclusion of managed care organizations. He advised Council that they had taken a position to monitor, Council decided to keep monitoring.

Jerry Johnson then advised Council that SB18-022 had passed the Senate and was in the House. He noted that CMS lobbyists were fighting a change to the bill that would mandate e-prescribing and reminded Council to check Basecamp frequently.

Finally, Dr. Matthews advised Council that the Prescription Drug Price Transparency draft on the agenda had become a bill the day before and so the introduced bill would be on the next meeting's agenda.

Information Items

Council approved the minutes from the last meeting with one correction. Dr. Morgan then reminded Council that the next meeting would be March 21st.

The meeting was then adjourned.

PDA Committee Minutes

January 16, 2018

Present: John Hughes, MD; John Sacha, MD; Deb Parsons, MD; Lynn Parry, MD; Kathryn Mueller, MD; Robert Yakely, MD; Rebeeca Knight, ; Jens-Peter Witt, MD; Ken Fin, MD; Liz Lowerdermilk, MD; Shannon Jantz, MD; Gary Ghiselli, MD; Stephanie Stuart, MD; Tom Kurt, MD; Alan Lembitz, MD; Robin Johnson, MD; Scott Bainbridge, MD; Eleanor Jensen, MD; Erik Natkin, DO; Tom Denberg, MD;

Jonathan Clapp, MD; Chet Seward; Terry Boucher; Guests: Suzanne Hamilton, Katie Wolf, Deb Wagner

I. Introductions were made.

II. 2018 legislative proposals: The group reviewed the latest information on SB18-022, which is focused on clinical practice for opioid prescribing. CMS General Counsel Susan Koontz provided background on the latest activity on SB22 since its introduction. A few issues were specifically called out, including the need to protect the provider report card data within the bill from discovery and potential inappropriate use by trial lawyers. Susan reported that CMS is working closely with COPIC and bill sponsors to amend the bill. The clauses related to opioid naiveté have been further solidified to specify that the patient may not have received an opioid in the last 12 months from that provider.

The group noted that at the last meeting there was interest in possibly moving from the current structure of the bill that predicates the use of exemptions based upon chronic pain to utilizing a definition of acute pain and thereby eliminating many exceptions. Finding consensus on a definition of acute pain across stakeholders has proved very challenging, thus the bill is proceeding using the chronic pain definition.

The group then discussed another bill that is expected later this legislative session on electronic prescriptions. The bill, as it relates to the opioid epidemic, is expected to require electronic prescribing. The committee conceptually discussed the bill, including the need for certain exemptions. Staff shared potential exemptions to allow for written prescriptions for opioids from other states, like NY, including:

- Small physician practices, less than 25 physicians, and for physicians practicing in health professional shortage areas (rural)
- The pharmacist is not required to verify the reason for a written or oral prescription.
- Approved waiver from electronic prescribing
- Nursing home or rural health center
- Complicated directions
- Directions longer than 140 characters
- Compounded prescriptions containing two (2) or more products
- Compounded infusion prescriptions containing two (2) or more products
- A prescription containing certain elements required by the Federal Food and Drug Administration(FDA), such as an attachment
- Approved protocols under expedited partner therapy
- Approved protocols under collaborative drug management
- Response to a public health emergency that would allow a non-patient specific prescription
- Approved research protocol
- A non-patient specific prescription for an opioid antagonist
- Temporary technical failure
- Temporary electronic failure
- The prescription will be dispensed out-of-state, including federal installations such as Veteran Administration facilities

- Patient harm - If the practitioner determines that an electronic prescription cannot be issued in a timely manner and that the patient's condition is at risk

After further discussion the group conceptually agreed with this list of E-rx exemptions.

III. Request from Consortium: The Colorado Consortium for Prescription Drug Abuse Prevention has officially requested assistance from CMS to conduct a multi-specialty convening to discuss the opioid epidemic and make a plan for future intervention activities, including guideline development. The group discussed this request, emphasizing the needs to align with current Consortium priorities so as not to duplicate efforts and further to engage specialty medical societies. The committee endorsed this idea and committed to work on it in future meetings.

IV. Quad board guidelines: Terry Boucher reported that the final proposed guidelines have now been released. The last stakeholder meeting was held on 12/28. Highlights include:

- The boards removed the upper limits, it only suggests first limits as 50MME and then should a physician believe a higher dose is required they should consider a series of steps.
- Timeline – Stakeholder meetings are closed. These proposed guidelines will go to the respective boards during their spring meetings.
- Noted that as is these proposed guidelines are likely final. Post implementation we can always request a change in the guidelines.
- Group discussed the guidelines, especially noting their appreciation for the stop sign format of the guidelines.

V. CMS Platform update: Due to time constraints, the committee directed staff to initiate a committee Basecamp discussion regarding updating the CMS platform on prescription drug abuse prevention.

VI. New business:

Dr. Parsons shared a public health awareness and education tool that she is designing to help educate all stakeholders about the multi-faceted nature of the opioid problem and solutions to combat the crisis. She solicited feedback from the group on the tool, along with connections to other physicians that might be willing to provide feedback. Staff will also initiate a Basecamp discussion on this topic. Members are encouraged to provide feedback.

VII. Next meeting: The next meeting of the committee is scheduled for February 20 from 6:00-8:00 pm.

Council on Ethical and Judicial Affairs (CEJA) Minutes

February 20, 2018

Members attending: Lynn Parry, MD, Chair, Paul Anderson, MD, Mark Levine, MD, Michael Lepore, MD, Clara Epstein, MD, Matt Wynia, MD, Chris Unrein, DO

1. Invitation of CU to CMS to participate in the Holocaust exhibit at UC Denver Campus, specifically the role of health professionals in Holocaust; During Holocaust Remembrance Week Senior Historian from Washington, D.C, will be in Colorado for Holocaust programs. CU offered CMS an opportunity for partnership, i.e., educational event, a specific meeting for area physicians that would involve interested local component societies. This would likely be an evening meeting of societies at the exhibit on the CU campus.
Points made by CEJA members. (a) Possible to set up a teleconference for physicians who are farther from Denver; (b) Use the next meeting to publicize this event; (c) CMS should publish this event in their bulletin; (d) Organizations can formally partner: 1) promotional partners – get word out 2) partner – financial support

A motion to recommend to the board of directors that CMS partner with CU on the Holocaust exhibit and an evening meeting with physicians was unanimously approved.

2. Data collection in medically assisted dying: Discussion included for information
 - a. Draft will not be introduced this session
 - b. In DC National Academy of Medicine held workshop on physicians assisted dying (more in-depth than just data)
 - c. Not sure leg vehicle is necessary at this time, work with dept. of public health in other ways.
 - d. Medical community should sit down and decide what data they want to track.
 - e. Other states that do this have a physician follow up form to be filled out after person passes away – inform on if the patient took the drugs, any complications, etc.
 - f. Still relatively rare occurrence even in states that this is legal.
 - g. Physicians should have the say in this data collection, not legislators.
 - h. What happens to any unused medication? This is not tracked and that can be a problem.
 - i. Dr. Parry will set up a meeting to discuss data collection options and requests will go out to component societies to discuss about Holocaust exhibit