

COLORADO COMMISSION ON AFFORDABLE HEALTH CARE
First Meeting, Aug. 22, 2014
Revised Minutes October 22, 2014
COPIC, 7351 E. Lowry
Moderator: Amy Slothower, Cause Effect Advisory Services
Minutes taken by Richard Valenty

NOTE: *Everything here is a paraphrase unless it's in quotation marks. I have included a few things in parentheses that are my words, hopefully to be helpful for context in a few places.*

Meeting called to order at about 10:05 a.m.

State Sen. Ellen Roberts: She was one of the co-prime Senate sponsors of Senate Bill 14-187, the enabling legislation authorizing this Commission. She addressed the Commission, saying members' actions will be very important when it comes to the state budget and the future of health care delivery. The **208 Commission** (a major health care commission from last decade) was important to her, but the dimension of cost management wasn't addressed. As a legislator, you must address all components of the budget with finite resources, and she wishes the health care cost component would have been "in front of the horse." The Commission members' task will be Herculean, and tempers may flare. As co-prime of 14-187, her formal role will end with this hand-off of responsibility to the Commission, and she doesn't want politics to be the driving force of this effort.

State Sen. Irene Aguilar: She was the other co-prime Senate sponsor of 14-187. She thanked members of what she called a "tremendous committee," thanking Sen. Roberts in particular, and said we have forward-thinking stakeholders. Part of the Affordable Care Act (ACA) offers lots of flexibility to the states in how they handle health care. A lot of people care about people having access to affordable, quality health care, but there's a question of how we will pay for it. Some legislative bills in recent years that didn't pass generated objections over cost. As a legislator, I'm willing to sponsor bills that you (Commission) want, and if you need us to fix proposed legislation, let us know.

Amy Slothower, moderator: Let commission members know there were people calling into this meeting by phone, so they should use their mics when speaking. She thanked COPIC for use of the room. She stated brief excerpts from 14-187 about the Commission's charge, including to engage in analysis of health care cost in Colorado, and to make recommendations to the Governor and House/Senate committees of health. Today's meeting will include introductions of Commission members, establishing norms, establishing definition of success, and engaging the public for their input. She asked Commission members to weigh in on some of what they hoped for in the early stages, with most responses listed below:

Elizabeth Arenales: Start the process of defining structural issues, leadership and governance

Greg D'Argonne: Establish clear next steps

Dorothy Perry: Start on a schedule

Marguerite Salazar: List of data we need to gather

Arenales: How to hire staff

Linda Gorman: To save taxpayer dollars, define problems and make sure the data we gather can solve these problems

Jeff Cain: How will we work together? Also, concerned that we might form too many goals.

Bill Lindsay: We can't "boil the ocean" today, we need a structure and list of goals first

Amy Slothower: Offered a few recommendations for etiquette: 1) Keep good behavior and avoid boiling over; 2) Assume the best and that members have good intentions; 3) Respect everyone's time, stick to the agenda; and 4) Don't spend your time texting/tweeting/on the phone. Commission members weighed in, saying:

Lindsay: Respect everyone's opinions, it's an extremely complicated topic, and try to learn what you need to about the points raised.

Arenales: Remember we're here to serve the people of Colorado, not just individual constituencies

Ira Gorman: Let's be civil, but not be afraid to raise tough issues

Steve ErkenBrack: This topic is amazingly complex. Don't focus on debating, try to find common ground and consensus

Linda Gorman: This is supposed to be evidence-based. Sometimes the facts are what the facts are.

Amy Slothower: Introduced the topic of open meetings law.

Cindy Sovine-Miller: We need an engaged public, and must communicate with the public.

Arenales: Transparency is very important

Amy Slothower: Outlined what constitutes a public meeting in which the public must be welcome, including a discussion involving policy in which 2 or more members are together. Five or fewer may discuss logistics or review data, but can't deal with policy. Notice must be given for public meetings, minutes must be taken and available to the public, media and public must be welcome. There is some room in Colorado law for executive session, but the Commission may not take formal action during one and it must be recorded. She thought executive session would be unlikely for this Commission. Violating open meetings law could result in a loss of trust in the process.

Lindsay: Questioned if Commission has legal representation.

Roberts: Probably not right now, but you have a budget and may hire legal help if necessary.

Lindsay: E-mail is considered public. Can we seek pro bono legal help, we might in certain cases need someone to consult.

ErkenBrack: I'm an attorney, so are Arenales and Roberts. I'm also on Exchange board. Perhaps we can cover legal representation without hiring an attorney. Some entities must be represented by the Attorney General, some can't use the AG, and others fall in a grey area.

Arenales: We should hire an administrator soon, and figure out how money can be used by the Commission. There will be a long list of things we need to take on.

Lindsay: The worst thing we could do as a Commission on Affordable Health Care is to overspend on our budget. We will need to address accounting.

FIRST BREAK, 10:40-10:45 am

Amy Slothower: Next step is for Commissioners to give brief intro about themselves, including who their constituency is, how would you define success 1-3 years into the future, what could hamper our success, what would you do personally to ensure success? **Lindsay** suggested mentioning backgrounds, **Sovine-Miller** suggested 'what made you want to do this?'

Rep. Amy Stephens: She was a House sponsor of 14-187 and 11-200 (establishing our Exchange). She's from a conservative part of El Paso County, including Monument and Black Forest. Managing health care

cost is a big reason why she's here. We don't want this to devolve into political posturing. I have lots of hope for this commission.

Jay Want, MD: representing the Colorado All Payers Claims Database, has worked as the head of a management services group and worked with payment forms. Success would mean we build a culture first, and at 1 year we can all say something and respect what's being said, we must be able to listen and respect others. At 3 years, we should have an evidence-based discussion, not micromanaging. He has had people ask him 'what's in the water in Colorado,' since people here are able to talk and cooperate.

Sovine-Miller: Her lobbying business has transitioned into business consulting. She staffed the Department of Health and Human Services in 1999, and learned issues from a nonpartisan perspective. 15 years later, the same issues are still being discussed. At 1 year, we should have a solid working relationship. At 3 years, we should be well on our way to implementing recommendations. Possible negatives: if people are not willing to listen to each other and consider views. The Partnership for a Healthy Colorado has been a diverse group, looking for common ground, when she was concerned that people of differing viewpoints would just 'take their ball and go home' if there was conflict. Her constituency is small business owners.

Salazar: She is the Colorado Commissioner of Insurance. In her first 25 years, she worked in primary care, then went to work for the federal HHS, then Gov. Hickenlooper asked her to serve as Commissioner of Insurance. She was impressed with how different types of costs were, and people started pointing fingers. At 1 year, we should have an agreement on how to go forward, reasonably for all Colorado. At 3 years, we should be implementing recommendations, with payment reform wrapped into recommendations. She's concerned that we might not all agree on data, since everyone has their opinions.

Ira Gorman: A Physical Therapist by trade for 35 years, he's representing the non-physician health care providers. He's an associate professor at Regis University, has a master's in public health and a PhD in health and Behavioral Science, has owned and managed practices, and has a social conscience. He understands a prevention perspective. At 1 year, we should have analysis completed and have access to good data. At 2 years, we should make recommendations based on the data. At 3 years, we should move toward action on recommendations. He's concerned there might be a fear of asking tough questions, and we shouldn't sanitize. We need to be creative and bold. We should look at models within Colorado, the U.S. and other nations, but must understand the Colorado culture as we form recommendations.

Lindsay: President of a benefit group for Lockton, a consulting/brokerage firm. He has a background in health policy, worked on the HB-1210 project and the 208 Commission. At 1 year, we should have sound operating procedures and be able to move data to information. At 3 years, we should have agreement on fundamental issues, and be able to balance regulatory approach with free market. Concerns include leaning ideological/partisan as opposed to thoughtful and informed. I will ask challenging questions but also listen. This is one of the most important opportunities for our state to do good things, but it could do damage if we're not careful.

Rebecca Cordes: She's a banker, representing larger employers. Finding good health care for these employees is a challenging activity. This is critical for the state of Colorado, and the U.S. At 1 year we need clear goals and good framework. At 3 years, we should work toward implementation. Concerns

include members not getting caught in their own little corners. I'll be here, participate, listen, and think hard as I make decisions.

Jeff Cain: A family doctor in Denver. My youngest patient is not yet born, oldest is 97. He's chief of family medicine for Children's Hospital, and has met with chief officers of major U.S. providers. At one year, we should be able to move from forming to storming, carrying on strong discussion. At 3 years, we should be norming, reaching consensus and operating with evidence-based practices. He's concerned that it could get partisan, and that health care costs might squeeze out necessary expenses elsewhere. Colorado's done a good job though. He's been in Boehner's and Pelosi's office on the same day, and that experience made him believe there are better hopes for success at the state level. Let's focus on what's right for the people of Colorado.

Susan Birch: She is executive director of Colorado Health Care Policy and Financing (HCPF). At 1 year, she hopes the group process will be honed in, and at 2 years, assimilation of tools, investment and Exchange successes. Possible negative – if we do all of our work with past data. Our work needs to be bartered and worked on with federal partners, private partners, and partners in the General Assembly. HCPF can supply data.

Marcy Morrison: She applied to be on this Commission, and has a varied background – school board, county commissioner, and legislator. Boards can be good or challenging, but they're always fun. She was the Insurance Commissioner, and worked during the beginning of ACA. It's best to start local. She represents consumers. She is the chair of her community's Chamber in Manitou Springs. Recent floods and fires have made affording health care more difficult for people in this area. There is cynicism and sadness, and there is a challenge in talking to people about health care because it's too difficult. 1-3 years out, we can help our citizens understand health insurance, what it is and why it's needed. We need to spend time outside of the bubble of Denver.

ErkenBrack: President/CEO of Rocky Mountain Health Plans, a statewide nonprofit based in Grand Junction. He's a "recovering" trial lawyer and doesn't practice anymore. He's worked as a DA and in AG's office. He has the "health care hat trick" of serving on 208 Commission, Exchange Board, and now this Commission. At 1 year, can we gel as an entity, and have a conversation – this is about some people who need to change a lot, others not so much. At 3 years, he hopes success will not just be a theory with something just sitting on a shelf. I'd rather see 10% implemented and in use in the real world. Possible negative – we can't just protect our own turf, and turf can be ideological. We need to seek cost reductions, but can't neglect quality in health care. We can provide a lesson from what happened in Western Colorado.

Arenales: She is health care program director for Colorado Center on Law and Policy (CCLP). She's been with CCLP for 14 years, with a mission of reducing poverty in the state. Her broad constituency includes focus on people with chronic conditions, representing consumers. Consumers are the ultimate beneficiaries, or the people harmed. We should commit to open and transparent behavior, listening to the people will be vital. At 1 year, we should be able to look forward and backward, and look at what Colorado's already done. There has been lots of work done on payment and delivery reform, we can build on accomplishments. At 3 years, without a relationship with policymakers, we're unlikely to succeed. This can't just be a binder on a shelf. On 208 Commission, there were diverse viewpoints coming in.

Chris Tholen: VP, Colorado Hospital Association, representing hospitals and also patients of hospitals. He has audited Medicare reimbursement, worked in rural hospitals, the Mayo Clinic and insurance industry. He has a broad perspective. In 1 year, we should be able to report on positive change since 2006, and how do we look forward? At 3 years, we should have gone through analysis and recommendations, and hopes we'll hit action. To provide good level of service, we should understand the different constituencies that can help, and use all parts for a quality system. I'm here because we've done lots and there's more to do. Without good legislation since 2006, we wouldn't be where we are today. Hopefully, 5 years from now we can point to success.

D'Argonne: He's CFO for Health One Hospital System, which includes entities like Rose and Swedish and is a major ambulatory surgery provider. He also works with hospitals in OK and KS, so has perspective on other states and believes Colorado is far more innovative. He represents the health care delivery and payment component. In 1 year, we've got to be grounded, understanding the drivers of health care costs and why they exist. At 3 years, we should be able to roll out trackable proposals, with clearly defined quality measures. Don't neglect quality. Possible negatives – lack of compromise, unwillingness to understand complexities of a system. Nothing here happens in isolation, and actions can lead to impacts on all components of the system. His broad experience means he's close to what's going on, and we can look at positives because there is a lot we've done.

Linda Gorman: She's a health economist, if you want to know what happened in the 1930s, I'm available. She works for Independence Institute and other clients. She's picky about data. At 1 year, we should be in touch with the importance of pricing, incentives, and the dangers of central planning. At 3 years, we should stop thinking of people in groups, and start thinking of individuals. There is lots of literature available on what's been tried and failed. She will make an effort not to be acerbic, and she's grateful for the quality on this Commission.

Larry Wolk: Executive director of Colorado Department of Public Health and Environment (CDPHE). He started Rocky Mountain Youth Clinics, a safety net clinic and large Medicaid provider. He spent a number of years in managed care, worked clinics in jails for 5 years, and started with CDPHE on the day of the flood. His constituents are the people of Colorado, and said Gov. Hickenlooper wants us to be the healthiest state. We need to align efforts, and have people value their health so they can value health care. Our demographics are changing and there will be more elderly. There is more chronic illness, we have a technological revolution and the ACA. We need outcomes not outputs, not just at 1 year but at 3 years. Possible negative – we can't get disjointed or misaligned.

Perry: She's President/CEO of Spanish Peaks Health Care Systems, serving poverty-stricken areas including Pueblo, Huerfano, and Las Animas counties. Her constituency is low-income people. She has been a junior high teacher, worked in behavioral health care and managed care. She's on Commission because she has real concerns about what she deals with on a daily basis. People in poverty might need to choose between health care and housing expenses, bus fare, or food, and neglecting health care at early stages can lead to big problems later. There needs to be holistic, preventative, wellness efforts before people reach critical points. There is frustration from physicians in that patients aren't following plans, and physicians need to follow up on things like patients' job situation, transportation, home environment. We can't have a narrow perspective.

Amy Slothower: Mentioned that **Dee Martinez**, ex-officio Commission member and deputy executive director of Colorado Department of Human Services, called in and is absent today.

Intros are over, Commission members discuss:

ErkenBrack: Echoes Perry's comments, how do you take social determinants and factor it all in?

Perry: We all agreed to compromise, if this lasts out 1-3 years, this will be good.

Sovine-Miller: We can do mandates and regulations to lower costs in the short term, but we need to get a healthier Colorado too.

Ira Gorman: We spend more money on health care than any other country. I hope we provide models to reduce cost. There might be winners and losers as we realign.

Cain: I'm pleased to hear the difference between health and health care, not just in my office but also as Coloradans.

Arenales: We should look at fundamental drivers, not get bogged down in minutia and red herrings.

Sovine-Miller: (**Amy Slothower** had just announced a 15-20 minute lunch break): If we want public involvement, we need a longer lunch break since the public can't get lunch as fast as the Commission members who had box lunches. (The group agrees to break for a half-hour)

LUNCH BREAK: Noon-12:30

PUBLIC COMMENT:

Amy Slothower: calls for members of the public to speak, suggests about 2 minute limit, and says Commissioners may comment but they don't have to.

Deborah Foote: executive director, Oral Health Colorado, said she hadn't heard any words about oral health yet during this meeting. Affirms that OHC is here to help.

Wolk: said "sorry" to Foote.

Colleen Casper: with Colorado Nurses' Association, said her organization is the largest single provider group and does ambulatory care. She said she is glad the Commission is meeting, and CNA is eager to meet with you.

DISCUSSION OF FORMING PLANNING COMMITTEE, LOGISTICS, SELECTING INTERIM CHAIR

Amy Slothower: Has flip-chart easel, asks for suggestions about needed qualities for planning committee and interim chair.

Morrison: How often will we meet?

Arenales: Enabling legislation says once per month.

ErkenBrack: Key question for defining meetings, what do we hope to accomplish? He has to come to meetings from Grand Junction. Every other week could make sense.

Lindsay: A long list of things could go under Planning Committee. It's not just about spending but also determining means, we might need outside resources. Bringing in opposing voices is important, but could increase costs. He doesn't think the current amount of funding is sufficient, and we might need to do fundraising. Is it more productive to work in a large group, or have small groups feeding the large group?

Amy Slothower: Maybe we could delegate setting meeting dates to Planning.

Lindsay: And consider other logistics.

Sovine-Miller: Feedback could lead to meetings lasting longer than 2 hours, especially if we get bogged down in minutia. The legislation allows for smaller groups.

Linda Gorman: After 208, we need a better plan for group learning. An evidence-based approach means we define issues before evaluating information. We need problem statements first.

Arenales: The initial Planning Committee process should be about logistics, aspirational timeframe, chair structure, legal issues, money, staffing.

Amy Slothower: Should we deal with logistics first?

Perry: A 3-hour meeting is a whole day for me. Let's do logistics first.

Want: The subcommittee structure depends on the problem.

Lindsay: Policies and procedures are important.

Arenales: Conflict policies, and public input policies, are important.

Sovine-Miller: Consider a Web site, and mechanism to collect e-mail information from interested people.

ErkenBrack: Begin the conversation on hiring staff

Arenales: Consider setting deadlines

Ira Gorman: Will all meetings be face-to-face?

Arenales: Consider legal advice strategy.

Amy Slothower: Budget?

Lindsay: Budget considerations – what do we need, how to account, fundraising?

D'Argonne: Who will be authorized to encumber funds, sign checks?

Amy Slothower: Will Planning set meeting agenda?

Cordes: Until we get a Chair, it should be Planning

Amy Slothower: What are the duties of the Chair?

ErkenBrack: Someone to steer the direction

Arenales: Someone to speak for the group

Cain: Speaking for the group is a decision for Planning

Sovine-Miller: The Chair communicates with the group

Arenales: E-mail to everyone could be a challenge

Amy Slothower: My understanding, we can send informational e-mail

Linda Gorman: We could do an e-meeting with a central digital location, of course must give notice as an open meeting

ErkenBrack: There is a difference between open records and open meetings

Amy Slothower: Size of Planning group, representation?

(Several members say 5 on Planning)

Salazar: Should there be at least one ex-officio on Planning?

ErkenBrack: Do we need legal opinion – we should err on the side of caution.

Ira Gorman: Consensus approach or majority vote?

Lindsay: Planning should tackle formation issues first, then speakers, literature search, other things. Representation might be more important later, expertise first. Budget and finance will be important, board and commission structure experience, policy and procedures. Once this is done it's done, then it's on to next phases.

Morrison: Could we have 2 planning groups, one for the formative stage and another for the next?

ErkenBrack: Let's get our feet under us first.

Arenales: Deal with public functions, logistics first.

D'Argonne: For interim chair, we need someone who was on a previous commission. Those who were on 208 have walked this walk before.

ErkenBrack: This suggestion is OK; we're talking about an interim chair now, not permanent.

Sovine-Miller: There needs to be a communications aspect for Planning.

Amy Slothower: Do we elect interim chair by committee of the whole, or Planning

ErkenBrack: We all need to be comfortable with the choice

Arenales: Should interim chair only be there for the interim?

Birch: Interim chair should be able to advance to permanent

ErkenBrack: Don't rule out the interim chair as the possible permanent chair.

Perry: Concurs with ErkenBrack

D'Argonne: Should there be term lengths?

Birch: Planning should set up structure and time frame

Lindsay: We all came here with a perspective, the chair must be able to rise above just representing constituency to represent everyone, and set a tone.

Birch: The chair might need to cast a key vote. Group should be aware of conflicts of interest, or necessity to recuse

Arenales: Chair is a facilitory position, has a duty to step back from the fray, it's tougher to advocate

Amy Slothower: Facilitation by the chair or by a facilitator?

Arenales: Can an ex-officio serve as chair?

Sovine-Miller: Chair must hear what's going on, move the group forward

ErkenBrack: 14-187 says Commission shall elect chair and vice chair, seems as if ex-officio is possible

Amy Slothower: Need to set deadlines and priorities. Budget 1st?

Arenales: To vote on budget, we need policies and procedures in place

ErkenBrack: Planning should prioritize

Amy: High-level deadlines will be helpful. Staffing?

Lindsay: We need a budget to do staffing.

D'Argonne: Does the bill get us a 1-time \$400K? We should address budgeting conservatively.

Arenales: We shouldn't assume this figure without clarifying.

Lindsay: An event in November (election) could change things. We need to consider our aspirations in case we need to seek funding.

Sovine-Miller: The legislation doesn't mention yearly funding. We'd better start by assuming its 1-time.

Morrison: The money should make us be very accountable for what we do

Arenales: A preliminary budget is important

Amy Slothower: In 1st month, deal with policies and procedures, budget, what else? Hiring?

Lindsay: Staffing should start with identifying needs.

Sovine-Miller: This should be a first-month goal.

Amy Slothower: 1-month aspiration – identifying staffing needs, not staffing decisions?

Perry: Will Planning come back to larger group with recommendations for October meeting?

Amy Slothower: Yes (many members also nodding heads on this)

D'Argonne: Who are the staffers employed by?

Amy Slothower: Of the Commission

Sovine-Miller: Might we need to contract for services? (As opposed to just hiring staffers)

Birch: Will we hire independent contractors? Between HCPF and CDPHE, we should be able to set up Web site

Wolk: CDPHE might be able to get something preliminary done on a Web site, or might need an appropriation to get something more permanent established

Amy Slothower: Has the discussion so far gotten people close to understanding what the positions might entail?

Ira Gorman: By when should we have a permanent chair?

Birch: Suggests within 90 days

Amy Slothower: Reviews the group's suggestions for qualifications of Planning, asks if they could start with people self-nominating.

ErkenBrack: Suggests electing the chair first, since Planning will have to be able to work with the chair

Sovine-Miller and **Lindsay** self-nominate to run for interim chair, speeches from each to follow:

Sovine-Miller: She has worked with lots of industries and they all bring something to the table. The dialog we'll have is about bringing them together. She chairs Partnership for Healthy Colorado, and there she deals with budgets and logistics. She has policy experience and excellent relationships with the legislature.

Lindsay: While I don't think of a commission as a business, we will need business principles – timelines, deadlines, goals, budget/financial controls, and staff. 208 was successful only because of the staff. I've done this kind of thing before.

ErkenBrack: Asks for more about Sovine-Miller's experience

Sovine-Miller: I've worked every day on agenda items, defining problems, herding the cats to move forward despite differing perspectives. Planning can handle the facilitative role. I'd say we were successful because health care has moved forward. On work group of Exchange, spent hours on the details. Also, moving the dialog forward is what the public needs. On the state Chamber of Commerce health care policy group, moved common themes forward, not arguing over the 5%.

Arenales: Asks for more from Lindsay on experience

Lindsay: Was on the reinsurance board, Children's Basic Health policy, and 208. We need balance between the work of Commission and public involvement, and prioritization. The climate of meetings should be that all communities can be heard, with respect in voicing opinions. This activity has far-reaching tentacles, we must get back to legislature and governor, with lines of communication. We need a delicate way to communicate with them, without coming off as threatening.

Amy Slothower: Before voting, should 2nd place automatically go on Planning?

ErkenBrack: Suggests voice vote as opposed to paper ballot.

COMMITTEE MEMBERS DISCUSS CANDIDATES

ErkenBrack: They're both qualified, I've known Lindsay for a long time, and saw how he organized 208. Intends to vote Lindsay.

Ira Gorman: It's a major task to get this set up quickly. Intends to vote Lindsay.

Arenales: Has known Lindsay since the Children's Basic Health meetings. His knowledge of procedure is excellent. Intends to vote Lindsay.

Lindsay was elected interim chair. **Sovine-Miller** will automatically be on Planning.

SELECTING PLANNING COMMITTEE

Salazar: Nominates **Want**

Arenales: Nominates herself. Her experience hits a lot of the qualifications spelled out during earlier discussion.

Sovine-Miller: Nominates **ErkenBrack**, who said he would be happy to serve.

Birch: Nominates **Salazar**, however **Want** is also an ex-officio. **Want** agrees to withdraw.

Arenales: We need some liaison to government to get all of our questions answered.

Lindsay: Financial background, business and budget, is important

Tholen: Would be willing to serve as a business/finance representative

Cain: How long is the noticing period for public meetings? Amy had said maybe 2 days, others had said maybe this is not definitely so.

ErkenBrack: Says he's willing to withdraw, to keep Planning at 5 members

Lindsay: A 7-person Planning group could become 2 subgroups

Amy Slothower: Should we go with 7?

Sovine-Miller: 5 would be better, probably more fleet of foot

Arenales: Subgroups seem possible

Linda Gorman: 5 is better, if we're talking about subcommittees already, we've got organizational problems

Birch: Suggests starting with 5

By about 1:50 pm, the committee has selected a Planning Committee of **Sovine-Miller, Lindsay (as chair also), Arenales, Salazar (ex-officio), and Tholen.**

DISCUSSIONS ON NEXT MEETING

Amy Slothower: A "Doodle" poll has gone out, didn't seem to provide clear preference. We're looking at Sept. 8, 12 or 22. We're supposed to meet once per month.

Birch: We need to keep momentum and should meet in September.

Amy Slothower: A quorum appears available for Sept. 22 in afternoon. Should we do 2:00-5:00 pm?

Perry: The drive time is a challenge.

Amy Slothower: How about noon-3:00 pm? (seemingly general approval from group). The Planning Committee will also need to find a location.

Arenales: Calls for strong communication

Lindsay: Meetings must be accessible for those with disabilities

Wolk: We can work on notification, and possibly accommodating Commission meetings

Amy Slothower: Closing thoughts?

ErkenBrack: Is there feedback from the public? (NOTE: meeting attendance was much smaller after lunch than before lunch)

Lindsay: Appreciated how there were opportunities for disagreement in this first meeting, and the tenor seemed good today.

Cordes: Good that we got through agenda on time

Arenales: Appreciated getting through the agenda, we need more public involvement

Morrison: We need a different table and room arrangement, better opportunities to see each other face-to-face

Ira Gorman: Can we publish our bios?

PUBLIC INPUT:

Katie McCrimmon: Of Health News Colorado, appreciated the commission, spoke about the need for notice

Debra Judy: Of Colorado Consumer Health Initiative, said she didn't know there was a call-in option

Sen. Aguilar: Regarding whether funding is 1-time or annual: the CCJJ (about criminal justice issues) is funded annually. She can't promise annual funding, but it could depend on productivity of Commission.

Birch: We could use our Web site as a platform for general announcements

Lindsay: We'll coordinate

Linda Gorman: Offers Independence Institute Web site for announcements as well

Lindsay: Different Web sites will have different constituencies. We'll work on setting first dates for Planning Committee meetings.

MEETING ADJOURNED NEAR 2:10 PM

102214wnlRevised Minutes