

**COLORADO BOARD OF HEALTH  
MEETING MINUTES  
May 18, 2011**

**NOTE:** These minutes are a summary of the proceedings and motions of the May 18, 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, 5<sup>th</sup> Floor, 4300 Cherry Creek Drive South, Denver, CO., or call 303-692-3464 to request copies.

**Call to Order/Roll Call**

The May 18, 2011 Colorado Board of Health meeting was called to order at approximately 10:10a.m. at the Colorado Department of Public Health and Environment, Sabin Conference Room, 4300 Cherry Creek Drive South, Denver, Colorado, by Laura Davis, president.

**Members Present**

Philip Mehler, M.D., District 1, Laura Davis, District 2; Crestina Martine, District 3 (County Commissioner); Kindra Mulch, District 4; Glenn Schlabs, District 5; Christine Nevin-Woods, D.O., At-Large; Christopher Stanley, M.D., District 7; Sue Warren, At-Large, Christopher Urbina, Executive Director and Chief Medical Officer, (ex-officio).

**Members Absent:**

Joan Sowinski, District 6

**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 April 20, 2011 minutes were approved as written.

**Introduction of new Board members**

Ms. Davis welcomed newly appointed Board members: Crestina Martinez of San Acacia, Costilla County Commissioner; Susan Warren of Denver; and Dr. Christopher Stanley of Arvada, Senior Medical Director, United Health Care. The new board members received Senate confirmation on May 11, 2011.

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

A member of the public asked for an update regarding the fees pertaining to medical records copying. Ms. Osthus remarked that the fees remain the same and that litigation is currently taking place.

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

Ms. Mulch requested that the Board hold a retreat in the next couple of months and include various work sessions to address a variety of topics. Ms. Osthus commented that a work session is scheduled for the July meeting.

**PUBLIC RULEMAKING HEARING: Proposed amendments to 6 CCR 1015-3, State Emergency Medical and Trauma Care System – pertaining to Ch.1 Education and Certification, Ch. 2 Practice & Medical Director Oversight, Ch. 3 Data and Information Collection & Record Keeping, Ch. 4 Licensure of Ground Ambulance Services, and Ch. 5 Air Ambulance**

**Staff Comments:** Randy Kuykendall, Section Chief, Emergency Medical and Trauma Services Section, Health Facilities and Emergency Medical Services Division, remarked that the primary reason for the proposed changes is to align the department's education and provider certification program with the *National Emergency Medical Services Education Standards* and the *National Emergency Medical Scope of Practice Model*.

Mr. Kuykendall stated that in the past 25 years the most significant change in the profession was the creation of the Advanced Emergency Medical Technician level (AEMT). He described the qualifications of an AEMT and he added that the department's regulations include the Emergency Medical Technician Intermediate level (EMTI). He added that after significant discussion, it was decided to retain the EMTI level. In addition, he explained that the rationale was due to the certification of 700 EMTIs predominantly serving rural and frontier communities.

Mr. Kuykendall stated that the proposed changes also address changing the nomenclature, correcting grammatical and/or typographical errors, and reformatting the rules from sections into chapters.

He remarked that the proposed rules were developed over a two-year stakeholder process. He added that the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) approved the amendments.

Mr. Kuykendall responded to questions concerning provisions of narcotics on ambulances and the composition of the SEMTAC.

**Board Comments/Discussion**

None.

**Public Comments**

None.

**MOVED** by Dr. Mehler, and seconded by Mr. Schlabs, to adopt the proposed amendments to State Emergency Medical and Trauma Care System – pertaining to Ch. 1 Education and Certification, Ch. 2, Practice & Medical Director Oversight, Ch. 3, Data and Information Collection & Record Keeping, and Ch.4 Licensure of Ground Ambulance Services, and Ch. 5 Air Ambulance, 6 CCR 1015-3, along with the amendments on page 8, line 12, strike EMT and replace with EMS providers, and page 12, line 26, strike EMT and replace with EMS providers, along with the statement of basis and purpose, specific statutory authority and regulatory analysis.

**MOTION CARRIED UNANIMOUSLY**

**PUBLIC RULEMAKING HEARING: Proposed amendments to 6 CCR 1015-4, State Emergency Medical and Trauma Care System, Ch 3 – Designation of Trauma Facilities**

**Staff Comments:** Randy Kuykendall, Section Chief, Emergency Medical & Trauma Services, Health Facilities and Emergency Medical Services Division provided the Board with a summary of the proposed changes.

Mr. Kuykendall stated that the proposed changes include; 1) correcting formatting and grammatical errors; 2) deleting outdated sections; 3) updating the fees for the designation review process; and 4) establishing a fee re-reviews.

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He mentioned that the department collects fees directly from the trauma care provider and that those fees are specific to the direct and indirect cost of conducting the designation review. He added that the designation period is on a 3-year cycle and that fees have not been adjusted in over twelve years. He provided an overview of the proposed fee structure and emphasized that the larger trauma care centers are committed to supporting the smaller facilities by paying a higher fee.

Mr. Kuykendall remarked that deficiencies might be discovered during the designation review process, which would result in a return visit by the department. He added that under the current rules the department absorbs the cost of conducting a re-review and he pointed out that the proposed amendments include a fee for conducting re-reviews.

Mr. Kuykendall stated that the proposed rules were reviewed and approved by the Colorado Emergency Medical and Trauma Services Council.

### **Board Comments/Discussion**

There were various questions and comments regarding the proposed amendments including: 1) the transitional language adopted in 2009; 2) the percentage of facilities that require a re-visit; 3) the lack of fee increase for level 3 facilities; and 4) the American College of Surgeons (ACS) regarding the volume of Colorado's designation of trauma centers.

### **Public Comments**

None.

**MOVED** by Mr. Schlabs, and seconded by Dr. Nevin-Woods, to adopt the proposed amendments to 6 CCR 1015-4, State Emergency Medical and Trauma Care System, Chapter 3 – Designation of Trauma Facilities, along with the statement of basis and purpose, specific statutory authority and regulatory analysis.

### **MOTION CARRIED UNANIMOUSLY**

### **PUBLIC RULEMAKING HEARING: Proposed amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter XXIV- pertaining to Medication Administration**

Laurie Schoder, Policy Analyst, Health Facilities and Emergency Medical Services Division, requested that the Board adopt the proposed amendments and she provided a brief overview of the proposed changes.

Ms. Schoder remarked that the department established the program in the late 1980s in response to a legislative mandate. She added that the program allows certain licensed facilities to designate specific individuals, once trained by the department, to assist patients or residents with medication administration.

She commented that the specific changes include correcting a typographical error and inserting language pertaining to another statutory requirement that defines the types of facilities that are allowed to employ qualified medication administration persons (QMAPS).

Ms. Schoder responded to questions from the Board and she stated that the response from stakeholders was very favorable.

### **Public Comments**

None.

### **Board Comments/Discussion**

None.

**MOVED** by Dr. Nevin-Woods, and seconded by Ms. Mulch, to adopt the proposed amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter XXIV – pertaining to Medication Administration, along with the statement of basis and purpose, specific statutory authority and regulatory analysis.

**MOTION CARRIED UNANIMOUSLY**

**Discussions/Request for a Rulemaking Hearing: Proposed amendments to 6 CCR 1011-1, Ch. IX, Standards for Hospitals and Health Facilities Community Clinics and Community Clinics and Emergency Centers – authorizing community clinics to become hospital off-campus locations**

**Staff Comments:** Lorraine Dixon-Jones, Policy Analyst, Health Facilities and Emergency Medical Services Division, provided a summary of the proposed changes and asked the Board to schedule a public rulemaking hearing for July 20, 2011.

Ms. Dixon-Jones stated that amendments to Chapter IV, General Hospital regulations, were recently passed which allow hospitals to have off campus locations. She added that by definition the locations are for out-patients services owned and operated by a hospital and cannot be on the hospital campus or subject to another licensure category.

She commented that the proposed amendments included community clinics in the definition of off campus locations. She pointed out that by allowing community clinics to be off site locations they will be required to adhere to regulations that are more stringent. She added that the hospitals support the change because the regulatory burden would be decreased in terms of maintaining fewer licenses.

Ms. Dixon-Jones responded to board questions regarding; the expansion of services provided; the possible decrease in the standard of care; and the motivation for making this change.

**BY UNANIMOUS CONSENT**, the Board scheduled a public rulemaking hearing for July 20, 2011 to consider proposed amendments to 6 CCR 1011-1, Chapter IS, Standards for Hospitals and Health Facilities – Community Clinics and Community Clinics and Emergency Centers.

**PUBLIC RULEMAKING HEARING: Proposed amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter XVIII –Psychiatric Hospitals-pertaining to the reorganization and update of the standards of the entire chapter**

**Staff Comments:** Lorraine Dixon-Jones, Policy Analyst, Health Facilities and Emergency Medical Services Division, remarked that the proposed changes represents a revision of the entire chapter. She stated that the current regulations were adopted in 1970. She added that significant amendments have not occurred, over the years, due to the lack of funding for the department's licensure program.

Ms. Dixon-Jones remarked that the proposed amendments cross-reference Chapter IV, which results in creating equivalent requirements for similar services across hospitals types. She added that the proposed changes will also aligning the provisions with current psychiatric care.

She commented that the proposed changes to Chapter XVII include; 1) requiring the facility to define the scope of acute care services; 2) modifying the maximum bedroom capacity; and 3) requiring the use of 2006 Guidelines of American Institute of Architects (AIA) to resolve building, health and safety issues.

Ms. Dixon-Jones noted that the proposed amendments represent a negotiated consensus document and she pointed out concerns raised by the stakeholders were addressed.

**Board Comment/Discussion**

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Board discussion focused on: 1) the reason the regulations have been minimally amended considering the advancements in the psychiatric field; 2) the feedback from stakeholders; and 3) the possibility of facilities closing and/or limiting services.

### **Public Comments**

Jessie Israel, R.N., C.C.M., Director of Regulatory Policy, Colorado Hospital Association, remarked that she supports the proposed amendments and that she is very happy with the stakeholder process. She added that every psychiatric hospital and psychiatric unit in the state participated and that the comprehensive group agreed that there would be no loss of services. Ms. Israel noted that the provider community's experience was positive and that 100% consensus was achieved.

**MOVED** by Mr. Schlabs, and seconded by Dr. Stanly, to adopt the proposed amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter XVIII, Psychiatric Hospitals – pertaining to the reorganization and update of the standards of the entire chapter, to include changes on page 5, line 22 and page 7, lines 20-21 as presented today and page 1 of the Statement of Basis and Purpose, along with the statement of basis and purpose, specific statutory authority and regulatory analysis.

### **MOTION CARRIED UNANIMOUSLY**

### **PUBLIC RULEMAKING HEARING: Proposed amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter IV – General Hospitals -pertaining to general administration and care, - psychiatric services, perinatal services, and pediatrics**

**Staff Comments:** Lorraine Dixon-Jones, Policy Analyst, Health Facilities and Emergency Medical Services Division, discussed the proposed amendments to Chapter IV, General Hospitals.

Ms. Dixon-Jones remarked that changes to the General Administration and Care section include: 1) licensed independent practitioners to provide in patients with continuing daily care; and 2) require new personnel to be oriented to the patient care environment and policies and procedures prior to providing direct care independently.

She commented that changes to the Pediatric Services section consist of: 1) establishing physician director requirements; and 2) creating policies and procedures regarding admission criteria, weight/length based dosing and transfer protocols.

Ms. Dixon-Jones pointed out that the proposed changes to the Psychiatric Services section include: 1) establishing various staff qualifications; 2) providing timeframes for patient assessment and development of care plans; and 3) establishing policies and procedures regarding environmental risk assessments, de-escalating agitation, medical detox.

She noted that the changes for the Perinatal Services section include: 1) establishing staffing requirements; 2) requiring admission and transfer criteria to reflect the scope of services provided; and 3) require policies and procedures pertaining to patient monitoring, care of high risk patients and visitors.

Ms. Dixon-Jones stated that the department conducted an extensive stakeholder process, which included psychiatric hospitals. In addition, she responded to board questions regarding the proposed amendments pertaining to pediatric services and general administration and care.

### **Board Comments/Discussion**

There was some discussion on the impact of the language regarding the "licensed independent practitioner" in the General Administration and Care section of the proposed changes.

### **Public Comments**

Jessie Israel, R.N., C.C.M., Director of Regulatory Policy, Colorado Hospital Association, pointed

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out the department conducted a broad outreach and that the majority of the comments were received from the rural hospitals. She emphasized that the rural hospitals were very involved in the stakeholder process. Ms. Israel remarked that Ms. Dixon-Jones was very diligent in working to reach consensus.

**MOVED** by Mr. Schlabs, and seconded by Dr. Mehler, to adopt the proposed amendments to 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter IV, General Hospitals – pertaining to general administration and care, psychiatric services, perinatal services, and pediatrics, including the following changes: page A-1 line 23, insert the changes on the errata sheet presented today, on page B-1, line 32, add “and/” after weight and before or, page C-3, Line 23, strike “and certified for” and replace with “to provide” and on page D-2, line 26 add “section” after cesarean, along with the statement of basis and purpose, specific statutory authority and regulatory analysis, with the following changes to the regulatory analysis, page 1, insert “psychiatric hospitals (n=11\_” before the word and in convalescent centers and incorporate the applicability chart presented today.

**MOTION CARRIED UNANIMOUSLY**

**Request for Approval of Funding Recommendations: Cancer, Cardiovascular and Pulmonary Disease (CCPD) Grant Program – FY 2011-12**

Ray Estacio, MD, Chair, Cancer, Cardiovascular Disease, and Pulmonary Disease Review Committee, respectfully requested the approval of \$2,179,752 in grant awards for the FY 2011-2010 funding period, as described in detail, in the memorandum dated May 4, 2011.

Dr. Estacio remarked that the review process was conducted through open meetings and that the recommendations followed the legislative requirements. He pointed out that the program’s budget has been reduced from \$47 million to \$2.1 million over the last three years due to the declaration of a fiscal emergency.

Dr. Estacio commented that a competitive continuation application was released on February 1, 2011. He stated that ten applications were received and subsequently deliberated, scored and ranked by the Review Committee. He added that the Review Committee recommends full or partial funding for a total of six programs.

Ms. Davis stated that she appreciates the hard work and difficult decisions that the Review Committee undertakes during hard economic times. She added that she has confidence in their processes and decisions.

Ms. Mulch remarked that the Review Committee has established a high level of credibility, particularly at the legislative level, and congratulated them on a job well done.

**MOVED** by Mr. Schlabs, seconded by Dr. Stanly, to approve the FY 2011-2012 funding recommendations for the Cancer, Cardiovascular and Pulmonary Disease programs (excluding Colorado Prevention Center) in the amount not to exceed \$1,619,776 as presented in the memo dated May 2, 2011.

**MOTION CARRIED UNANIMOUSLY**

**MOVED** by Mr. Schlabs, seconded by Dr. Stanly, to approve the FY 2011-2012 funding recommendations for the Cancer, Cardiovascular and Pulmonary Disease - Colorado Prevention Center in the amount not to exceed \$559,976 as presented in the memo dated May 2, 2011.

**MOTION CARRIED UNANIMOUSLY** (Dr. Mehler and Ms. Mulch recused)

### **Health Care Reform and Public Health Briefing**

**Staff Comments:** Sara Russell Rodriguez, MSN, MH, RN, Director, Chronic Disease Prevention Branch, Center for Healthy Living and Chronic Disease Prevention, Prevention Services Division, provided an overview of healthcare reform and its impact on public health in Colorado.

Ms. Rodriguez's presentation included legislative history, provisions included in the healthcare legislation, implementation process for Colorado, and implications for public health.

### **Reports of the Executive Director and Chief Medical Officer Chris Urbina, M.D., M.P.H.**

Dr. Urbina updated the Board on the reorganization of the department, progress made regarding the Public Health Improvement Plan, and issues addressed by the Health Team. He also welcomed the new Board of Health members to the department.

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

Ms. McGowan provided a summary of the 2011 legislative session and stated that the session was very successful for the department and that all of the department's decision items were approved. She mentioned that significant progress was made by passing two bills, HB 11-1281, which continues funding for the Health Professional Loan Forgiveness program and HB 11-1291, which approved the Regional Haze Air Quality Plan.

She also commented on the following: Term-Limits Water Operators Certification Board (SB 11-021); Repeal Bedding Act (SB 11-248); Local Foods to Local Market (SB 11-258); Exempt federally qualified health centers (FQHC) State Licensure (HB 11-1101); and Prohibit E-cigarette Possession By Minors (HB 11-1016).

Ms. McGowan remarked that there were numerous confirmations for boards and commissions and she congratulated the new board members on their appointments. She responded to various questions from board members.

### **Attorney General's Report, Updates on litigation involving the State Board of Health**

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

- Colorado Consumer Health Initiative (CCHI) vs. Colorado Board of Health – is back in the district court on remand. The AGO is seeking dismissal based on CCHI missing the deadline for the opening brief.
- LaGoy vs. Colorado Department of Public Health and Environment - is fully briefed and the attorney for LaGoy has requested oral arguments.

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

Ms. Osthus remarked that the June 15 meeting would include two medical marijuana hearings and a briefing regarding SB 10-194 pertaining to the Public Health Act. She commented that the meeting would start at 9 a.m. and most likely take the entire day.

### **Meeting Adjourned at 1:21 p.m.**

Copies of Ms. Rodriguez's PowerPoint Presentation and all other meeting documents is available by contacting Jamie Thornton at [jamie.thornton@state.co.us](mailto:jamie.thornton@state.co.us)

Approved June 15, 2011