

Approved February 16, 2011

**COLORADO BOARD OF HEALTH  
MINUTES  
January 19, 2011**

**NOTE: These minutes are a summary of the proceedings and motions of the January 19, 2011 meeting of the Colorado Board of Health. The complete and accurate record is the audio recording of the meeting. Documents referenced in the minutes are available for public inspection at the Board of Health Office, Colorado Department of Public Health and Environment, Bldg. A, 5th Floor, 4300 Cherry Creek Drive South, Denver, CO, or call 303-692-3464 to request copies.**

**Call to Order/Roll Call**

The January 19, 2011 Colorado Board of Health meeting was called to order at approximately 10:05AM at the Colorado Department of Public Health and Environment, Sabin Conference Room, 4300 Cheery Creek Drive South, Denver, Colorado, by Glenn Schlabs, president.

**Members Present**

Laura Davis, District 2; Kindra Mulch, District 4 (via telephone); Glenn Schlabs, District 5; Joan Sowinski, District 6; Jeanne McGinnis, District 7; Larry Kipe, M.D., At-Large (via telephone); Christine Nevin-Woods, D.O., At-Large, Martha Rudolph, Executive Director, (ex-officio); and Lisa Miller, M.D., Acting Chief Medical Officer.

**Members Absent:**

Philip Mehler, M.D., District 1

**Staff Present:**

Karen Osthus, Board Administrator; Jamie L. Thornton, Program Assistant, and Jennifer L. Weaver, Assistant Attorney General, legal counsel.

**Approval of Minutes**

BY UNANIMOUS CONSENT, the November 17, 2010 minutes were approved after minor corrections, and the December 15, 2010 minutes were approved as written.

**Public comments (regarding matters not on the agenda)**

None.

**Board comments (regarding matters not on the agenda)**

Ms. Mulch expressed her enthusiasm regarding Dr. Urbina's appointment as the new Executive Director and her delight that Martha Rudolph would remain with the department, in her previous capacity, as the Director of Environmental Programs.

**Election of Officers**

The Board decided to postpone the election of officers until the February 16, 2011 meeting.

**Petition for Emergency Rulemaking pertaining to Patient Privacy**

Mr. Schlabs addressed opening remarks to Board members prior to hearing the petition for emergency rulemaking hearing. He voiced his concerns that the petition did not meet the criteria for an emergency rulemaking hearing as defined by the State Administrative Procedures Act (APA) CRS 24-4-103(6). He pointed out that the APA allows for the emergency adoption of a rule when the agency finds that "the immediate adoption of the rule is imperatively necessary to comply with state or federal law or federal regulation or for the preservation of public health, safety or welfare, and compliance with the normal notice requirements would be contrary to the public interest."

Laura Kriho, Cannabis Therapy Institute (CTI) disagreed with Mr. Schlabs regarding the emergency nature of the petition. She stated that the petition meets the criteria because the Department of Revenue (DOR) scheduled a rulemaking hearing

for January 27, 2011. She stated that the topic of the rulemaking hearing is to create and replace the department's confidential medical marijuana registry with a non-confidential database. She commented that law enforcement agencies and other state agencies would have access to the information contained in the database. She testified that any information sharing between agencies results in a breach of confidentiality and creates a Fifth Amendment self-incrimination issue for patients.

Mr. Schlabs remarked that the Board appreciates and understands the importance of privacy regarding medical information. He emphasized that the Board is required to follow statutes and that the reasons outlined in statute for adopting emergency rules are very narrow. He stated that in 2010 two statutes passed that consider allowing information sharing and stressed that the Board does not have the authority to address that issue. He mentioned that if the statutes are contrary to the Constitution it would have to be addressed through the Colorado court system.

The Board discussed statutory authority as it pertains to the Department of Public Health and Environment ("department"), Board and the interaction with the Department of Revenue (DOR). They specifically addressed instances where regulations of one department may affect another department. The Board emphasized that they do not have jurisdiction over DOR and DOR does not have jurisdiction over the Board. Jennifer Weaver, Assistant Attorney General, pointed out that the Attorney General's Office (AGO) received CIT's proposed amendments on January 18 at 4:00 p.m.; additionally, the AGO has not had the opportunity to review DOR's proposed rule to determine if a conflict exists.

Ms. Kriho stated that article 18, section 14 of the Colorado Constitution grants the Board authority to create a confidential registry, which gives them the power to enact the rules outlined in the petition. She emphasized that regardless of statutes passed by the State or issues of constitutionality regarding those statutes the Board is required to ensure the confidentiality of the registry. She pointed out that the status, location and security of the registry is unknown; moreover, the emergency rules are an attempt to address those concerns. Ms. Kriho requested that a hearing be set thirty days from January 19, 2011 if the Board does not enact the emergency rules.

#### **Public Comments:**

Robert Chase, Colorado Coalition for Patients and Caregivers' and Timothy Tipton, Rocky Mountain Caregivers Cooperative, supported Ms. Kriho's statements, and her request for an emergency rulemaking hearing. Furthermore, Mr. Chase commented that the Colorado Constitution is clear that the Board has an obligation to act regarding the confidentiality of the registry. Mr. Tipton asked the Board to be respectful of patient's confidentiality and privacy rights.

#### **Staff Comments:**

Ron Hyman, State Registrar and Director, Office of Vital Statistics and Medical Marijuana Registry, commented that he appreciates the concerns brought forth by the public regarding the security and confidentiality of the medical marijuana registry. He emphasized that he takes his responsibility as the director very seriously.

Mr. Hyman indicated that the medical marijuana registry is located at the Office of Information Technology (OIT) and maintained in a closed position system, much like the birth and death records. Mr. Hyman stated that a secure communication channel is used to access the registry and requires a user ID and password. He pointed out that all employees with access to the registry are required to undergo a rigorous background check and sign a confidentiality agreement. Mr. Hyman confirmed that the content of the registry is not available for general distribution and that the personal identifying information is not shared with anyone. He pointed out that the department validates the legitimacy and accuracy of the medical marijuana card. He spoke about the consideration of creating an electronic verification mechanism that would allow law enforcement and other agencies to validate medical marijuana cards outside regular business hours.

Further discussions ensued regarding DOR's rulemaking process, concerns about the processing of medical marijuana card applications, and the information posted on the department's website regarding medical marijuana. Board members requested additional information regarding the department's confidentiality procedures as it pertains to the medical marijuana registry, the department's authority to share information, and the Board's authority regarding the medical marijuana registry.

Ms. Kriho, Mr. Tipton, and Mr. Chase made additional comments addressing the department's authority to share any information from the registry and insisting that any information sharing stop immediately. Additionally, they wanted to know who had access to the registry, what information was provided and the purpose for obtaining the information.

The Board scheduled an informational briefing for February 16, 2011 to consider CTI's petition for a rulemaking hearing.

**Discussion/Request for a Rulemaking Hearing: Proposed amendments to 5 CCR 1005-4, Newborn Screening - adding Severe Combined Immunodeficiency (SCID) to list of conditions receiving a first screen**

**Staff Comments:** David Butcher, Director, Laboratory Services Division, presented the proposed amendments and asked the Board to schedule a public rulemaking hearing on March 16, 2011. He provided a definition of SCID and pointed out that SCIDs meets the criteria for the Board to add the condition to the newborn screening test. He commented that stakeholders were notified of the proposed changes and that one favorable comment was received. Additionally, the Colorado Newborn Screening Advisory Committee recommended including SCID in the newborn screening panel. Mr. Butcher responded to several questions and comments regarding the proposed amendments.

**BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing on March 16, 2011 to consider proposed amendments to 5 CCR 1005-4, Newborn Screening.

**Discussion/Request for a Rulemaking Hearing: Proposed amendments to 6 CCR 1011-1 Ch. XXVI Standards for Hospitals and Health Facilities, Home Care Agencies**

**Staff Comments:** Laurie Schoder, Policy Analyst, Health Facilities and Emergency Medical Services Division, presented the proposed amendments and asked the Board to schedule a public rulemaking hearing on March 16, 2011. Ms. Schoder reminded the Board that prior to 2008 home care agencies were not required to be licensed by the state. She commented that in 2008, the department developed regulations to license home care agencies. In 2010, the General Assembly amended the statutes to require community center boards serving persons with developmental disabilities to obtain a license by September 2011. Ms. Schoder remarked that the community center boards agreed with the proposed changes.

**BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing on March 16, 2011 to consider proposed amendments to 6 CCR 1011-1 Ch. XXVI, Standards for Hospitals and Health Facilities, Home Care Agencies.

**PUBLIC RULEMAKING HEARING – Continuation of October 20, 2010 hearing: Proposed amendments to 5 CCR 1006-2, Regulation 6. Medical Use of Marijuana - codifying petitioning process to add debilitating medical conditions**

**Staff Comments:** Lisa Miller, M.D., Acting Chief Medical Officer, requested the Board adopt the proposed amendments regarding the petition process to add debilitating medical conditions to the medical marijuana registry.

Dr. Miller reviewed the background of the proposed amendments; summarized the issues presented at the rulemaking hearing in October; and discussed the revisions made to the proposed rules after the October hearing. She mentioned that the department's Medical Marijuana Advisory Committee (MMAC), the Colorado Medical Society (CMS) and other stakeholders discussed the importance of including Randomized Controlled Trials (RCT) in the petition process, adding the use of the Cochrane Central Register of Controlled Trials and the substitution of the word "physician" for the phrase "medical expert". She pointed out that CMS brought forward the last two suggestions and that MMAC supported the proposed changes by a vote of 8-3.

**Board Comments/Discussion**

Ms. Davis commented that she attended a stakeholder meeting and was comfortable with the process. She stated that everyone had an opportunity to voice his or her opinion and there was meaningful discussion among the participants.

**Public Comments:**

The following persons testified in general opposition to the department's proposal: Jill Lamoureaux, department's Medical Marijuana Advisory Committee and Department of Revenue's Medical Marijuana Advisory Committee; Alan Shackelford, M.D., Department of Revenue's Medical Marijuana Work Group; Timothy Tipton, Rocky Mountain Caregivers Cooperative; Kathleen Chippi, advocate/educator; James McVeany, disability rights advocate; Robert Chase,

Colorado Coalition for Patients and Caregivers; Laura Kriho, Cannabis Therapy Institute; Margaret Gedde, M. D.; Betty Aldworth, Executive Director, Coloradans for Medical Marijuana Regulation; and Miguel Lopez, Community Organizer.

The speakers' shared objective was to encourage the Board to reject the department's proposal and request that the following changes be made to the proposed regulations:

- Remove the requirement for RCT
- Replace "harm associated" with "harm to specific condition"
- Consider the concept of relative harm
- Exclude addiction as one of the harms
- Include published peer reviews
- Require the ad-hoc committee to review harms caused by alternative treatments

Persons opposed to the department's proposed changes focused on the following components of the rule:

- Lack of RCT on cannabis in the U.S.
- Institutional bias regarding medical marijuana
- Difficulty funding research
- RCT standard too high
- Marijuana does not have a lethal dose
- The language "harm associated" is too vague

### **Board Comments/Questions**

Significant discussion focused on the requirement of a RCT, the concept of harm, and biases associated with addiction.

The majority of the Board supported the inclusion of a RCT in the petition process even though some members felt conflicted. The Board viewed the lack of research and the controversial nature of medical marijuana as supporting the logic to err on the side of caution before allowing new conditions to be treated by it.

Ms. Davis emphasized the importance of individuals and physicians discussing the potential risks and harms associated with medications. She pointed out that stakeholders suggested using the term "relative harm" and she recommended considering using the term as alternative language. Further Board discussion focused on the definition and physician interpretation of "relative harm".

Some Board members were concerned with petitions being denied based on biases associated with addiction. Ms. Davis pointed out that all drugs have the potential to be addictive and implied that physicians consider addiction, as a matter of course, when prescribing medications. She asked Dr. Miller "if addiction is considered when harms are identified during the petition process."

Ms. McGinnis suggested, due to the current institutionalized bias concerning cannabis research, that the department take a more liberal approach regarding petition reviews. She recommended that the ad-hoc committee established in the proposed rules be allowed to vet all petitions submitted prior to the department denying them. She pointed out that the composition of the ad-hoc committee would be an asset during the vetting process and would assist the Board in determining if a condition should be added to the list.

Dr. Miller clarified that the department would deny petitions when studies show that the treatment is harmful to the specific condition and that a good alternative treatment exists. She emphasized that both standards must be present in order for the department to deny any petition. She remarked that the department's stakeholders did not discuss the concept of addiction and it is not reflected in the proposed language. She agreed that addiction is a consideration when medication is being prescribed and pointed out that an addiction specialist is on MMAC. When questioned about the department's intent concerning addiction, Dr. Miller stated it was not the department's intent to deny these petition solely based on addiction.

**MOVED** by Ms. Davis, and seconded by Dr. Nevin-Wood, to adopt the proposed amendments to 5 CCR 1006-2 Regulation 6, Medical Use of Marijuana – pertaining to codifying petitioning process to add debilitating medical conditions, along with the statement of basis and purpose, specific statutory

authority and regulatory analysis with the following amendments, page one adding a space to line 48, and adding a semicolon on page two line 10 and 19 and a semicolon and the word “or” on line 28.

**MOTION CARRIED (6-1)**

**Reports from the Executive Director, Martha Rudolph**

Ms. Rudolph mentioned that Dr. Urbina, the new Executive Director of the department, would start on January 31, 2011. She stated that he will be a great asset to the department and that she looks forward to working with him. She also mentioned that she would be returning to her previous position as the Director of Environmental Programs.

**Reports from the Acting Chief Medical Officer, Lisa Miller M.D., MSPH**

Dr. Miller informed the Board that the first 2011 pediatric influenza death in Colorado has been reported and that since 2003 an average of twelve pediatric deaths are attributed to influenza. She advised the Board that all three strains of influenza, (H3N2, H1N1, and Influenza B), are on the rise in Colorado and that the department is encouraging the public to obtain an influenza vaccination. She also stated that she would return to her former position as the Director of the Disease Control and Environmental Epidemiology Division.

**Public Health Act Update, Kathleen Matthews, Director, Office of Planning and Partnership**

Ms. Matthews mentioned that Dr. Urbina served as the Chair of the Public Health Improvement Steering Committee prior to becoming the Executive Director of the department and that he will continue acting in that role. She announced that she is developing a presentation focused on the goals of the Public Health Improvement Plan and Steering Committee and asked the Board for any items of interest.

**Legislative Update, Karin McGowan, Director of Policy, External Affairs and Planning**

Ms. McGowan commented that there is very little to report during the second week of the 2011 legislative session. She reminded the Board that all departments would be asked to review their budgets in light of the \$1 billion shortfall and pointed out that the Joint Budget Committee (JBC) would specifically look at general funded programs. Ms. McGowan mentioned that the only bill of potential interest is a medical marijuana cleanup bill and she stated that she would keep the Board apprised of information as it become available.

**Attorney General’s Report-status update on litigation involving the State Board of Health**

Jennifer L. Weaver, Assistant Attorney General, updated the Board on the status of the following cases:

**CCHI v. BOH**

- Attorney General’s Office received copies of the record from the department
- CCHI’s attorney was invoiced for costs associated with those copies
- The record is due to district court on January 24, 2011

**LaGoy v CDPHE**

- Plaintiff ‘s Answer brief is due February 1, 2011

**Administrative Business – Karen Osthus, Board Administrator**

Ms. Osthus mentioned that the February meeting was scheduled to be held by a telephone conference call; however, due to an increase in agenda items, a regular meeting will be held. She pointed out that four Board member appointments expire on March 1, 2011 and that three members have reapplied. She reminded the Board that an additional vacancy exists due to Commissioner Riddle’s departure. Ms. Osthus stated that the Governor’s office has not released any appointments to date and stressed that all Board members will continue to serve until they are reappointed or a member has been selected to fill their spot.

**Discussion/Request for a Rulemaking Hearing: Proposed amendments to 5 CCR 1006-2, Rules Pertaining to Medical Use of Marijuana – concerning the regulations of physicians.**

**Staff Comments:** Ann Hause, Director, Office of Legal and Regulatory Affairs, explained the proposed rule asked the Board to schedule a public rulemaking hearing on March 16, 2011. Ms. Hause reminded the Board that in 2010 the

General Assembly passed two bills pertaining to physicians regulations concerning the medical marijuana program. She pointed out that there have been two meetings between the program staff and the Medical Marijuana Advisory Committee (MMAC) to discuss the proposed regulations; additionally, a January 27 meeting is scheduled to address an outstanding issue. Because of this, Ms. Hause informed the Board that some changes to the current proposal were possible.

**BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing on March 16, 2011 to consider proposed amendments to 5 CCR 1006-2, Medical Use of Marijuana – concerning the regulations of physicians.

**Discussion/Request for Rulemaking Hearing: Proposed amendments to 6 CCR 1011-1, Ch. II, General Licensure Standards - concerning the reuse of single use disposable medical devices**

**Staff Comments:** Lorraine Dixon-Jones, Policy Analyst, Health Facilities and Emergency Medical Services Division, asked the Board to schedule a public rulemaking hearing on March 16, 2011.

Ms. Dixon-Jones explained that manufacturer's current label disposable medical devices as single use devices; however, these medical devices could be used multiple times if they have been reprocessed. She pointed out that the Food and Drug Administration (FDA) has developed extensive regulations regarding reprocessing single use disposable medical devices and that the proposed regulations allow facilities to reuse single use disposable medical devices if they have been reprocessed according to FDA standards.

**BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing on March 16, 2011 to consider proposed amendments to 6 CCR 1011-1, Ch. II, General Licensure Standards – concerning the reuse of single use disposable medical devices.

**Discussion/Request for Rulemaking Hearing: Proposed amendments to 6 CCR 1011-1, Ch. II, General Licensure Standards - concerning the donation of unused medications, medical devices, and medical supplies**

**Staff Comments:** Lorraine Dixon-Jones, Policy Analyst, Health Facilities and Emergency Medical Services Division, asked the Board to schedule a public rulemaking hearing on March 16, 2011.

Ms. Dixon-Jones commented that the existing rules are based on a law passed in 2006, which allows assisted living residences, hospices, hospital units, hospitals, and nursing homes to donate medications to a non-profit entity or a pharmacist within the facility for residents residing in the same facility. In 2010, the statutes were expanded allowing donations of medications, medical devices, and medical supplies to be given to other facility types, patients outside of a facility and non-profit organizations. Additionally the proposed regulations address the donation process, storage, and transportation and maintaining medical efficacy.

**BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing on March 16, 2011 to consider proposed amendments to 6 CCR 1011-1, Ch. II, General Licensure Standards – concerning the donation of unused medications, medical devices, and medical supplies.

**Request for Approval of Funding Recommendations: Tobacco Education, Prevention and Cessation Grant Program Review Committee – Support for the Tobacco-free Colorado Communities Initiative**

**Staff Comments:** Jason Vahling, Director, Healthy Living Branch, Center for Healthy Living and Chronic Disease Prevention, Prevention Services Division, presented the funding requests for the Tobacco-free Colorado Communities Initiative (TFCCI) and a technical assistance provider for TFCCI.

Mr. Vahling requested that \$28,098 be awarded to eight of the nineteen Tobacco-free Colorado Communities supported by the program. He reminded the Board that fifteen percent of the program's funds must target disproportionately affected populations. He pointed out that the purpose of funding is to engage communities to support the advancement of program policy, such as illegal tobacco sales to minors, expansion and enforcement of the Colorado Clean Air Act, and promotion of smoke free environments in multi-unit housing.

Mr. Vahling requested an amount up to \$297,156 to fund SE2 as the technical assistance provider for TFCCI. He mentioned that during the funding process many communities expressed the need for additional support regarding local coalition building and local policy work. The technical assistance requests include developing talking points, developing key messages, and identifying opportunities for paid media placement.

He remarked that a formal Request for Applications (RFA) was issued to select a technical assistance provider. Mr. Vahling emphasized that the purpose of the public relations and media placement technical assistance provider is to focus on local communities who receive funding through TFCCI.

**MOVED** by Ms. McGinnis, and seconded by Ms. Davis, to approve the funding recommendation as presented, \$28,098 to TFCCI and up to \$297,156 for the public relations media placement technical assistance provider.

**MOTION CARRIED UNANIMOUSLY**

**Request for Appointments to the Tobacco Education, Prevention and Cessation Grant Program Review Committee – filling vacancies for representative of a statewide association representing physicians and for representative of an association representing family physicians**

**Staff Comments:** Mr. Vahling, Prevention Services Division, presented the Tobacco Education, Prevention and Cessation Grant Program Review Committee's recommendations to fill vacancies on the Review Committee. He explained the statutory requirements of the program and pointed out that the Review Committee followed its standard practice associated with filling committee review vacancies. There was a brief discussion regarding committee composition and the lack of pediatric representation.

Mr. Vahling offered the following names for the Board's consideration.

- 1) **Representative of an association representing family physicians**, Christine Petty, MD, Family Physician, Denver Veterans Affairs Medical Center
- 2) **Representative of a statewide association representing physicians**, Jeffrey Wagener, MD, Professor of Pediatrics, University of Colorado Medical School, and The Children's Hospital

**MOVED** by Ms. McGinnis, and seconded by Ms. Sowinski, to appoint Dr. Petty and Dr. Wagener to the Tobacco Education, Prevention and Cessation Grant Program Review Committee.

**MOTION CARRIED UNANIMOUSLY**

**PUBLIC RULEMAKING HEARING: Proposed amendments to 6 CCR 1011-1 Ch. XX Ambulatory Surgical Centers - pertaining to admission criteria (Continued from October 20, 2010)**

Ms. McGinnis recused herself from the hearing and the vote on this issue.

**Staff Comments:** Laurie Schoder, Policy Analyst, Health Facilities and Emergency Medical Services Division presented the Board with the proposed changes to the admission criteria for ambulatory surgical centers (ASC). Ms. Schoder commented that the proposed changes to the regulations are a direct result of working closely with the Colorado Ambulatory Surgery Center Association (CASCA). She stated that the changes reflect increased flexibility for the physicians and increased services to the public while continuing to protect the public health.

Ms. Schoder pointed out a change was made on page one to replace "Physician" with "Physicians" and on page two to insert the word "rather" after ASC to read, "The performance of a procedure in an ASC rather than a hospital setting does not pose a significant risk to the patient." She emphasized that the existing requirement regarding public safety, specific to the presence of special equipment, personnel or facilities during a procedure at an ASC remain intact.

**Public Comments**

Craig Davis, M.D., Orthopedic Surgeon, CASCA Vice President, voiced support for the proposed ASC regulations. He provided a brief overview regarding the rationale and importance of the proposed changes, and provided clarification regarding the American Society of Anesthesiologists (ASA) classification system discussed at the October rulemaking hearing.

Ross Alexander, Administrator, Surgery Center of Fort Collins, expressed his support for the proposed changes and acknowledged the collaborative efforts of everyone involved. Mr. Alexander stated his preference for the term "increased risk" as opposed to "significant risk" in terms of the change on page two.

**Board/Comments/Discussion**

**MOVED** by Ms. Sowinski, and seconded by Ms. Davis, to adopt the proposed amendments to Standards for Hospitals and Health Facilities, 6 CCR 1011-1 Ch. XX Ambulatory Surgical Centers - pertaining to admission criteria, along with the statement of basis and purpose, specific statutory authority and regulatory analysis with the following amendments, page one line 30, to read: “procedure in an ASC rather than a hospital setting does not pose an increase risk to the patient.”

**MOTION CARRIED UNANIMOUSLY** (Ms. McGinnis recused)

**PUBLIC RULEMAKING HEARING: Proposed amendments to 6 CCR 1015-4, Ch. Two –Statewide Emergency Medical and Trauma Care System Standards - concerning algorithms**

**Staff Comments:** Randy Kuykendall, Section Chief, Emergency Medical and Trauma Services, Health Facilities and Emergency Medical Services Division, requested that the proposed amendments be adopted. He stated that the substantive changes are reflected in the replacement of the current Trauma Triage Algorithm (Exhibit A) and the addition of an Exhibit B.

Mr. Kuykendall commented that the proposed language is due to the new national template designed by the American College of Surgeons (ACS) and Centers for Disease Control and Prevention (CDC). He commented that, in an effort to address the specific needs of Colorado, stakeholders made modifications to CDC’s template by developing Exhibit B. He pointed out that the State Emergency Medical and Trauma Services Advisory Council vetted and approved the proposed changes and concluded by providing an overview of the practical application of the algorithms.

**MOVED** by Dr. Nevin-Woods and seconded by Ms. Davis, to adopt the proposed amendments to, 6 CCR 1015-4 Ch. Two pertaining to Statewide Emergency Medical and Trauma Care Systems Standard – concerning algorithms and other amendments, along with the statement of basis and purpose, specific statutory authority and regulatory analysis along with the correction on line eight page three, striking “Glasgow” and inserting “Glasgow”.

**MOTION CARRIED UNANIMOUSLY**

**Briefing: LiveWell Colorado Annual Update**

**Comments:** Maren Stewart, President and CEO, LiveWell Colorado, shared her appreciation for the partnership that the department and LiveWell Colorado share. She stressed the importance of public and private sectors working together towards a common goal. Ms. Stewart reminded the Board that LiveWell Colorado is a statewide non-profit organization funded by Kaiser Permanente and the Colorado Health Foundation. She updated the Board on the mission, goals and activities of LiveWell Colorado. She provided a copy of the LiveWell Colorado 2009 Annual Report: *Laying the Foundation For Healthy Change* that highlights 2009’s achievements.

Ms. Stewart remarked that the mission of LiveWell Colorado is to reduce and prevent obesity by increasing access to healthy foods and motivating sustainable healthy behavior changes. She commented that the strategic goals include community investment, policy blueprints, media relations and communications strategies. She provided a brief progress report for each strategic goal.

Ms. Mulch asked Ms. Stewart to provide more information about the locations of LiveWell Colorado campaigns throughout the state. Ms. Stewart commented that the organization is a statewide organization; which funds 22 communities throughout the state. She pointed out that the eastern plains and the western slope are underrepresented but efforts are being made to increase participation in those regions.

Ms. Rudolph encouraged Ms. Stewart to consider other types of organizations as partners. She mentioned that some organizations, such as the Regional Air Quality Council, might have a similar goal that results in supporting LiveWell Colorado’s healthy living goals.

The Board congratulated Ms. Stewart on all of LiveWell Colorado accomplishments and expressed gratitude for her hard work and commitment.

**The meeting adjourned at approximately 2:15 p.m.**