



Board of Health Meeting

Tuesday, January 26, 2021, 10:00 a.m.

13307 Miami Lane, Caldwell, ID 83607

The meeting will be available for live streaming at [the SWDH You Tube page](#)

Public comments specific to an agenda item for the January 26, 2021 meeting can be submitted at <https://www.surveymonkey.com/r/BRYWFGN> or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Monday, January 25, 2021. No in-person public comments will be accepted.

***Meeting Format :** In-person attendance at the meeting will be limited. Face coverings that cover the nose and mouth will be required when physical distancing is not maintained. A face covering must fit close to your face and cover the nose and mouth. Acceptable face coverings include cloth masks made of tightly woven fabrics, such as cotton and cotton blends and medical and non-medical disposable masks.

Anyone unable to attend the meeting in-person is invited to view the meeting on their own device through live streaming available on [the SWDH You Tube page](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

10:00	A	Call the Meeting to Order	Chairman Elliott
10:02		Pledge of Allegiance	
10:03		Roll Call	Chairman Elliott
10:05		Welcome to Incoming Board of Health Members	Nikki Zogg
10:10	A	Request for Additional Agenda items; Approval of Agenda	Chairman Elliott
10:13	A	Approve December 15, 2020 Board of Health Meeting Minutes	Chairman Elliott
10:15	I	Open Discussion	SWDH Board Members
10:30	I	COVID-19 Situation Update	Jaime Aanensen
10:45	A	SWDH COVID-19 Health Alert Level Update	Nikki Zogg, Rachel Pollreis
10:55	I	Introduction of New Employees	Division Administrators
11:05	I	December 2020 Expenditure and Revenue Report	Troy Cunningham
11:15	A	Budget Adjustment Request	Troy Cunningham
11:25		Break	
11:35	A	Approval of Fee Schedule Changes	Carol Julius
11:45	I	Audit Report	Jordan Zywgart, Zywgart John and Associates
12:15	I	IADBH Executive Council Update	Tom Dale
12:25	A	Appointment of Trustee and Executive Council Representative(s)	Nikki Zogg
12:35	I	Employee Compensation	Nikki Zogg
12:50	I	Director's Report	Nikki Zogg
		Public Health Districts' Budget Request to JFAC (Joint Finance Appropriations Committee)	
		ReadyKamp	

Next meeting: **Tuesday, February 23, 2021 at 10:00 a.m.**

Healthier Together

13307 Miami Lane • Caldwell, ID 83607 • (208) 455-5300 • FAX (208) 454-7722



BOARD OF HEALTH MEETING MINUTES
Tuesday, December 15, 2020

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County – (present via Zoom)
Nate Marvin, Commissioner, Washington County - (present via Zoom)
Tom Dale, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bryan Elliott, Commissioner, Gem County - present

STAFF MEMBERS:

Nikki Zogg

Via Zoom: Doug Doney, Troy Cunningham, Clay Roscoe, Ashley Anderson, Rachel Pollreis, Carol Julius, Jaime Aanensen, Katrina Williams

GUESTS: Four members of the public attending in person; Guests viewing live stream via SWDH YouTube page.

Guests Via Zoom: Guests viewing live stream via SWDH YouTube page.

CALL THE MEETING TO ORDER

Chairman Elliott called the meeting to order at 10:01 a.m.

ROLL CALL

Kelly Aberasturi – present; Dr. Summers - present; Chairman Elliott – present; Commissioner Dale – present; Commissioner Hanigan – present via Zoom; Commissioner Marvin – present via; Commissioner Purdy – present

APPROVAL OF AGENDA

Board members reviewed the agenda. No changes were noted.

MOTION: Commissioner Dale moved to approve the agenda as presented. Dr. Summers seconded the motion. All in favor; motion carries.

APPROVE NOVEMBER 17, 2020 BOARD OF HEALTH MEETING MINUTES

Board members reviewed the November 17, 2020 Board of Health meeting minutes. No changes were noted.

MOTION: Commissioner Marvin moved to approve the agenda as presented. Dr. Summers seconded the motion. All in favor; motion carries.

BOARD CHAIRMAN COMMENTS

Chairman Elliott read a statement regarding open meeting law compliance and Board meeting format changes.

OPEN DISCUSSION

Dr. Summers discussed the Southwest District Health mission – to promote the health and wellness of those who live, work, and play in Southwest Idaho. He shared some statistics from other states, discussed our agency's role in encouraging public safety, and asked board members to consider improving our region's health and protecting public safety by implementing a mask mandate for the region.

Following a brief discussion among board members, Chairman Elliott noted no need for a special meeting to entertain a mask mandate. At this time, Board members do not support implementing a mask mandate for the six-county region Southwest District Health serves.

COVID-19 SITUATION UPDATE

Jaime Aanensen, COVID-19 Incident Commander, updated Board members on the continued efforts to operationalize the agency's COVID-19 response and recruit a program manager to oversee this response. One of the biggest challenges continues to be keeping up with the workload associated with the response and recruiting registered nurses, bilingual staff, and licensed practical nurses. We have also encountered office space challenges and are implementing hybrid schedules balancing remote work and in-office work.

Thirteen Idaho National Guard members are working with us to help operationalize the response. Saturday testing is now available and the testing schedule is consistently full. A full-time COVID-19 public information officer is now working on education to the public and media outreach.

As a result of being in this response since March 15, 2020, we are continually faced with employee fatigue. Staff assisting in the COVID-19 response activities face increased demand to complete regular job duties and also engage in the COVID-19 response. Like many employers, we have experienced employee illness due to COVID-19 exposure and employee health staff are stretched to respond to employee health.

COVID-19 VACCINE PLAN UPDATE

Ricky Bowman, Public Health Preparedness and Response Program Manager, provided an update on the efforts to distribute COVID-19 vaccine. Our agency expects to receive about 2,000 doses and those will be allocated to the Tier 1A group which includes hospital workers, front line health care staff providing care, and long term care facility staff and residents. The main focus within the internal planning team is getting the vaccine to individuals and providers so there is no waste or excess. The Pfizer vaccine has special storage and handling components that require more detailed planning to coordinate the logistics of managing that vaccine inventory. Ricky explained that constant communication with healthcare partners is in place to work through distribution plans.

The majority of all of our healthcare providers are enrolled through the Idaho Department of Health and Welfare (IDHW) plan which allows them to store and administer the vaccine if they meet those requirements.

Commissioner Dale asked for clarification regarding the availability date of the vaccine for the general population. Ricky indicated that based on the current priority list the general population can likely expect to see availability early summer. Availability date for the vaccine is dependent upon the supply of vaccine the health district continues to receive.

Dr. Roscoe discussed differences in temperature storage requirements for the Moderna and Pfizer vaccines, and explained that these differences equate to less logistical challenges with the Moderna vaccine. Southwest District Health staff continue to work closely with the state regarding enrollment of the national pharmacy program. That pharmacy program is a federal partnership with Walgreens and CVS to provide long-term care residents and staff vaccinations on site. Our staff will be working with those pharmacies to understand where those vaccines are going out. Several long-term care facilities have not

enrolled in that program and SWDH will work with them independently to facilitate vaccine administration.

SWDH COVID-19 HEALTH ALERT LEVEL UPDATE

Rachel Pollreis, Data Analyst, Sr. briefly summarized the health alert level changes. Currently, positivity rate is about 20% throughout our district. Ideally, those would be at 5% or lower. Exposures are mostly linked to household and workplace exposure which is to be expected. Thirty cases reported exposure from Thanksgiving gatherings this year. Rachel expects that this is under reported due to people not responding to case investigators.

The number of COVID-related deaths seen throughout November represents a slight increase. Sometimes death reporting is delayed by a week or two to ensure that COVID-19 was a leading cause of death and confirm receipt of death confirmation. November 2020 was the deadliest month for our district. Average age of those deaths was about 81 years old. Rachel explained that data also show a much smaller percentage of those individuals had pre-existing conditions.

Dr. Roscoe provided some information about the positivity rate including that one of the challenges in Idaho, like many places in the United States, is a lack of widely available and accessible testing. This inaccessibility affects positivity rate. He is in weekly conversations with Primary Health with their CEO and Chief Medical Officer. They have seen a slight decrease in test demand with a very high positivity rate of about 27%. When broken down by county, the test positivity rate is much higher in Canyon County at 35% based on tests performed by Primary Health.

Southwest District Health is also providing testing using a rapid antigen test called Binax NOW to a group of primarily teachers, essential staff, first responders, and employee cadres who notice symptoms and are motivated to get tested.

MOTION TO APPROVE: Commissioner Dale moved to approve the continued use of the SWDH COVID-19 Health Alert Level system as implemented. Dr. Summers seconded the motion. One opposed. Motion passes.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new employees.

NOVEMBER 2020 EXPENDITURE AND REVENUE REPORT

Troy Cunningham presented the Expenditure and Revenue Report for November 2020. Troy pointed out that fund balances from the beginning of the fiscal year have increased by about \$500,000 and explained that this represents monies received for COVID-19 response early on in the latter part of Fiscal Year 20 that we received reimbursement for in Fiscal Year 2021.

Board members asked questions regarding the continued COVID-19 response efforts and the impact on the agency's budget. Nikki explained she anticipates that response efforts will eventually shift to being absorbed like any other program our staff work on. Some of the federal subgrant funding sources being received through IDHW are broad in allowing investigative activities. Other subgrants help support testing, particularly for schools and other priority groups as well as vaccination efforts.

APPROVAL OF 2021 BOARD OF HEALTH MEETING SCHEDULE

Board members reviewed the proposed 2021 Board of Health meeting schedule and public meeting notice. Commissioner Purdy asked that the winter hours be extended to March 2021 as well.

Board members asked that winter hours for November and March be in effect as well.

MOTION: Commissioner Purdy made a motion to approve the meeting notice with the change to the March meeting time.

CLINIC OPERATIONS UPDATE

Carol Julius, Clinic Services Division Administrator, provided an update on clinic staffing. Services within the Marsing School District will be available the first part of January. Two new nurse practitioners accepted part-time job offers to work 8-12 hours per week.

Dr. Roscoe explained that wastewater analysis in school settings is underway and will include some wastewater analysis testing for a school in District 3 as well. Sample collection has started. This will continue for about three months with a goal of determining if wastewater analysis is a useful way for monitoring COVID-19 within school populations. More information and updates will be available at future meetings.

In response to a question from Commissioner Purdy about who pays for the wastewater analysis testing, Dr. Roscoe explained that the testing is being covered by federal subgrant funds.

In response to questions regarding long-term usefulness for wastewater analysis information, Dr. Roscoe explained that wastewater analysis is a tool to allow monitoring of the level of virus within a population. The monitoring allows detection early of presence of COVID-19 coming from a population and helps inform public health decisions.

DIRECTOR'S REPORT

Audit Update

The audit being conducted by Zwygart, John and Associates should be concluded soon and the report is on target to be received by the end of the calendar year. The Legislative Services Office (LSO) has asked for a copy of that before the end of the calendar year.

Budget Revision

Troy and Nikki mentioned previously to Board members that there may be a potential need to do a budget revision due to COVID-19. After further review a revision will not be needed. However, they expect to come back to request additional spending authority due to additional subgrants being received.

This item can be added to the agenda for next month.

CEC Plan

The Change in Employee Compensation Plan is the document published by Department of Human Resources (DHR) and Nikki shared the report's recommendations with Board members. These numbers are often used as a starting point for review of employee pay and benefits. For this coming fiscal year, DHR recommends to the Governor a 2% increase in the salary structure as well as continuing with job classifications currently on payline exceptions to help increase recruitment and retention issues.

There is also a recommendation for the benefit package and percentage of contributions for employee benefits to remain the same. This can be discussed at future meetings as well.

EXECUTIVE SESSION

At 12:40 p.m. Commissioner Dale made a motion to go into Executive Session pursuant to Idaho Statute 74-206 (f). Dr. Summers seconded the motion. Roll call taken; all in favor of going into executive session.

Board members came out of executive session at 1:02 p.m. No decisions were made.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date

DRAFT



SOUTHWEST DISTRICT HEALTH
BUDGET REPORT FOR DECEMBER 2020 (FY21)

Target 50.0%

This month

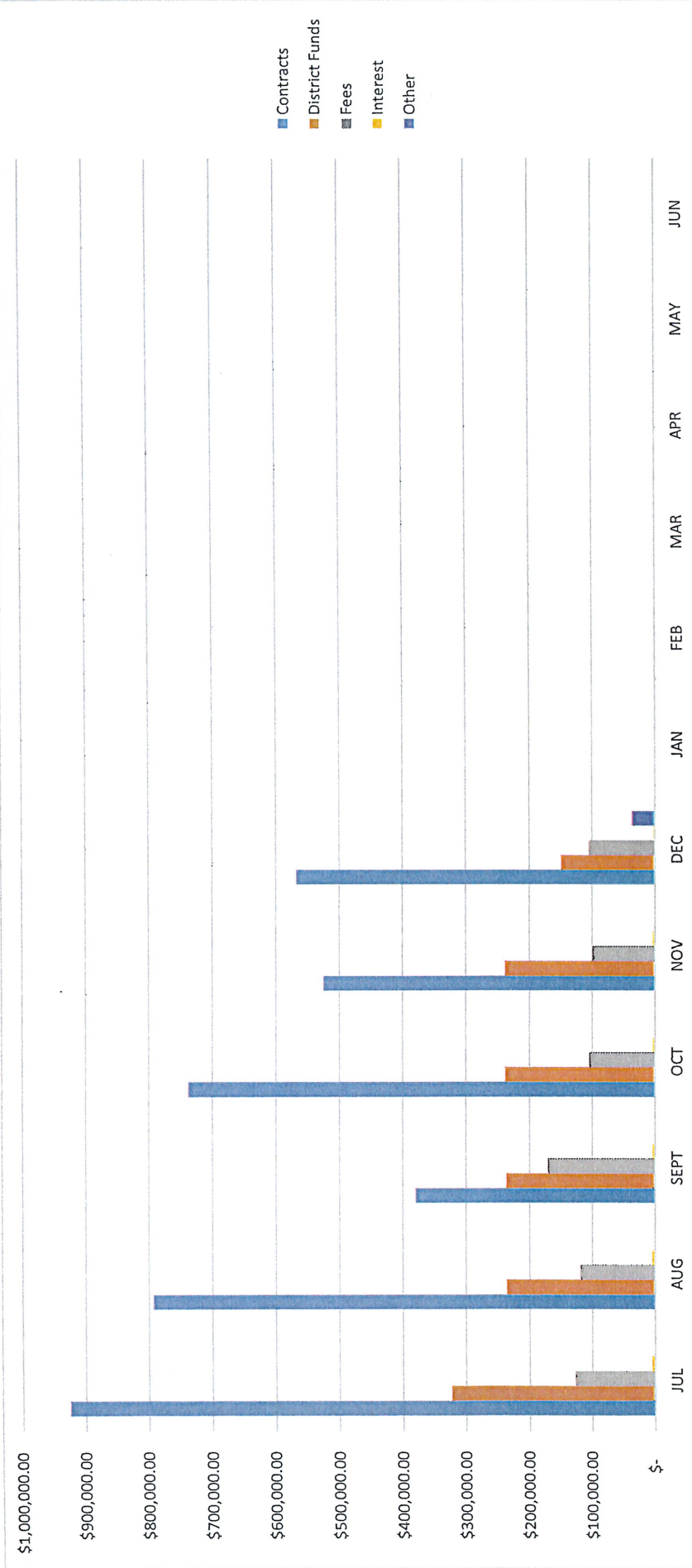
Fund Balances		
	Beginning Total:	Dec 31
General Operating Fund	\$ 66,114	\$ 90,976
Millennium Fund	\$ -	\$ 92,937
LGIP Operating	\$ 2,630,723	\$ 2,811,349
LGIP Vehicle Replacement	\$ 99,207	\$ 99,565
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 4,095,218	\$ 4,394,001

Year-to-Date Cash Position		
	Revenues:	CHANGE
Carry Over:		
Behavioral Health Board	\$ 6,329,738	
CRP	\$ (10,793)	
Parents As Teacher	\$ (7,102)	
	\$ (190,760)	
Net Revenue:	\$ 6,121,083	\$ 856,764
Expenditures:	\$ (5,420,279)	\$ (940,932)
Net Cash Position:	\$ 700,804	\$ (84,168)

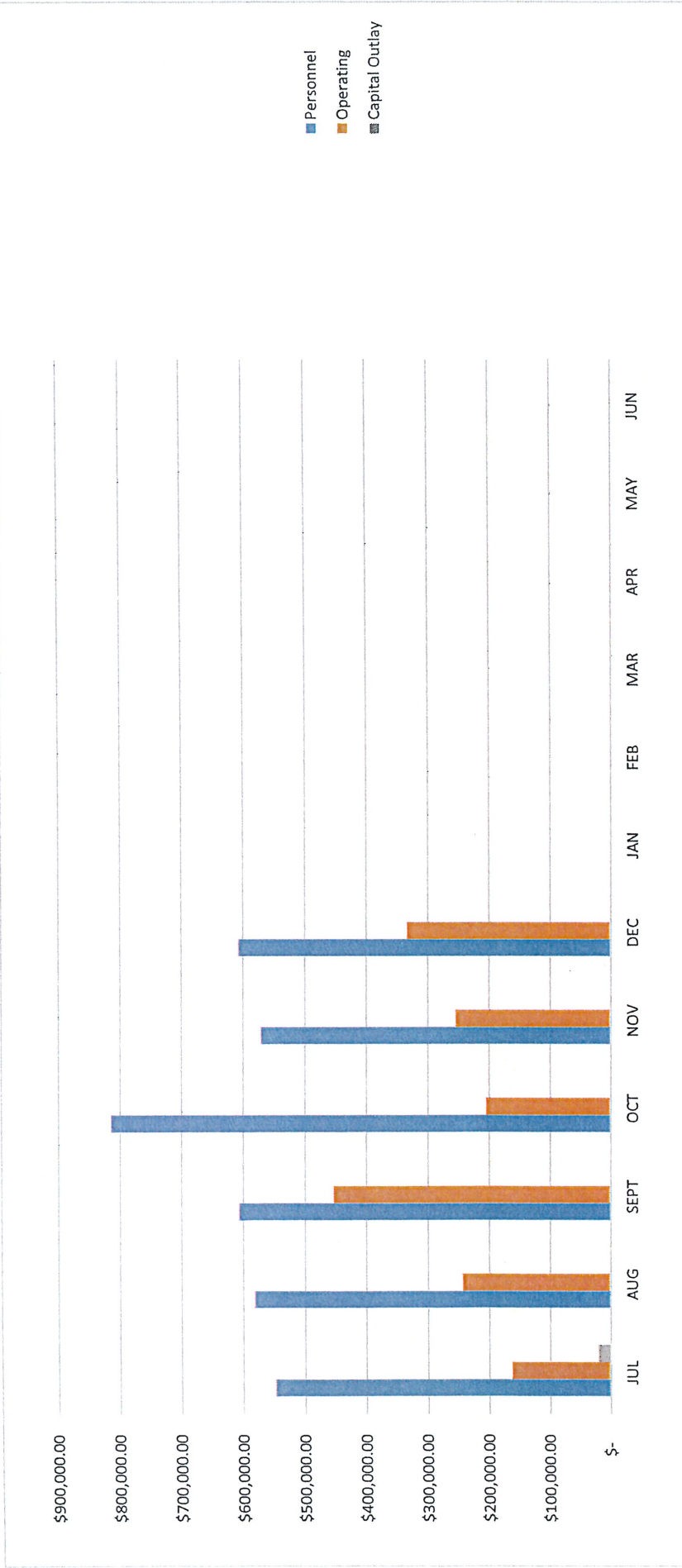
Revenue									
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD
Fees	\$ -	\$ -	\$ 11,697	\$ 92,711	\$ -	\$ 220	\$ -	\$ 104,628	\$ 726,634
Contracts	\$ -	\$ -	\$ 172,269	\$ 297,667	\$ 20,197	\$ -	\$ 76,819	\$ 566,952	\$ 3,926,731
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Interest	\$ -	\$ 1,879	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,879	\$ 15,984
District Funds	\$ 503	\$ 7,355	\$ 62,537	\$ 24,146	\$ 33,181	\$ 20,276	\$ -	\$ 147,998	\$ 1,415,507
Carry-Over Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,817,978
Other/Committed Funds	\$ -	\$ -	\$ -	\$ 35,000	\$ 307	\$ -	\$ -	\$ 35,307	\$ 36,225
Monthly Revenue	\$ 503	\$ 9,235	\$ 246,503	\$ 449,523	\$ 53,685	\$ 20,496	\$ 76,819	\$ 856,764	\$ 6,329,737
Year-to-Date Revenue	\$ 4,813	\$ 86,422	\$ 2,134,370	\$ 2,873,985	\$ 466,098	\$ 195,504	\$ 568,544	\$ 6,329,737	\$ 5,070,051
Direct Budget	\$ 15,043	\$ 299,905	\$ 3,878,817	\$ 3,036,833	\$ 1,219,147	\$ 602,422	\$ 1,508,355	\$ 10,560,522	\$ 20,000
Budget	\$ 15,043	\$ 299,905	\$ 4,724,791	\$ 3,682,696	\$ 1,238,534	\$ 602,422	\$ 1,521,386	\$ 12,084,777	\$ 69,910
									\$ 3,817,978
									\$ 61,195
									\$ 24,369
									\$ 27,886
									\$ 12,084,777
									\$ 59.9%
									Total Direct budget is \$10,560,522 + \$1,524,255 indirects= \$12,084,777

Expenditures									
	Personnel	Operating	Capital Outlay	Monthly Expenditures	Year-to-Date Expenditures	Direct Budget	Budget		Percent of Direct
	\$ 592	\$ 15,347	\$ 205,106	\$ 304,347	\$ 67,173	\$ 8,711	\$ 6,035	\$ 607,311	\$ 3,730,588
	\$ -	\$ 3,432	\$ 21,613	\$ 147,092	\$ 12,194	\$ 17,441	\$ 130,915	\$ 332,686	\$ 1,649,800
	\$ -	\$ -	\$ -	\$ 935	\$ -	\$ -	\$ -	\$ 935	\$ 20,195
	\$ 592	\$ 18,779	\$ 226,719	\$ 452,374	\$ 79,366	\$ 26,153	\$ 136,950	\$ 940,932	\$ 5,400,582
	\$ 3,007	\$ 103,885	\$ 1,495,297	\$ 2,563,146	\$ 515,831	\$ 227,965	\$ 511,149	\$ 5,420,279	\$ 10,560,522
	\$ 15,043	\$ 299,905	\$ 3,878,817	\$ 3,036,833	\$ 1,219,147	\$ 602,422	\$ 1,508,355	\$ 10,560,522	\$ 20,000
	\$ 15,043	\$ 299,905	\$ 4,724,791	\$ 3,682,696	\$ 1,238,534	\$ 602,422	\$ 1,521,386	\$ 12,084,777	\$ 69,910
									\$ 33.6%
									\$ 37.8%
									\$ 41.6%
									\$ 69.6%
									\$ 37.7%
									\$ 37.5%
									\$ 59.9%
									Total Direct budget is \$10,560,522 + \$1,524,255 indirects= \$12,084,777

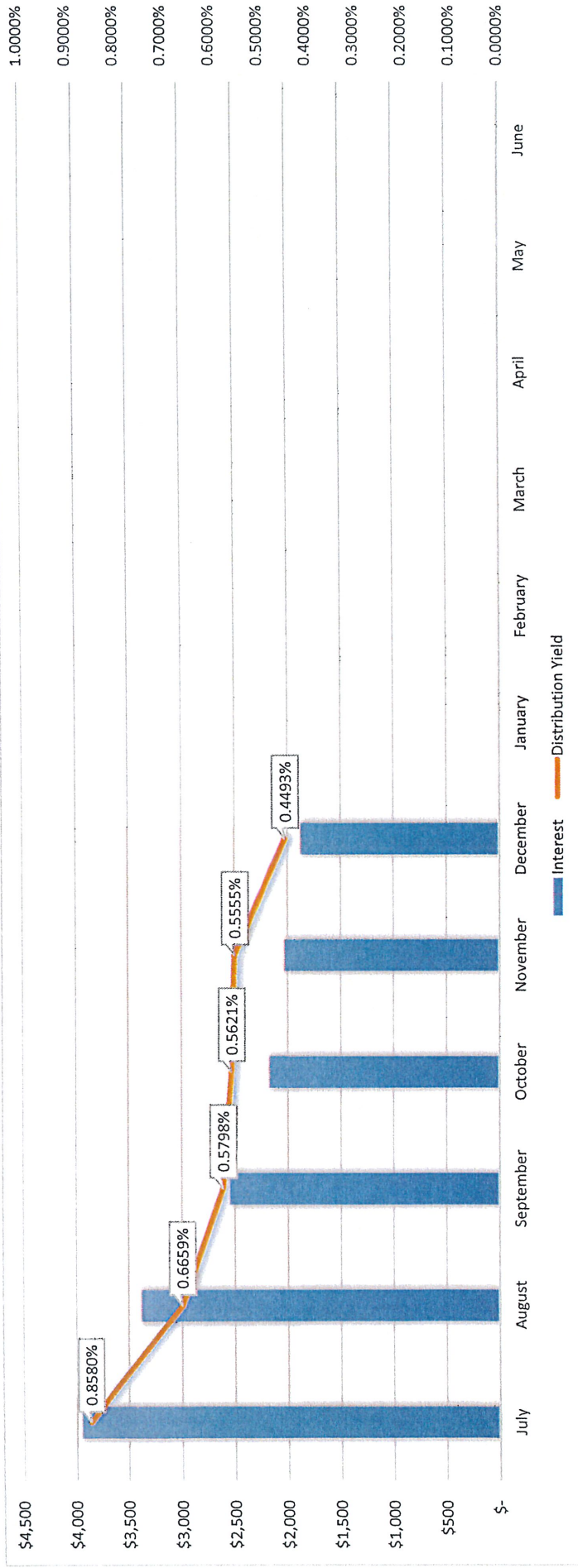
YTD REVENUES



YTD EXPENDITURES



YTD INVESTMENT YIELD TRENDS



Fee Schedule Change Approval Form

Person requesting change Tamara Martinez/Carol Julius

Date 12/08/2020

Describe updates or changes requesting:

ADD COVID19 code 91300 \$.00 administration code 0001A (1st dose) \$20.00

administration code 0002A (2nd dose) \$35.00

ADD COVID19 code 91301 = \$.00 with administration code 0011A (1st dose) \$20.00

Administration code 0012A (2nd dose) \$35.00

SEE ATTACHED

Signature of Supervisor JM Cyle

Date 12-8-2020

Signature of Division Director Carol Julius

Date 12-8-2020

Signature of Financial Manager JM Cyle

Date 12-8-2020

District Director [Signature]

Date 12/8/2020

Board Approval ☒

No Board Approval ☐

Billing Department Tamara Martinez

Date 12/21/2020

CPT® Category I New and Revised Vaccine Codes (Including Incorporation of ACIP Abbreviations Listing) Long Descriptors

Appendix Q

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) Vaccines

Vaccine Code	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (vial)	Dosing Interval
#91300 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	•0001A (1 st Dose) 20 •0002A (2 nd Dose) 35	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 59267-1000-01	21 Days
#91301 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	•0011A (1 st Dose) 20 •0012A (2 nd Dose) 35	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	28 Days

to increase the number of providers that can administer the products and ensure adequate reimbursement for administration in Medicare, while making it clear to private insurers and Medicaid programs their responsibility to cover these products at no charge to beneficiaries. This webpage provides the payment allowances and other related information for these products. Please see Medicare Toolkit available [here](#) for more information.

Payment Allowances and Effective Dates for COVID-19 Vaccines and their Administration during the Public Health Emergency:

Code	CPT Short Descriptor	Labeler Name	Vaccine/Procedure Name	Payment Allowance	Effective Date:
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	Pfizer-Biontech Covid-19 Vaccine	\$0.010*	xx/xx, – TBI 1
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	\$16.940**	xx/xx, – TBI
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	\$28.390**	xx/xx, – TBI
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna	Moderna Covid-19 Vaccine	\$0.010*	xx/xx, – TBI 1
0011A	ADM SARSCOV2 100MCG/0.5ML 1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose	\$16.940**	xx/xx, – TBI
0012A	ADM SARSCOV2 100MCG/0.5ML 2ND	Moderna	Moderna Covid-19 Vaccine Administration – Second Dose	\$28.390**	xx/xx, – TBI

* Since we anticipate that providers, initially, will not incur a cost for the product, CMS will update the payment allowance at a later date. Providers should not bill for the product if they received it for free.

X Fee Schedule Change Approval Form

☐ **M&M Change request Form** (only Division Director and Supervisor signature required)

Emily Geary on behalf of Patty Kennings/Adriana French
Person requesting change

12/23/2020
Date

[Senate Bill 1418](#) appropriated funds to Medicaid to cover the state share of cost for provision of direct HV services.

HCPSC Code	Modifier	Encounter Rate
T1017	UK	\$250.12

- HCPSC Code T1017, description: Targeted Case Management,
- Modifier UK, description: Services provided on behalf of the client to someone other than the client (collateral relationship). In this case, services are delivered to the family on behalf of the child.
- Encounter Rate, \$250.12:

Emily Geary (e-signature)

Signature of Supervisor

12/23/2020

Date

[Signature]
Signature of Division Director

1-6-2021
Date

[Signature]
Signature of Financial Manager

Date

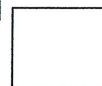
[Signature]
District Director

1/7/21
Date

Board Approval



No Board Approval



Once all signatures are obtained, return form to Program Information Coordinator so updates can be made.

Billing Department corrections made

Date



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH

BYLAWS

ARTICLE I

NAME

This Association, approved by members of the seven (7) public health districts of the State of Idaho, shall be called the Idaho Association of District Boards of Health (IADBH).

ARTICLE II

PURPOSE

The purpose of this Association shall be:

1. To exchange information among the District Boards of Health.
2. To coordinate policies and programs among the seven (7) public health districts.
3. To pursue new, as well as amend existing public health laws, standards, regulations, and rules to prevent disease, disability, and premature death; to promote healthy lifestyles; and to protect and promote the health and quality of our environment.

ARTICLE III

MEMBERSHIP

Membership in the Association shall be limited to members of the seven (7) District Boards of Health of the State of Idaho who are appointed pursuant to Section 39-411 Idaho Code. The District Directors are ex-officio members of the Association.

ARTICLE IV

FINANCING

Funding for the Association shall be provided by the seven (7) public health districts on an equal basis.

ARTICLE V

OFFICERS of the ASSOCIATION

Section A. Officers

The leadership of the Association will be referred to as the "Executive Council" and shall consist of the following:

- a. Executive Council: The Executive Council will be comprised of a Board of Health member from each health district.

- b. President of the Association: The President shall be the Executive Council member from the District hosting the current year's Annual meeting.
- c. Vice-President: The Vice President shall be the Executive Council member from the District hosting the next year's Annual meeting.
- d. Secretary: The secretary shall be the District Director from the District hosting the current year's Annual meeting. The secretary shall have no vote. Properly post agendas and approved minutes on the Idaho Public Health Districts' website (www.idahopublichealthdistricts.org) pursuant to Idaho open meeting law.

Section B. Terms of the Executive Council

The new President, Vice-President, and Secretary of the Association shall take office at the conclusion of the Annual meeting and shall serve until the conclusion of the next Annual meeting. Executive Council members shall serve for the term in which they have been elected by their local Boards of Health.

Section C. Duties of the Executive Council

1. The President of the Association shall:
 - a. Preside at the annual Association meeting and at any special Association meetings.
 - b. Determine the need, dates, times, and location of the annual Association meeting and any special meetings of the Association's Executive Council.
2. The Vice-President shall:
 - a. Preside at **all** meetings of the Association in the absence of or at the request of the President.
 - b. Perform such other duties as may be required.
3. The Secretary of the Board shall:
 - a. Record minutes of the Association and Executive Council meetings.
 - b. Conduct correspondence as directed by the President.
 - c. Send all notices in accordance with these bylaws.
 - d. Perform such other duties as may be required.
 - e. Properly post agendas and approved minutes on the Idaho Public Health Districts' website (www.idahopublichealthdistricts.org) pursuant to Idaho open meeting law.
4. The Executive Council representative of each health district shall represent their local Boards of Health throughout the year except at the Annual meeting. This includes providing their Board's position on such laws, standards, regulations, and rules to the Executive Council. As issues arise between the annual Association meetings, decisions of the Executive Council shall constitute interim decisions of the Association.
5. The Executive Council shall:
 - a. Conduct the affairs of the Association in accordance with the purpose and Bylaws of the Association and directives adopted by the Association.

- b. In the event a council member cannot attend, an alternate Board Member from his/her District shall represent that District at meetings and on conference calls or video conferencing.

Section D. The Association Office shall:

1. Serve as custodian of the Association records.
2. Keep Bylaws current for reference.
3. Have custody of, and be responsible for, all funds and securities of the Association.

Section E. The SALBOH Representative

The SALBOH (State Association of Local Boards of Health) Representative is a Board of Health Member elected by the Association and:

1. Shall serve as the NALBOH (National Association of Local Boards of Health) contact for Idaho's SALBOH.
2. May attend the annual SALBOH and NALBOH meetings and provide a written summary or an annual report of each meeting to the Association during the Annual business meeting. As a representative of the Association, expenses for travel to the annual SALBOH and NALBOH meetings shall be reimbursed by the Association.
3. Shall serve a three (3) year term and must be reappointed or a new representative appointed at the conclusion of the term.
4. An alternate Representative will be elected by the Association to serve in the absence of the SALBOH Representative.

ARTICLE VI BOARD OF TRUSTEES

Section A. Composition of Board of Trustees

The composition of the Board of Trustees is as follows.

- a. Board of Trustees: The Board of Trustees will be comprised of an elected Board of Health members from each health district.
- b. Chairman: The Chairman position shall be the Trustee from the District hosting the current year's Annual meeting.
- c. Secretary: The secretary shall be the District Director from the District hosting the current year's Annual meeting. The secretary shall have no vote.

Section B. Terms

The new Chairman and Secretary of the Board of Trustees shall take office at the conclusion of the Annual meeting and shall serve until the conclusion of the next Annual meeting. Trustee members shall serve for the term in which they have been elected by their local Boards of Health.

Section C. Duties of the Board of Trustees

1. The Board of Trustees shall:
 - a. Have authority to allocate appropriations from the legislature to the health districts. (IC 39-411)
 - b. Develop and administer a formula for the allocation of legislative appropriations. (IC 39-411)
 - c. Members of the Board of Trustees may also serve as members of the Executive Council if elected by their Board of Health to fulfil this role.
2. The Secretary of the Board of Trustees shall:
 - a. Record minutes of the Board of Trustee meetings.
 - b. Conduct correspondence as directed by the President.
 - c. Send all notices in accordance with these bylaws.
 - d. Perform such other duties as may be required.
 - e. Properly post agendas and approved minutes on the Idaho Public Health Districts' website (www.idahopublichealthdistricts.org) pursuant to Idaho open meeting law.

ARTICLE VII ANNUAL MEETING AND SPECIAL MEETINGS

Section A. Purpose.

To fulfill the objectives of ARTICLE II of these Bylaws.

Section B. Date and Site of Annual Meeting.

An Annual meeting of the Association shall be held each year. The location shall be on a rotating basis in each of the seven (7) Health Districts (District 1, 7, 3, 2, 6, 5 and 4). The date and site of the Annual meeting shall be set by the host district. Invitations and information shall be mailed to the District Boards of Health at least two (2) months prior to the meeting.

Section C. Special Meetings.

Special meetings of the Association may be called by:

1. The Association President or
2. A majority of the members of the Executive Council, provided all members are notified not less than seven (7) days before the date of the meeting.

Section D. Voting.

Voting at the Annual meeting and at special meetings shall be limited to the membership in attendance and by proxy of the absent members. Absent members must provide a written proxy to their designee. No email proxies will be accepted.

Section E. Quorum.

Representation from membership from four (4) of the seven (7) District Boards of Health shall constitute a quorum for the transaction of business at the Annual meeting and special meetings.

ARTICLE VII PARLIAMENTARY AUTHORITY

ROBERT'S RULES OF ORDER NEWLY REVISED shall apply on all questions of procedure and parliamentary law not specified in these Bylaws.

ARTICLE VIII AMENDMENTS

These Bylaws may be amended by a two-thirds ($\frac{2}{3}$) vote of the Association members, at the Annual Association meeting, when the proposed action has been sent out in the notice of such meeting to all members. Proposed amendments must be submitted to the Executive Council President for distribution to the Association board members at least sixty (60) days prior to the Annual meeting, for the purpose of giving the seven (7) District Boards of Health notice of the proposed amendments. Exception to this ruling is allowed when the amendment has the majority consent at the Annual meeting to allow consideration. It may then be adopted by a two-thirds ($\frac{2}{3}$) vote of the Association members in attendance or by proxy according to ARTICLE VI, Section D. All amendments adopted at the Annual Association meeting shall become effective thirty (30) days following the Association meeting unless otherwise specified.

1988 Adopted at the Annual meeting of IAB.

5/93 Adopted by the Board of Trustees on 7/8/93.

5/95 Adopted by the Board of Trustees on 5/21/95.

5/95 Adopted at the Annual meeting of the Association on 5/4/95.

6/08 Adopted at the Annual meeting of the Association on 6/30/08.

6/10 Adopted at the Annual meeting of Association on 6/17 /10.

5/14 Adopted at the Annual meeting of the Association on 5/29/2014.

6/14 Adopted at the Annual meeting of the Association on 06/14/2018.

ARTICLE IX RESOLUTIONS

1. Resolutions must be submitted to the Executive Council President for distribution to the Association Board members at least sixty (60) days prior to the Annual meeting, for the purpose of giving the seven (7) District Health Boards an opportunity to review and comment.
2. Emergency Resolutions, defined as anything that represents a sudden and urgent public health need or anything that is needed to keep the organization moving forward, may be brought up for discussion as long as approved by a two-thirds ($\frac{2}{3}$) vote of the Association members at any Annual Association meeting.

#1

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Friday, January 22, 2021 4:10:00 PM
Last Modified: Friday, January 22, 2021 4:14:55 PM
Time Spent: 00:04:54
IP Address: 160.2.198.155

Page 1

Q1

Public comment

Please clarify your recommendations regarding covid 19 mitigation strategies. Many people are still misreading them to be that a mask OR distancing is recommended when in fact you discussed late last year to remove the word "or." Adding the word "and" is important for clarity, even if it is a bit redundant.

Idaho Public Health District Update - Week 2

COVID 19

Today, January 25th at 11 am, both The House and The Senate will hear bills that would end the state declaration of emergency and substantially impact direct care by jeopardizing federal funding. Additionally, Matt Wimmer, the Deputy Administrator for the Division of Medicaid, introduced RS28101 last week to the Senate Health and Welfare Committee, which would have given the Department of Health and Welfare the power to decrease Medicaid reimbursement rates without legislative review or oversight. It did not print.

Public Health District Governance and Authority

Representative Blanksma introduce RS 28302C2 this morning which would allow individuals that feel they are adversely affected by action taken by the public health district can appeal the action to the board of county commissioners. The proposal would also change the penalties for violating the actions/orders in place by a public health district. The first and second violation would be an infraction and have a fine of \$50 for a person or \$300 for an association, corporation, or officer acting on behalf of an association or corporation. The third violation would be a misdemeanor with a fine of \$1,000. Lastly, this proposal would limit an isolation or quarantine order to 30 days, with the possibility of extension. This RS is not yet published on the state website but should be available soon.

Limits on Drugs in the Idaho Constitution

Sen. C. Scott Grow (R-Eagle) has proposed a [SJR101](#) which would amend the Idaho Constitution to prohibit the production, manufacture, transportation, sale, delivery, dispensing, distribution, possession, or use of certain psychoactive drugs. This is due, in part, to the increasing number of states who permit the use of marijuana for medical purposes or recreational use or both. All of the states surrounding Idaho (except Nevada) allow for the recreational use of marijuana and Utah permits its use for medical purposes. If approved, the resolution would place the limitations on the ballot in November where it would have to be approved by a 2/3 majority of voters. The resolution is currently in Senate State Affairs.

Prohibition of Public Funds for Abortion

The proposed legislation [H0017](#) looks to ensure taxpayer dollars do not support the abortion industry by prohibiting the expenditure of taxpayer dollars to abortion providers. It prohibits public contracting or participating in any commercial transaction with an abortion provider. The legislation also prohibits the use of any public asset or employee to procure, counsel in favor, refer to, or perform an abortion. These prohibitions apply to all units of government in Idaho including state, county, municipal, public health districts, and public-school districts.

State Response to Alzheimer's and Related Dementias

According to a recent report by the Office of Performance Evaluation, there has been little progress made on implementing the 2013 Alzheimer's plan, although it is a leading cause of death in Idaho. This is due, in part, to the fact that there is currently no entity responsible for addressing Alzheimer's and related dementia in Idaho. The report recommends that the Legislature should consider establishing a system-wide oversight entity to improve collaboration and to ensure ongoing accountability for outcomes, and recommends that the state should establish an ongoing position in the Division of Public Health to develop prevention efforts, help drive the dementia task force, and improve service coordination. Read the full report [here](#).

A Closer Look at the State Surplus

According to a recent analysis done by the Center for Fiscal Policy, the state revenue surplus stands at \$277 million, as opposed to the widely reported \$587 million. Last year, Governor Little issued a 5% holdback which resulted in \$98.7 million in cuts to K-12 schools and \$96.5 million to other public services. A 1 percent holdback issued in March of 2020 resulted in another \$19 million in cuts to K-12 schools as well as \$16.6 million in pay freezes for state employees, and a general hiring freeze. While all these cuts add up to \$248 million, that is only if they are approved by state legislators.

As far as Medicaid is concerned, Idaho received federal funding from an increase in the Federal Medical Assistance Percentage (FMAP). This was put into place to cover increases in enrollment as a result of the economic downturn associated with the pandemic. Currently, permanently moving short-term savings out of Medicaid is under consideration, which could compromise access to healthcare in the midst of trying to get COVID-19 under control. The cost would be \$89 million.

So, with budget cuts and holdbacks accounted for, the unexpected money from federal income support boosted spending, resulting in \$277 million in available funds to support long-term economic growth in Idaho.

Presidential Executive Orders

In his first three days in office, President Biden signed 30 executive orders, ten of which directly reverse policies implemented by the Trump administration. A few that are particularly noteworthy are rejoining the Paris climate accord, canceling the Keystone XL pipeline, stopping the U.S withdrawal from the World Health Organization, eliminating the travel ban from seven Muslim-majority countries, and halting construction of the border wall. Additionally, 14 of the executive orders pertained directly to Coronavirus, including establishing a Pandemic Testing Board to expand testing capacity as well as accelerating the manufacturing and delivery of supplies for vaccination and Personal Protective Equipment.

Public Health Districts

Analyst: Tatro

Historical Summary

OPERATING BUDGET	FY 2020 Total App	FY 2020 Actual	FY 2021 Approp	FY 2022 Request	FY 2022 Gov Rec
BY FUND CATEGORY					
General	9,774,500	9,774,500	9,821,300	9,985,100	9,881,600
Dedicated	768,100	668,000	773,100	782,600	779,100
Total:	10,542,600	10,442,500	10,594,400	10,767,700	10,660,700
Percent Change:		(0.9%)	1.5%	1.6%	0.6%
BY OBJECT OF EXPENDITURE					
Personnel Costs	9,082,000	9,012,100	9,281,200	9,433,100	9,326,100
Operating Expenditures	1,460,600	1,430,400	1,313,200	1,334,600	1,334,600
Total:	10,542,600	10,442,500	10,594,400	10,767,700	10,660,700

Department Description

Public Health Districts are established in Chapter 4, Title 39, Idaho Code. They are not state agencies and are considered independent bodies corporate and politic, pursuant to Section 1, Article VIII of the Idaho Constitution. Employees of the health districts are not state employees. However, pursuant to Section 39-425, Idaho Code, districts must budget for employee participation in the state's retirement system and comply with the state merit system. Payroll and accounting services are provided by the office of the State Controller, and audits are conducted by the Legislative Audits Division.

The mission of the seven Public Health Districts is to prevent disease, disability, and premature death; to promote healthy lifestyles; and to protect and promote the health and quality of our environment.

Idaho's seven health districts provide health services throughout the state. Each district works under the direction of its own board of health, appointed by county commissioners within each region. The districts are not part of any state agency, but they work in partnership with the Department of Health and Welfare and other state entities to deliver services and disburse public information to local communities.

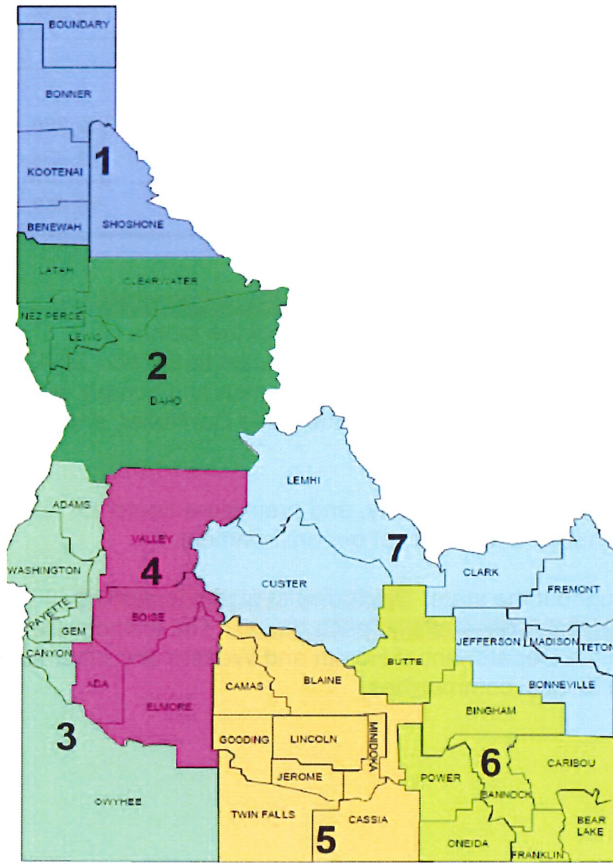
Public Health Districts

Agency Profile

Analyst: Tatro

Organization

District Office Locations



Health District 1

Sandpoint
St. Maries
Hayden
Kellogg
Bonners Ferry

Health District 2

Lewiston Orofino
Moscow Grangeville
Kamiah

Health District 3

Payette
Emmett
Weiser
Caldwell
Homedale

Health District 4

Boise
McCall
Mountain Home

Health District 6

Malad Montpelier
Pocatello Blackfoot
Preston Soda Springs
Arco American Falls
Aberdeen Fort Hall

Health District 5

Twin Falls
Heyburn
Jerome
Shoshone
Bellevue
Gooding

Health District 7

Dubois Idaho Falls
Challis St. Anthony
Rigby Salmon
Rexburg Driggs
Mud Lake Mackay

Fiscal Year	FTP	Appropriated (\$)		Non-Appropriated (\$)			Total (\$)
		General Fund	Millennium Fund	County	Contracts	Fees/Other	
FY 2014	605.79	8,232,500	500,000	8,037,700	22,495,800	10,008,000	49,274,000
FY 2015	623.47	8,531,200	750,000	8,351,400	22,502,600	10,245,600	50,380,800
FY 2016	624.61	8,719,200	750,000	8,639,600	25,280,400	13,291,500	56,680,700
FY 2017	632.06	9,289,500	750,000	8,768,600	27,778,800	11,762,100	58,349,000
FY 2018	632.06	9,341,700	750,000	9,093,100	27,547,600	14,298,600	61,031,000
FY 2019	626.01	9,421,600	750,000	9,174,300	27,748,400	12,602,500	59,696,800
FY 2020	602.70	9,887,900	768,900	9,458,900	30,099,100	15,730,600	65,945,400
FY 2021*	599.43	9,330,200	773,100	9,585,900	28,937,800	22,988,000	71,615,000
FY 2022*	599.43	9,988,900	782,600	9,809,700	28,130,700	13,356,700	62,068,600

*As indicated in the budget request for FY 2021 (Est. Expenditures, Includes CARES Act) & FY 2022 (Request).

Public Health Districts

Overview, Budget, & Fund Information

Analyst: Tatro

Public Health Districts are established in Chapter 4, Title 39, Idaho Code. They are not state agencies and are considered independent bodies corporate and politic, pursuant to Section 1, Article VIII of the Idaho Constitution. Employees of the health districts are not state employees. However, pursuant to Section 39-425, Idaho Code, districts must budget for employee participation in the state's retirement system and comply with the state merit system. Payroll and accounting services are provided by the office of the State Controller, and audits are conducted by the Legislative Audits Division.

Budget Development Process

In April of each year, each health district submits a preliminary budget to its Board of Health. This proposal is presented for public comment. The final budget is approved by the Board of Health Budget Committees with the estimated cost to each county. The decision of the budget committee is binding upon all counties within the district and the district itself.

70% of county contributions are apportioned by population as determined by the last general census when applicable, or by the Idaho Department of Commerce.

30% of county contributions are apportioned by taxable market value for assessment purposes as computed by the County Assessor and certified by the Tax Commission.

Each of the seven district budgets is combined into a single budget request that is made to the state for the state funds required in Section 39-425, Idaho Code.

Public Health District Funding

State Appropriations

Pursuant to Section 39-425, Idaho Code, the Public Health Districts' budget request shall include a minimum of 67% of the amounts pledged by each county for taxes raised pursuant to Section 31-862, Idaho Code.

General Fund Appropriation and Transfer to Public Health District Fund, Section 39-422, Idaho Code

-Half of the appropriated funds are distributed in July and half are distributed in January.

The Board of Trustees, as established in Section 39-411, Idaho Code, are the seven members (one per district) that allocate the appropriation to the districts, in accordance with Section 39-425, Idaho Code. For FY 2019 the board-developed formula is: county contributions (67%); and the remaining amount (33%) is allocated based on population (50%); minimum base amount (18%); Health Professional Shortage Area (HPSA) score (18%); and poverty (14%). During the 2018 legislative session, the Legislature passed H562a, which requires the board of trustees to maintain the same formula for a two-year period.

Starting in FY 2018, the Health Districts were appropriated ongoing Millennium Income Funds.

County Revenue

Each Board of County Commissioners is authorized to levy a special tax for preventive health services; health districts do not have taxing authority. The county tax cannot exceed four hundredths of a percent (.04%) above the statutory limitation of market value, for assessment purposes, of all taxable property in the county.

Other Revenue

Other revenue sources include contracts and grants with the Department of Environmental Quality and Department of Health and Welfare; local grants applied for and received; private donations; fees for services provided; third party insurance reimbursements; Medicare; Medicaid; and pass-through dollars from the Department of Health and Welfare for Home Visiting Services and Citizen Review Panels.

Public Health Districts

Funding Formula & General Fund Allocation

Analyst: Tatro

FY 2021 Supporting Data

	2020 County Pledge	Population 3-Year Average	HPSA Score	Population in Poverty 3-Year Average
District 1	\$1,213,500	240,303	14.6%	30,089
District 2	\$829,357	109,324	14.8%	15,286
District 3	\$1,381,174	290,733	14.1%	39,696
District 4	\$2,438,400	515,290	11.4%	51,658
District 5	\$1,256,787	198,937	14.5%	25,681
District 6	\$1,227,796	174,704	15.1%	22,883
District 7	\$1,120,703	223,448	15.5%	28,633
Total	\$9,467,717	1,752,739	100.0%	213,925

Moneys from the General Fund Appropriation are allocated based on five factors: 1) County Contributions; 2) Population; 3) Minimum Base Amount; 4) Health Professional Shortage Area (HPSA); and 5) Percent of Population in Poverty. The distribution is shown in the table below.

FY 2021 Funding Formula Breakdown

	County Contributions	Population	Minimum Amount	HPSA Score	Poverty
	67%	17%	6%	6%	5%
District 1	\$813,045	\$221,832	\$83,212	\$84,958	\$63,721
District 2	\$555,669	\$100,921	\$83,212	\$86,286	\$32,372
District 3	\$925,387	\$268,386	\$83,212	\$81,861	\$84,067
District 4	\$1,633,728	\$475,682	\$83,212	\$66,374	\$109,399
District 5	\$842,047	\$183,646	\$83,212	\$84,627	\$54,387
District 6	\$822,623	\$161,275	\$83,212	\$87,945	\$48,460
District 7	\$750,871	\$206,273	\$83,212	\$90,434	\$60,638
Total	\$6,343,370	\$1,618,015	\$582,485	\$582,485	\$453,044

Total FY 2021 General Fund Allocation, Rounded

	Percent of Total	Total Amount*
District 1	13.2%	\$1,266,800
District 2	9.0%	\$858,500
District 3	15.1%	\$1,442,900
District 4	24.7%	\$2,368,400
District 5	13.0%	\$1,247,900
District 6	12.6%	\$1,203,500
District 7	12.4%	\$1,191,400
State Total	100%	\$9,579,400

* The Health Districts also received from the General Fund: \$136,500 for Citizen Review Panels (allocated 1/7 to each district), and \$105,400 for Health Districts 3 and 4.

Public Health Districts

Analyst: Tatro

FY 2020 Actual Expenditures by Division

			FTP	PC	OE	CO	T/B	LS	Total
0.30	FY 2020 Original Appropriation								
0290-01	Gen	0.00	8,805,000	1,082,900	0	0	0	0	9,887,900
0499-00	Ded	0.00	380,700	388,200	0	0	0	0	768,900
Totals:		0.00	9,185,700	1,471,100	0	0	0	0	10,656,800
0.44	Rescissions								
0290-01	Gen	0.00	(17,100)	0	0	0	0	0	(17,100)
0499-00	Ded	0.00	(800)	0	0	0	0	0	(800)
Totals:		0.00	(17,900)	0	0	0	0	0	(17,900)
0.45	Omnibus Decisions								
0290-01	Gen	0.00	(85,800)	(10,500)	0	0	0	0	(96,300)
Totals:		0.00	(85,800)	(10,500)	0	0	0	0	(96,300)
1.00	FY 2020 Total Appropriation								
0290-01	Gen	0.00	8,702,100	1,072,400	0	0	0	0	9,774,500
0499-00	Ded	0.00	379,900	388,200	0	0	0	0	768,100
Totals:		0.00	9,082,000	1,460,600	0	0	0	0	10,542,600
1.61	Reverted Appropriation								
0499-00	Ded	0.00	(69,900)	(30,200)	0	0	0	0	(100,100)
Totals:		0.00	(69,900)	(30,200)	0	0	0	0	(100,100)
2.00	FY 2020 Actual Expenditures								
0290-01	Gen	0.00	8,702,100	1,072,400	0	0	0	0	9,774,500
Public Health Trust (General)			8,702,100	1,072,400	0	0	0	0	9,774,500
0499-00	Ded	0.00	310,000	358,000	0	0	0	0	668,000
Idaho Millennium Income			310,000	358,000	0	0	0	0	668,000
Totals:		0.00	9,012,100	1,430,400	0	0	0	0	10,442,500
Difference: Actual Expenditures minus Total Appropriation									
0290-01	Gen		0	0	0	0	0	0	0
Public Health Trust (General)			0.0%	0.0%	N/A	N/A	N/A	N/A	0.0%
0499-00	Ded		(69,900)	(30,200)	0	0	0	0	(100,100)
Idaho Millennium Income			(18.4%)	(7.8%)	N/A	N/A	N/A	N/A	(13.0%)
Difference From Total Approp			(69,900)	(30,200)	0	0	0	0	(100,100)
Percent Diff From Total Approp			(0.8%)	(2.1%)	N/A	N/A	N/A	N/A	(0.9%)

Public Health Districts

Analyst: Tatro

Comparative Summary

Decision Unit	Agency Request			Governor's Rec		
	FTP	General	Total	FTP	General	Total
FY 2021 Original Appropriation	0.00	9,821,300	10,594,400	0.00	9,821,300	10,594,400
Executive Holdback	0.00	(491,100)	(491,100)	0.00	(491,100)	(491,100)
Noncognizable Funds and Transfers	0.00	0	9,074,200	0.00	0	9,074,200
FY 2021 Estimated Expenditures	0.00	9,330,200	19,177,500	0.00	9,330,200	19,177,500
Removal of Onetime Expenditures	0.00	(105,400)	(9,179,600)	0.00	(105,400)	(9,179,600)
Base Adjustments	0.00	0	0	0.00	0	0
Restore Rescissions	0.00	491,100	491,100	0.00	491,100	491,100
FY 2022 Base	0.00	9,715,900	10,489,000	0.00	9,715,900	10,489,000
Benefit Costs	0.00	199,200	206,400	0.00	28,000	29,100
Statewide Cost Allocation	0.00	(3,800)	(3,800)	0.00	(3,800)	(3,800)
Change in Employee Compensation	0.00	73,800	76,100	0.00	141,500	146,400
FY 2022 Total	0.00	9,985,100	10,767,700	0.00	9,881,600	10,660,700
Change from Original Appropriation	0.00	163,800	173,300	0.00	60,300	66,300
% Change from Original Appropriation		1.7%	1.6%		0.6%	0.6%

Public Health Districts

Analyst: Tatro

Budget by Decision Unit	FTP	General	Dedicated	Federal	Total
-------------------------	-----	---------	-----------	---------	-------

FY 2021 Original Appropriation

The Legislature funded or directed the use of appropriated funds for three programs in FY 2021: \$105,400 for the Community Health Collaborative; \$178,500 for Citizen Review Panels (\$42,000 is transferred from the Department of Health and Welfare (DHW)); and \$1,000,000 through a transfer from DHW for home visitation programs.

	0.00	9,821,300	773,100	0	10,594,400
--	------	-----------	---------	---	------------

Executive Holdback

This adjustment reflects a 5% temporary reduction in General Fund spending authority (holdback) for FY 2021 issued through Executive Order No. 2020-14. This reduction is restored as a base adjustment in FY 2022, below.

Agency Request	0.00	(491,100)	0	0	(491,100)
Governor's Recommendation	0.00	(491,100)	0	0	(491,100)

Noncognizable Funds and Transfers

Provides \$9,074,200 as a noncognizable adjustment for CARES Act (corona virus relief) funds.

Agency Request	0.00	0	0	9,074,200	9,074,200
Governor's Recommendation	0.00	0	0	9,074,200	9,074,200

FY 2021 Estimated Expenditures

Agency Request	0.00	9,330,200	773,100	9,074,200	19,177,500
Governor's Recommendation	0.00	9,330,200	773,100	9,074,200	19,177,500

Removal of Onetime Expenditures

Removes \$105,400 of onetime appropriation for the second year of the improved health transformations program, and \$9,074,200 of CARES Act funding.

Agency Request	0.00	(105,400)	0	(9,074,200)	(9,179,600)
Governor's Recommendation	0.00	(105,400)	0	(9,074,200)	(9,179,600)

Base Adjustments

Transfers \$54,400 from personnel costs to operating expenditures from the Millennium Income Fund.

Agency Request	0.00	0	0	0	0
Recommended by the Governor.					
Governor's Recommendation	0.00	0	0	0	0

Restore Rescissions

This adjustment restores the 5% General Fund holdback removed as a current year expenditure adjustment, above.

Agency Request	0.00	491,100	0	0	491,100
Governor's Recommendation	0.00	491,100	0	0	491,100

FY 2022 Base

Agency Request	0.00	9,715,900	773,100	0	10,489,000
Governor's Recommendation	0.00	9,715,900	773,100	0	10,489,000

Benefit Costs

Employer-paid benefit changes include an 11% increase (or \$1,280 per eligible FTP) for health insurance, bringing the total appropriation to \$12,930 per FTP. Also included is a restoration of the unemployment insurance rate, a partial restoration of the unused sick leave rate, and adjustments to workers' compensation that vary by agency. This request includes benefit changes associated with the General Fund and the Millennium Income Fund, and account for about 20% of all benefit changes.

Agency Request	0.00	199,200	7,200	0	206,400
The Governor recommends no increase for health insurance due to fewer claims than expected and a one-year holiday for employers who contribute to the PERSI-managed sick leave plan.					
Governor's Recommendation	0.00	28,000	1,100	0	29,100

Public Health Districts

Analyst: Tatro

Budget by Decision Unit	FTP	General	Dedicated	Federal	Total
-------------------------	-----	---------	-----------	---------	-------

Statewide Cost Allocation

This request includes adjustments to recover the cost of services provided by other agencies in accordance with federal and state guidelines on cost allocation. Risk management costs will decrease by \$3,900 and State Controller fees will increase by \$100, for a net decrease of \$3,800.

Agency Request	0.00	(3,800)	0	0	(3,800)
Governor's Recommendation	0.00	(3,800)	0	0	(3,800)

Change in Employee Compensation

For calculation purposes, agencies were directed to include the cost of a 1% salary increase for permanent and temporary employees. This request includes only the General Fund and the Millennium Income Fund portion of a 1% calculation.

Agency Request	0.00	73,800	2,300	0	76,100
----------------	------	--------	-------	---	--------

The Governor recommends a 2% increase in employee compensation, distributed on merit. He does not recommend a compensation increase for group and temporary positions.

Governor's Recommendation	0.00	141,500	4,900	0	146,400
---------------------------	------	---------	-------	---	---------

FY 2022 Total

Agency Request	0.00	9,985,100	782,600	0	10,767,700
Governor's Recommendation	0.00	9,881,600	779,100	0	10,660,700

Agency Request

Change from Original App	0.00	163,800	9,500	0	173,300
% Change from Original App		1.7%	1.2%		1.6%

Governor's Recommendation

Change from Original App	0.00	60,300	6,000	0	66,300
% Change from Original App		0.6%	0.8%		0.6%

Part I – Agency Profile

Agency Overview

Idaho Public Health Districts were established in 1970 under Chapter 4, Title 39, and Idaho Code. They were created by the Legislature to ensure that preventive public health services are available to all citizens of the state—no matter how small or large their county population. It was the intent of the Legislature in creating the Public Health Districts that public health services be locally controlled and governed. Idaho's 44 counties are grouped into seven Public Health Districts and are governed by policy boards appointed by the county commissioners in those Districts. The District partnership has served Idaho well since 1971 and has received national attention due to the way it provides decentralized public health services designed to meet the unique needs of the citizens of each District. Each Board of Health adopts a budget and defines the public health services to be offered in its district based on the particular needs of the local populations served. Idaho Public Health Districts are not state agencies nor part of any state department; they are recognized much the same as other single purpose districts and are accountable to their local Boards of Health.

While Idaho Public Health Districts are locally based, they share a common vision and mission. Their vision is ***“Healthy People in Healthy Communities.”***

The Public Health Districts' mission is to:

- **Prevent** disease, disability, and premature death,
- **Promote** healthy lifestyles, and
- **Protect** the health and quality of the environment.

Although services vary depending on local need, all seven Public Health Districts provide the essential services that assure healthy communities. These may include:

- Monitoring health status and understanding health issues
- Protecting people from health problems and health hazards
- Giving people information they need to make healthy choices
- Engaging the community to identify and solve health problems
- Developing public health policies and plans
- Enforcing public health laws and regulations
- Providing access to preventive health services
- Maintaining a competent public health workforce
- Evaluating and improving programs and interventions
- Contributing to the evidence based practice of public health

Idaho Public Health Districts make a difference every day, and their work touches everyone. They play a critical role in improving and maintaining the health of Idaho citizens. They strive to prevent diseases and help keep the food and water supplies safe. Idaho is fortunate to have a strong system of Public Health Districts—one that is the envy of many other states.

Core Functions/Idaho Code

As outlined in Idaho Code 39-409, the Public Health Districts are to provide basic health services of public health education, physical health, environmental health, and public health administration. The law also states that services shall not be construed to restrict the programs offered by the local Boards of Health of the Public Health Districts solely to these categories.

While the services provided by Idaho Public Health Districts are not exactly the same in each district, they generally include the following core areas:

Epidemiology/Communicable Disease Control

Epidemiology is one of the core functions of public health. Idaho Public Health Districts work to investigate, report, prevent, and control communicable diseases by:

- Reporting on over 70 reportable diseases and conditions (IDAPA 16.02.10)
- Investigating and managing outbreaks of communicable diseases (e.g., Cryptosporidiosis, Hepatitis A, Salmonella, Pertussis, Syphilis, Tuberculosis, West Nile Virus, H1N1, etc.)
- Utilizing the National Electronic Disease Surveillance Systems (NEDSS) that provides a direct link to the Centers for Disease Control and Prevention (CDC)
- Maintaining and utilizing the Health Alert Network (HAN) to rapidly communicate with state and local partners
- Working in partnership with medical facilities and infection control practitioners

Health Education

Prevention is the key to success in public health. Idaho Public Health Districts focus on promoting healthy lifestyles through educational programs and policy advocacy. They work closely with local coalitions and community partners to provide the following educational programs and policy implementation plans:

- Adolescent Pregnancy Prevention
- Comprehensive Cancer Control
- Heart Disease, Stroke, and Diabetes Prevention and Control
- Fall Prevention for Seniors
- Oral Health
- Physical Activity and Nutrition
- Tobacco Use Cessation
- Tobacco Prevention and Control
- Drug Overdose Prevention

Physical Health

Idaho Public Health Districts strive to maintain the health of families and the community through health district programs and referrals to community partners. Services and/or programs offered include, but are not limited to:

- Child and Adult Immunizations
- HIV/AIDS Testing and Case Management
- Reproductive Health
- School Health
- Sexually Transmitted Disease Testing and Treatment
- Women's Health Check/Mammography Services
- Women, Infants, and Children Program (WIC)
- Home Visitation

Environmental Health

Environmental Health recognizes the connection between human health and the health of our environmental surroundings. Idaho Public Health Districts work to prevent disease and injury through control and protection of environmental factors such as water, air, and food by:

- Permitting and inspecting food establishments
- Monitoring public water systems
- Permitting and inspecting public swimming pools
- Permitting and inspecting subsurface sewage disposal systems
- Approving and inspecting solid waste facilities
- Inspecting child care facilities and providing education for child care providers
- Reviewing proposed subdivision plans for land development and conducting site evaluations

Public Health Preparedness

Idaho Public Health Districts are working to improve their ability to respond to all types of hazards, ranging from natural disasters to infectious disease outbreaks to acts of terrorism by:

- Exercising all-hazard response plans that have been developed by the health districts
- Planning for and management of the Strategic National Stockpile
- Partnering with public health professionals and the community to ensure they are educated about and prepared for such events
- Working with community partners to develop plans and exercise for surge capacity events
- Responding to public health events, such as the 2009 H1N1 pandemic

Revenue and Expenditures

Idaho Public Health Districts receive income from four funding sources. Approximately 17 percent of income comes from the State General Fund and the State Millennium Fund combined. About 83 percent is from fees, service contracts, and the counties. Idaho Public Health Districts are accountable to the State, to local counties, and to the general public to ensure that these limited funds are used efficiently and effectively.

Idaho Public Health Districts are not State agencies; therefore, their entire budget is not set by the Idaho Legislature. The counties that make up each District are responsible for setting and approving the District's overall budget. The portion of funding that is requested by Idaho Public Health Districts from the State's General and Millennium Funds are the only portion of their budget that is approved by the Idaho Legislature.

Revenue	FY 2017	FY 2018	FY 2019	FY 2020
State General Fund	\$9,289,500	\$9,341,700	\$9,421,600	\$9,774,500
Other (fees, contracts and county appropriations)	48,309,500	47,889,800	50,184,200	51,158,600
State Millennium Fund	743,300	742,600	749,900	668,000
Total	\$58,342,300	\$57,974,100	\$60,355,700	\$61,601,100
Expenditures	FY 2017	FY 2018	FY 2019	FY 2020
Personnel Costs	\$43,019,100	\$42,029,000	\$41,688,500	\$42,225,100
Operating Expenditures	11,476,300	11,185,800	12,663,700	13,315,000
Capital Outlay	2,346,200	2,822,700	3,949,200	3,778,500
Pass-through Dollars (Hospital, EMS)	1,500,700	1,936,600	2,054,300	2,282,500
Total	\$58,342,300	\$57,974,100	\$60,355,700	\$61,601,100

Profile of Cases Managed and/or Key Services Provided

Profile of Cases Managed and/or Services Provided	FY 2017	FY 2018	FY 2019	FY 2020	Benchmark
1. # Communicable Disease Reports & Investigations	10,759	11,061	8,100	8,299	0
2. # Environmental Health Inspections	15,749	16,281	17,432	16,244	14,225
3. # Child Care Inspections	1,808	1,515	1,430	1,383	1,500
4. # Women, Infants and Children (WIC) Clients	67,682	64,845	60,056	55,812	73,000
5. # Reproductive Health Clients Served	11,783	9,640	9,981	11,462	30,000
6. # Individuals Receiving Tobacco Use Cessation Education	1,736	1,808	2,358	3,350	1,500
7. # Children Receiving Dental Varnish/Sealant Services	10,697	8,047	8,965	10,473	10,000

Profile of Cases Managed and/or Services Provided	FY 2017	FY 2018	FY 2019	FY 2020	Benchmark
8. # Adult and Child Vaccines Given	Adults 31,478	Adults 26,848	Adults 33,171	Adults 30,266	Adults 50,000
	Children 46,413	Children 41,747	Children 33,111	Children 34,912	Children 100,000

1. Communicable Disease Reports & Investigations: Epidemiology is the study of diseases, their causes, and their patterns. It is core to the foundation of public health. Idaho Public Health Districts investigate and report on over 70 diseases/conditions that are legally reportable according to the Rules and Regulations Governing Idaho Reportable Diseases (IDAPA 16.02.10). Most of these diseases have been around for decades while others are newly emerging (Zika/arboviral diseases) or re-emerging (Tuberculosis).
2. Environmental Health Inspections: The environmental health staff perform regulatory and educational functions for a number of programs including Food Safety, On-site Wastewater, Solid Waste, Public Swimming Pools, Public Water Systems, Land Development, and Indoor Air Quality. The functions performed include plan and site reviews, inspections, consultations, compliance monitoring, investigations, and educational classes. From July 1, 2019 through June 30, 2020, Environmental Health Specialists conducted 16,244 environmental health inspections.
3. Child Care Inspections: The environmental health staff conduct annual and biennial inspections of both Idaho Child Care Program certified and/or state licensed child care facilities to ensure health and safety of the children and to provide additional education to the operators. Health district inspectors are credentialed through examination, experience, and continuing education as well as background checked. Their knowledge and expertise in food safety, solid waste sanitation, vector control, drinking water quality, and rural onsite wastewater treatment are a valuable resource to child care facility operators. The combined health district resources in environmental health and epidemiology investigations are used to minimize the spread of communicable disease in these facilities.
4. WIC Clients: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is provided by Idaho Public Health Districts and two Tribal Health Agencies in Idaho. The WIC Program is a public health nutrition program under the United States Department of Agriculture. Eligible participants are women who are pregnant, breastfeeding (up to one year) or post-partum (up to six months), infants and children up to age five. Participants receive healthy foods, nutrition education and individualized counseling, breastfeeding support, and referrals to other medical and social service programs. To be eligible for WIC, participants must meet income guidelines, be a resident of Idaho, and have a nutritional need. National and Idaho trends indicate a decline in WIC participation. Although the downward trend has been researched, there is no definitive reason for the decrease. Speculation is that declining birth rates and an improved economy may play a part. Additionally, some eligible participants may self-disqualify themselves as they may feel someone else can use the benefits more.
5. Reproductive Health Clients: Idaho Public Health Districts provide comprehensive family planning services to low income men and women, including teenagers, who lack access to reproductive health services. Family Planning clinics offer direct client services, counseling, community education, and outreach activities throughout the various service areas. From July 1, 2019 through June 30, 2020, the Public Health Districts served 11,462 family planning clients including 7,176 through Title X funding. Approximately 74% of the Title X clients were at or below 150% of the federal poverty level and paid no fee or paid a small percentage of the actual fee based on their stated income. Ensuring access to reproductive health services is one of the leading health indicators for Healthy People 2020, a set of goals and objectives designed to improve the health of all people in the United States. Idaho's Public Health Districts play a vital role in working towards these health promotion and disease prevention efforts.

6. Tobacco Use Cessation: Idaho Public Health Districts facilitate tobacco cessation programs for Idaho citizens at no cost to participants. Funding for this program is provided through the Idaho Millennium Fund. Funding can fluctuate from year to year depending on the Millennium Fund appropriation amount to the health districts. In FY20, the Public Health Districts served 3,350 tobacco use cessation participants. Of these, 1,537 were adults with a quit rate of 26%; 194 were pregnant with a quit rate of 22%; and 1,619 were teenagers with a quit rate of 27%. Use of tobacco products is linked to increased risk of heart disease, stroke, diabetes, multiple types of cancer, and many other health conditions. This program continues to provide a valuable health benefit to Idahoans.
7. Fluoride Varnish/Dental Sealants: Idaho Public Health Districts promote improved oral health for all Idaho children through programs associated with Idaho Oral Health Program. The main focus of this program is the access of elementary school aged children to a Dental Hygienist to be evaluated and offered dental sealants in the schools, and by promoting fluoride varnish in children coming for WIC services and some selected preschool programs. Although program specifics may vary from one district to another, the use of dental sealants and fluoride varnish follow evidence-based programs to reduce dental caries and improve the oral health and overall physical health of the children of Idaho. In FY20, 10,473 children received dental varnish/sealant services.
8. Vaccines Given: Disease prevention is a primary function of the Idaho Public Health Districts, and vaccines are a first-line defense to protect children and adults against many infectious diseases. The public health districts strive to improve Idaho's immunization rates, yet many children do not receive all of their recommended vaccines. Idaho Public Health Districts' staff seeks opportunities to increase Idaho's immunization rates by focusing on policies to promote childhood vaccines, community outreach, and collaboration with medical providers, pharmacists, educators, and other advocates. In 2020, 30,266 vaccines were administered to adults at public health clinics in Idaho, and another 34,912 vaccines were administered to children.

Red Tape Reduction Act

Each agency shall incorporate into its strategic plan a summary of how it will implement the Red Tape Reduction Act, including any associated goals, objectives, tasks, or performance targets. This information may be included as an addendum.

	As of July 1, 2019	As of July 1, 2020
Number of Chapters	1	No chapters edited
Number of Words	13,270	No new words removed
Number of Restrictions	227	No new restrictions

The Red Tape Reduction Act efforts of the Public Health Districts in Idaho represents the reduction of three IDAPA codes for Public Health Districts, with an overall reduction in word count by 4563, and a reduction in restrictions by 32.84 percent. These revisions to IDAPA rules were achieved while continuing to preserve and protect the public's health.

FY 2020 Performance Highlights

Part II – Performance Measures

Performance Measure		FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Goal 1						
<i>Monitor health status and understand health issues.</i>						
1. Percent of adults who smoke ¹	actual	15.9%	13.8%	14.5%	14.3%	-----
	target	15%	15%	15%	12% National %	
2. Percent of adults diagnosed with diabetes ¹	actual	7.6%	8.1%	8.9%	8.7%	-----
	target	< 7% National %	< 7% National %	8% National %	8% National %	
3. Percent of adults who are overweight ¹	actual	65.7%	65.2%	64.5%	63.5%	-----
	target	< 40% National %	< 40% National %	<40% National %	<40% National %	
4. Percent of adults who are obese ¹	actual	28.9%	28.6%	27.4%	29.3%	-----
	target	<25% National %	<25% National %	<25% National %	<25% National %	
5. Adult suicide rate per 100,000 population ²	actual	19.6	21.9	20.8	20.8	-----
	target	12 (death rate)	12 (death rate)	10.2 (death rate)	10.2 (death rate)	
6. Teenage pregnancy rates (15-19 year olds) ²	actual	27.5	22.5	24.1	22.2	-----
	target	30.3/1,000	30.3/1,000	22/1,000	22/1,000	

Performance Measure Explanatory Notes

1 Data obtained from Idaho Behavioral Risk Factors Surveillance System (BRFSS)

2 Data obtained from Idaho Vital Statistics; Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics

For More Information Contact

If you would like more detailed information concerning the Public Health Districts of Idaho and the services they provide, you may download a copy of health districts' ***"Strategic Plan: Fiscal Year 2019 Report"*** that is available on each health district's website or contact any of the District Directors below.

Panhandle Health District

Lora Whalen, Director
8500 N. Atlas Road
Hayden, Idaho 83835
(208) 415-5100
lwhalen@phd1.idaho.gov
www.panhandlehealthdistrict.org

Public Health—Idaho North Central District

Carol Moehrle, Director
215 10th Street
Lewiston, Idaho 83501
(208) 799-3100
cmoehrle@phd2.idaho.gov
www.idahopublichealth.com

Southwest District Health

Nikole Zogg, Director
13307 Miami Lane
Caldwell, Idaho 83607
(208) 455-5300
nikole.zogg@phd3.idaho.gov
www.publichealthidaho.com/

Central District Health Department

Russell Duke, Director
707 N. Armstrong Place
Boise, Idaho 83704
(208) 375-5211
rduke@cdhd.idaho.gov
www.cdhd.idaho.gov/

South Central Public Health District

Melody Bowyer, Director
1020 Washington Street North
Twin Falls, Idaho 83301-3156
(208) 737-5900
mbowyer@phd5.idaho.gov
www.phd5.idaho.gov

Southeastern Idaho Public Health

Maggie Mann, Director
1901 Alvin Ricken Drive
Pocatello, Idaho 83201
(208) 233-9080
mmann@siph.idaho.gov
www.siphidaho.org

Eastern Idaho Public Health

Geri Rackow, Director
1250 Hollipark Drive
Idaho Falls, Idaho 83401
(208) 533-3163
grackow@eiph.idaho.gov
www.EIPH.Idaho.gov