Boulder County Board of Health (BOH) Regular Meeting  
Boulder County Public Health (BCPH) Auditorium  
January 8, 2018  

BOH Members Present: President Gregg Thomas; Vice President Olga Bermudez; and Board Members Morgan McMillan, Jorge DeSantiago, and Bobbie Watson.  

Staff Members Present: Public Health Director Jeff Zayach, Director of Administrative Services Aaron Pratt, Director of Health Divisions Heath Harmon, Director of Strategic Initiatives Susan Motika, Assistant County Attorney Mark Doherty, Environmental Health Division Manager Joe Malinowski, Water Quality Program Coordinator Erin Dodge, Environmental Health Specialist Celeste Gleason, Epidemiologist Jamie Feld, Built Environment and HEAL Coordinator Rachel Arndt, CDC Public Health Associate Amelia Hulbert, and Business Operations Manager Tammy Golden.  

Meeting Called to Order.  
President Thomas called the meeting to order at 5:31 p.m.  

ITEM 1. Public Comments (on unscheduled agenda items).  
None.  

ITEM 2. Consent Agenda.  
A. Approval of December 11, 2017, Board of Health Meeting Minutes.  
    Board Member McMillan made a motion, which was seconded by Board Member Watson, to approve the consent agenda, as presented. With all board members voting in favor of the motion, President Thomas declared the motion approved.  

ITEM 3. Onsite Wastewater Treatment System (OWTS) Variance Public Hearing – 38619 Boulder Canyon Drive, Boulder, Colorado (Applicant: Alps Boulder Canyon Inn & Boulder County Transportation Department).  
President Thomas opened the public hearing for the onsite wastewater treatment system (OWTS) variance request for 38619 Boulder Canyon Drive, Boulder, Colorado. He introduced Environmental Health Division Manager Joe Malinowski, who then introduced the applicant, John Vandevert, as well as Boulder County Transportation Department (BCTD) Regional Trails Planner Matt Wempe. He also introduced Water Quality Program Coordinator Erin Dodge, Environmental Health Specialist Celeste Gleason, and Assistant County Attorney Mark Doherty.  

Mr. Malinowski said the requested variance was from the Alps Boulder Canyon Inn (“The Alps Inn”). He said the variance was necessary to widen The Alps Inn’s existing driveway from 10 feet to 15.5 feet in order to accommodate a pedestrian and bike trail located on top of the soil treatment area (STA). According to Section 10.E.1.g of the Boulder County OWTS Regulations, “Backfilling and compaction of soil...
treatment areas shall be accomplished in a manner that does not impair the intended function and performance of the storage/distribution media and soil and distribution laterals, allows for the establishment of vegetative cover, minimizes settlement, and maintains proper drainage.”

Staff said the applicant did meet OWTS regulation requirements, as follows:
1. Provided technical support for the selected alternative confirming that the variance does not increase risk to public health and the environment.
2. Conducted a discussion on alternatives considered in lieu of the requested variance.
3. Submitted a statement of the hardship that creates the necessity for the variance.
4. Submitted technical justification by a registered professional engineer (RPE).

The technical justification and support from Muller Engineering Company indicated that the existing driveway over the STA can accommodate vehicular traffic, with a minimum of 18 inches for backfill cover. The existing backfill is 39-52 inches deep, and the conditions will not change under the proposal.

According to a study conducted by City of Boulder Open Space & Mountain Parks (OSMP), installing the trail on the other side of the road/creek had been considered; however, due to cost, environmental impact, and property acquisition challenges, it was deemed unfeasible. Boulder County Transportation explored the option of locating the trail so it tied into the trail on the west side instead of along The Alps Inn driveway, but that was not possible due to topography (i.e. a cliff). The driveway has successfully accommodated vehicle traffic for many years and shouldn’t be any issues supporting additional weight from bicycle/pedestrian traffic.

Staff reviewed the variance request and recommended Board of Health approval because:
1. Widening the existing driveway over the STA from 10 feet to 15.5 feet was the only viable option for the pedestrian and bike trail.
2. As determined from the investigation by Muller Engineering Company, that wouldn’t create any increased risk to public health and/or the environment.

Mr. Malinowski said staff did discover groundwater when conducting the inspection for the variance request. He said they will continue monitoring the groundwater level to ensure that isn’t an issue. He said groundwater levels should peak in June-July, and if it’s deemed to be seasonal, trail construction can commence next winter. Mr. Malinowski noted that groundwater wasn’t detected when the OWTS received final approval in 1998; Mr. Vandehart confirmed that, saying there had been a recent rainstorm shortly before the latest inspection.

Board Member McMillan asked if the Board should instead grant conditional approval; however, Mr. Malinowski said staff would prefer keeping the two issues (i.e. groundwater discovery and variance request) separate.

President Thomas asked if anyone from the public wished to speak. There being none, he closed the public hearing.

*Board Member McMillan made a motion, which was seconded by Board Member DeSantiago, to approve the variance request, as recommended by staff. With all board members voting in favor of the motion, President Thomas declared the motion approved.*
ITEM 4. Legislative Update and Approval of 2018 Boulder County Legislative Agenda.

Environmental Health Division Manager Joe Malinowski said Boulder County annually drafts the Boulder County Legislative Agenda, the document referred to by Boulder County staff throughout the year as they take positions on legislative matters or policies. The 2018 Legislative Agenda has not been finalized and approved by the Board of County Commissioners (BOCC) yet, so it will be discussed at the February 12 Board of Health (BOH) meeting.

Mr. Malinowski presented and reviewed the “2018 BCPh State Legislative Priorities at a Glance.” He said there often isn’t enough time to secure Board of Health support on policy or legislative issues, so having blanket Board of Health approval allows staff to take timely positions on behalf of Boulder County Public Health and the Boulder County Board of Health.

Board Member McMillan asked if all county departments developed a list of legislative priorities, and Mr. Malinowski said they did. Those department priorities then comprise the County’s full legislative agenda.

Mr. Malinowski said the 2018 legislative session begins January 10. There are 100 legislators in Colorado (65 representatives and 35 senators), including 8 from Boulder County – Representatives Becker, Foote, Gray, Hooton, and Singer; and Senators Fenberg, Jones, and Neville. The BOCC Policy Team, which is comprised of Policy Analysts Mark Ruzzin, Leslie Irwin, and Summer Laws (formerly BCPh’s Health Systems and Policy Planner), monitors and orchestrates Boulder County involvement in legislative and policy issues during the year.

BCPh is a member of Boulder County’s Housing and Human Services (HHS) Policy Committee, along with Boulder County HHS and Community Services. The County also collaborates on legislative issues with the Colorado Association of Local Public Health Organizations (CALPHO), which employs a full-time lobbyist, as well as other collaborations, such as Colorado Counties for Climate Action (CC4CA, which currently includes 13 counties) and Counties and Communities Acting Together (CCAT). CALPHO focuses on local public health priorities (e.g. infrastructure, authority, funding, partnership and connection); climate change, Affordable Care Act (ACA), prevention and health promotion, health equity and social determinants of health, behavioral health and substance use, and state public health infrastructure.

Mr. Malinowski said BCPh also had an internal BCPh Policy Committee that meets monthly during the legislative session to follow bills of public health interest, strategize advocacy, and watch for opportunities for participation (including testimony). General public health priorities this year include family planning (including long-acting, reversible contraception; LARC); immunizations; minimum wage and paid leave; data collection and sharing; oil & gas; healthy eating and active living (HEAL); access to health care; health equity; air and water quality; mental health; sustainability; social determinants of health; food safety; substance abuse disorders; tobacco use; early interventions; and firearm safety. Specific topics include opioid; sugar-sweetened beverage preemption; and secondary drinking water standards.

Epidemiologist Jamie Feld gave an update on six proposed opioid bills. She said she serves as the staff support for the Boulder County Opioid Advisory Board, which is working with BCPh Medical Officer Chris Urbina, M.D.; the Consortium of Cities; and Representative Jonathan Singer to review the following opioid bills, all of which have bipartisan support:

1. **Prevention of Opioid Misuse:** This bill ensures that the Interim Study Committee will continue to study the issue of opioid, evaluate current policy and intervention, and consider potential future legislation. It creates funding for training programs and includes a public awareness campaign on risks related to substance use. It allows school-based health centers to gain access to grants for student
intervention and treatment related to substance use disorders, and it funds a grant program for a SBIRT (screening, brief intervention, and referral to treatment) program for health care providers working with pregnant women.

2. **Clinical Practices for Safer Opioid Prescribing**: This bill limits initial prescriptions to 7 days for patients who have not been prescribed opioids the previous 12 months; it also includes an option for a 7-day refill. There are some exceptions to the limitation, including chronic pain lasting longer than 90 days or from underlying medical conditions or diseases (e.g. cancer, medication-assisted treatment, hospice care, etc.). The bill requires prescribers to check the Prescription Drug Monitoring Program (PDMP) before prescribing first refills unless patients meet certain criteria, such as taking the opioids in a hospital or skilled nursing or residential facility; cancer-associated pain; hospice care; treatment during a natural disaster or mass casualty event; etc.

3. **Measures to Address Opioid Crisis in Colorado**: This bill reduces harms associated with the opioid crisis in Colorado. It authorizes a supervised injection facilities pilot program in Denver County (i.e. won’t apply in Boulder County), authorizes hospitals to administer clean syringe programs, and authorizes schools to create policies for possession/use of an opioid antagonist in case of student overdose. That portion of the bill was added due to interest from Boulder County school districts.

4. **Expand Access to Behavioral Health Providers**: This bill expands the Colorado Health Service Corps program to include two programs for substance use service providers funded by $2.5 million from the marijuana tax cash fund, if available. It includes scholarships for certified addiction counselors currently practicing with a desire to increase their level of training and a loan repayment program for behavioral health providers with addiction-specific education/training who are willing to commit two years of service in a state identified as a “behavioral health care provider shortage area.”

5. **Medicaid Inpatient and Residential Substance Use Disorder Treatment**: This bill adds residential and inpatient substance use disorder services as a Medicaid benefit; however, no such services in Boulder County accept Medicaid, which was identified as a need by the Boulder County Opioid Advisory Group because stays in Boulder County can cost over $20,000. The bill is subject to federal approval and is limited to programs with nationally recognized credentialing. It is also limited to 90 days inpatient and residential per person. If this new benefit is authorized, similar services for Medicaid recipients would not be authorized through marijuana-funded community-based services (i.e. duplication of services).

6. **Payment Issues for Substance Use Disorder Treatment**: This bill prohibits commercial health plans from penalizing physicians for low ratings from patients as a result of pain management.

Ms. Feld said Representative Singer will be attending the Boulder County Opioid Advisory Group meeting on January 25 and invited any interested board members to attend.

Built Environment and HEAL Coordinator Rachel Arndt gave an update on the sugar-sweetened beverage ordinance. With the success of the Boulder ordinance and amount of revenue generated by the city’s sugar-sweetened beverage tax, several other municipalities have expressed interest.

Director of Strategic Initiatives Susan Motika gave an update on secondary drinking water standards. She said the City of Boulder recently adopted an anti-retaliation ordinance that prohibits mobile home park (MHP) owners/operators from retaliating against Boulder MHP residents.

Water Quality Program Coordinator Erin Dodge said the Colorado Department of Public Health and Environment (CDPHE) Safe Drinking Water Program distributed a letter announcing there wouldn’t be any fee increases and highlighted some of the things that will be affected by funding cuts, including loss of FTE and longer turnaround time for plan review.
The State of Colorado doesn’t enforce secondary drinking water standards since that’s not required in Colorado by the U.S. Environmental Protection Agency (EPA). Secondary drinking water standards address issues like taste, odor, and color, which can affect water quality. Staff shared concerns about sub-standard drinking water standards at local mobile home parks, especially San Lazaro Mobile Home Park. The State told staff BCPH could adopt local secondary drinking water standards; however, BCPH would also need to enforce it, and the concern was there wouldn’t be adequate staffing for that.

Mr. Malinowski said another topic that may be considered this year is potentially raising the legal age to purchase/consume tobacco products from 18 to 21 years.

Board Member Bobbie Watson suggested adding children 0-5 years under the “mental health” legislative priority. The revised priority would then read, “Mental Health: Support efforts to help reduce stigma associated with mental health and increase access and services for mental health screening and treatment, to include children ages 0-5 years.”

Vice President Bermudez made a motion, which was seconded by Board Member DeSantiago, to approve the 2018 BCPH Legislative Priorities at a Glance, as presented by staff and amended to include children 0-5 years under the “mental health” priority. With all board members voting in favor of the motion, President Thomas declared the motion carried.

Public Health Director Zayach said staff would share specific bill numbers with the Board of Health as they are assigned to bills of public health interest.

ITEM 5. Director’s Report.
None.

ITEM 6. Old and New Business/Announcements.
A. Discussion on Tabled Consent Agenda Items (if any).
None.

B. Old and New Business.
None.

C. Announcements.
None.

ITEM 7. Adjournment.
There being nothing further to discuss, President Thomas declared the meeting adjourned at 6:42 p.m.

Gregg Thomas, President

Jeffrey J. Zayach, Public Health Director