Board of Health Meeting

Tuesday, February 23, 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 February 23, 2021 Board of Health meeting can be submitted at https://www.surveymonkey.com/r/YD5JKWV 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, February 22, 2021. No in-person public comments will be accepted. The agenda for the Board of Health meeting is available at: https://phd3.idaho.gov/boh/boh-agendas/.

***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. Those unable to attend the meeting in-person may view the meeting on their own device via live streaming available on the SWDH You Tube page.

Agenda – Amended*

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	A	Request for Additional Agenda Items; Approval of Agenda	Chairman Elliott
10:08	A	Approve January 26, 2021 Board of Health Meeting Minutes	Chairman Elliott
10:10	I	Open Discussion	SWDH Board Members
10:30	A	Introduction of New Employees	Division Adminstrators
10:40	A	SWDH COVID-19 Health Alert Level Review	Nikki Zogg, Rachel Pollreis
10:55	I	January 2021 Expenditure and Revenue Report	Troy Cunningham
11:10	I	Syphilis Case Increase Report	Cate Lewis, Surabhi Malesha
11:20		Break	
11:30	I	Emergency Operation Plan Development and Use	Ricky Bowman
11:40	I	Subsurface Sewage/Septic and Appeals Process	Mitch Kiester
12:05	A	Approval of Zywgart and John Associates Audit Report*	Troy Cunningham
12:10	I	IADBH Executive Council Update	Georgia Hanigan, Nikki Zogg
12:25	I	Director's Report	Nikki Zogg
		Legislative Update	
		IADBH Annual Meeting	
		Contracts Listing	
12:35	I	Executive Session pursuant to Idaho Codes 74-206(1)(d), 74-206(1)(b)	
12:55	A	Action taken as a result of Executive Session	
1:00		Adjourn	

Next meeting: Tuesday, March 16, 2021 at 10:00 a.m.

BOARD OF HEALTH MEETING MINUTES
Tuesday, January 26, 2021

BOARD MEMBERS:
Georgia Hanigan, Commissioner, Payette County – present
Nate Marvin, Commissioner, Washington County - present via Zoom
Lyndon Haines, Commissioner, Washington County (pending confirmation) - present
Tom Dale, Canyon County – present via Zoom
Keri Smith, Commissioner, Canyon County (pending confirmation) - 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, Katrina Williams

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

GUESTS: Incoming Board of Health members Keri Smith and Lyndon Haines currently pending confirmation; 2 members of the public attending in person; Guests viewing live stream via SWDH You Tube page.

Guests Via Zoom: Jordan Zwygart, Zwygart John and Associates

CALL THE MEETING TO ORDER
Chairman Elliott called the meeting to order at 10:04 a.m.

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

APPROVAL OF AGENDA
Board members reviewed the agenda. Nikki requested an addition of an informational item to her Director's Report to provide a legislative update.

MOTION: Dr. Summers moved to accept the agenda with the addition of the informational item. Commissioner Purdy seconded the motion. All in favor; motion carries.

APPROVE DECEMBER 15, 2020 BOARD OF HEALTH MEETING MINUTES
Board members reviewed the December 15, 2020 Board of Health meeting minutes. Dr. Summers asked that the minutes be edited to reflect that board members with the exception of himself do not support a mask mandate.

MOTION: Dr. Summers moved to accept the minutes with the amendment requested. Commissioner Hanigan seconded the motion. All in favor; motion carries.

OPEN DISCUSSION

Commissioner Purdy asked for clarification on several items closures of pools, guidance for vaccinations, business guidelines, and the recent decision by Idaho Association of District Board of Health (IADBH) to expend funds for a lobbyist to the legislature.

Nikki addressed the IADBH decision to secure a lobbyist and explained that currently there are several issues in front of the Legislature that could potentially impact the health districts. The district directors asked the Executive Council to consider providing support through lobbyist services to advocate for what public health districts do across the state and ensure legislators are aware that public health has other duties and responsibilities that could be impacted by legislation that may be focused on a single issue such as COVID-19 response.

Nikki also discussed guidelines available for businesses. Since the onset of the pandemic, SWDH staff have been available to provide guidance to schools, restaurants, business, local government agencies, long-term care facilities, detention facilities, event coordinators, churches, and other agencies at their request.

Board members discussed individual business owners' interpretations of guidance versus mandates. Commissioner Smith expressed her gratitude for the guidance SWDH provided to Destination Caldwell when she served as CEO. The organization added businesses and held successful events using the guidance provided by SWDH staff. Commissioner Smith commended Nikki and her team for their availability and guidance as Destination Caldwell staff worked through health concerns and figured out how to maintain the best interest of the overall health of the community and still provide safe opportunities for people to gather.

Board members also discussed including updates on other SWDH programs in addition to COVID-19 response efforts. Nikki will work to ensure that subsequent board agendas include updates. She also explained that last year we began our strategic planning review and revision process and that was delayed as we shifted resources to the response. We are still working to transition staff over to those regular duties again.

COVID-19 SITUATION UPDATE

Jaime Aanensen provided an update on the COVID-19 response. Staff are working closely with Eugene from High Focus to work to operationalize the pandemic response. Currently, SWDH has 20 Idaho National Guard (ING) members onsite helping manage investigations, testing demands, and the vaccination process. Demands for testing have decreased but are consistently full conducting between 15 and 25 tests per day.

Staff are receiving over 200 emails a day with inquiries regarding vaccine information. Sam Kenney is working with partner relationships to develop a vaccine distribution plan. These partners will have the ability to do administer up to 20,000 vaccine doses a week; however, we do not have the vaccine allocation to support that level.

Staff are also working with certain populations with limited access to healthcare. A strike team with ING members will be put together to go to rural areas to assist with vaccine distribution so those with limited access or limited transportation do not have to travel as far. In addition, vaccine is expected to be available in pharmacies, rural hospitals and clinics and at other health care provider locations.

Sam Kenney explained that when the availability for vaccine opens up to the senior population of 65 and older it is estimated to take six to eight weeks to vaccinate the whole group in Region 3. This assumes that we receive 3,000 vaccine doses per week and anticipate an increase of 3 – 10% per week. We are not expecting 100% of our 46,000 seniors to be interested in receiving the vaccine.

SWDH COVID-19 HEALTH ALERT LEVEL UPDATE
Nikki asked the board members to consider not requiring an action item each month for the health alert level update. Nikki explained that while developing metrics and trying to explain risk for exposure in community settings, SWDH staff worked with peers across the districts to establish similar measures. Other districts use similar measures but those measures may not be exact district to district. Despite these differences, comparing health alerts from other districts next to one another would likely yield a similar result in evaluation of risk and the mitigation strategies suggested.

Commissioner Purdy presented information from the Idaho Office of Emergency Management's influenza pandemic response plan. She asked that rather than develop our own response plan that SWDH follow the one already in place. She asked SWDH to follow the influenza pandemic response plan guidelines rather than develop new ones.

Commissioner Aberasturi provided input suggesting Board members wait and review the dashboard information in a month.

MOTION TO APPROVE: Commissioner Purdy made a motion to reevaluate the use of the SWDH COVID-19 Health Alert Levels next month. Commissioner Aberasturi seconded the motion. All in favor; Motion passes.

INTRODUCTION OF NEW EMPLOYEES
Division administrators introduced new employees.

DECEMBER 2020 EXPENDITURE AND REVENUE REPORT
Troy provided a summary of the December 2020 Expenditure and Revenue Report.

BUDGET ADJUSTMENT REQUEST
Troy Cunningham discussed new funding opportunities that have come available due to new sub-grant activities that we were not aware of during creation of the Fiscal Year 2021 budget we created last March and April. At this point, Troy does not need an increased spending authority for these grants. A good chunk of these grants do not end on 6/30/2021. Nearly all of the new sub-grants will extend into the next fiscal year.

Board members discussed whether there are any requirements for these sub-grants and asked for further information breaking down the source of grants and activities built into them.

APPROVAL OF FEE SCHEDULE CHANGES
Carol Julius presented two fee schedule changes. The first fee request is administration fee for COVID-19 vaccine. Kelly Aberasturi asked for clarification of administration fee. Carol clarified that this fee pays for administration of the vaccine.

Nikki explained that the administration fee gets paid by the public or private insurance provider. Contract funds cover the administration cost for uninsured clients.

MOTION: Dr. Summers made a motion to accept the administration fees of $20 for the first dose and $35 for the second dose administration fee for COVID-19 for both Pfizer and Moderna. Commissioner Aberasturi seconded the motion. All in favor; motion passes.

Carol presented the second fee request. Medicaid is now providing reimbursement for a home visit encounter at $250.12 per home visit.

This fee was calculated by a statewide task force that reviewed the expenses and time spent with families across the health districts. These services are targeted toward underprivileged individuals that are identified using a screening process prior to qualifying the families.

MOTION: Commissioner Aberasturi made a motion to accept the Medicaid reimbursed encounter rate as presented at $250.12. Dr. Summers seconded the motion. All in favor; motion passes.

AUDIT REPORT
Jordan Zwygart presented a summary of the audit report. He explained that all findings from previous years have been remedied. Jordan explained that financials accurately reflect the financial position of the organization.

IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH (IADBH) EXECUTIVE COUNCIL UPDATE
To help educate legislators on what public health districts do, the IADBH Executive Council voted to hire Michael Kane as a lobbyist for the districts for a three-month period at a cost of $5,000 per month. The IADBH conference office budget has sufficient funds to cover those expenses in its account. At this time there, will not be a charge back to the individual districts for these lobbyist services.

Michael Kane is working hand-in-hand with all the pertinent legislators on the Senate and House side to work with the chairmen of those particular committees to draft some bills and be proactive to present some changes that would be acceptable and beneficial to the health districts as they seek to perform their duties. Once these are published they will be available to the public.

Commissioner Purdy commented that Adams County opposed spending health district dollars for lobbyist purposes.

The decisions made at the legislative level will impact all seven health districts across the state with the increased legislative attention focused on the health district. Mike Kane's experience working with health districts will be helpful to educate those legislators.

APPOINTMENT OF TRUSTEE AND EXECUTIVE COUNCIL REPRESENTATIVE(S)
Nikki Zogg initiated discussion to select a new Idaho Association of District Boards of Health (IADBH) Trustee and Executive Council representative for the SWDH Board of Health. The Trustee by statute only has a function to establish funding formula. The Executive Council's role is more policy focused. The updates Tom Dale routinely provides during Board of Health meetings represent summaries of the Executive Council's decision making between the annual meeting and include testimony development and addressing issues as they might arise in between the annual meeting.

Nikki explained that during the legislative session, the Executive Council meets more frequently. She also clarified that the representatives for the Trustee and the Executive Council can be but does not have to be the same individual according to the IADBH bylaws. Currently, all the public health districts have the same board member that wears both hats.

MOTION: Commissioner Aberasturi made a motion to appoint Payette County Commissioner Georgia Hanigan as the Trustee and the Executive Council representative. Dr. Summers seconded the motion. All in favor; motion passes.

EMPLOYEE COMPENSATION
Nikki Zogg provided some history for our newer board members regarding changes in employee compensation. During the last budget setting process, the Board voted to not provide a pay increase to SWDH staff due largely to COVID-19 economic impact uncertainties. On October 8, 2020 the Governor lifted the moratorium on pay increases and on December 30, 2020 the Division of Financial Management (DFM) and Division of Human Resources (DHR) sent out a memo mandating agencies provide a 2% permanent pay increase to 20 targeted positions in the State. Southwest District Health is not a state agency; however, we are under the insurance and payroll umbrella of the state. These 20 positions need

an equity adjustment. Southwest District Health has 21 staff in 7 of those positions included in the list of 20 positions requiring equity adjustments.

Nikki did not follow the mandate because Board members had not approved increases. Other factors in her decision include that SWDH brings staff on at a higher rate than the minimum starting wage and singling out 21 people to receive pay increases did not seem to represent the efforts of the rest of our staff who are still with us, having been through a very tough year and are very deserving of an increase.

Division of Human Resources, in their annual report, recommended a two-percent, merit-based, change in employee compensation and the Governor has included a 2% merit-based change in employee compensation in his recommendation to the legislature. The state appropriation provides approximately 16-18% of our annual budget.

Nikki provided this update to bring Board members up to speed and explain where we are today with employee compensation preparing for the upcoming FY22 budget request.

DIRECTOR'S REPORT

Legislative Update
Nikki provided board members with a brief legislative update prepared by Kelli Brassfield at Idaho Association of Counties (IAC).

Public Health Districts' Budget Request to JFAC
Nikki presented the budget request that the seven public health districts had submitted for the state appropriation. Jared Tatro from Legislative Services Office (LSO) presents on our behalf with one of the public health directors and a board member to address any questions that may rise.

ReadyKamp
ReadyKamp is a preparedness camp we hold with our youth in our community and usually have 30-40 youth spend a week with SWDH staff to train on emergency response activities. This year the ReadyKamp event will be postponed and is planned to resume next year in summer of 2022.

There being on further business the meeting adjourned at 1:09 p.m.

Respectfully submitted:

Nikole Zogg
Secretary to the Board

Approved as written:

Bryan Elliott
Chairman

Date

SOUTHWEST DISTRICT HEALTH
BUDGET REPORT FOR JANUARY 2021 (FY21)

	Target	58.3%

Fund Balances	Beginning Total	Jan 31
General Operating Fund	$ 66,114	$ 224,539
Millennium Fund	$ -	$ 89,954
LGIP Operating	$ 2,630,723	$ 3,544,946
LGIP Vehicle Replacement	$ 99,207	$ 99,603
LGIP Capital	$ 1,299,174	$ 1,299,174
Total	**$ 4,095,218**	**$ 5,258,216**

Year-to-Date Cash Position			This month CHANGE
	Revenues:	$ 7,264,449	
Carry Over:	Behavioral Health Board	$ (10,793)	
	CRP	$ (7,102)	
	Parents As Teacher	$ (190,760)	
	Net Revenue:	**$ 7,055,794**	$ 934,710
	Expenditures:	$ (6,249,121)	$ (828,842)
	Net Cash Position:	**$ 806,673**	**$ 105,868**

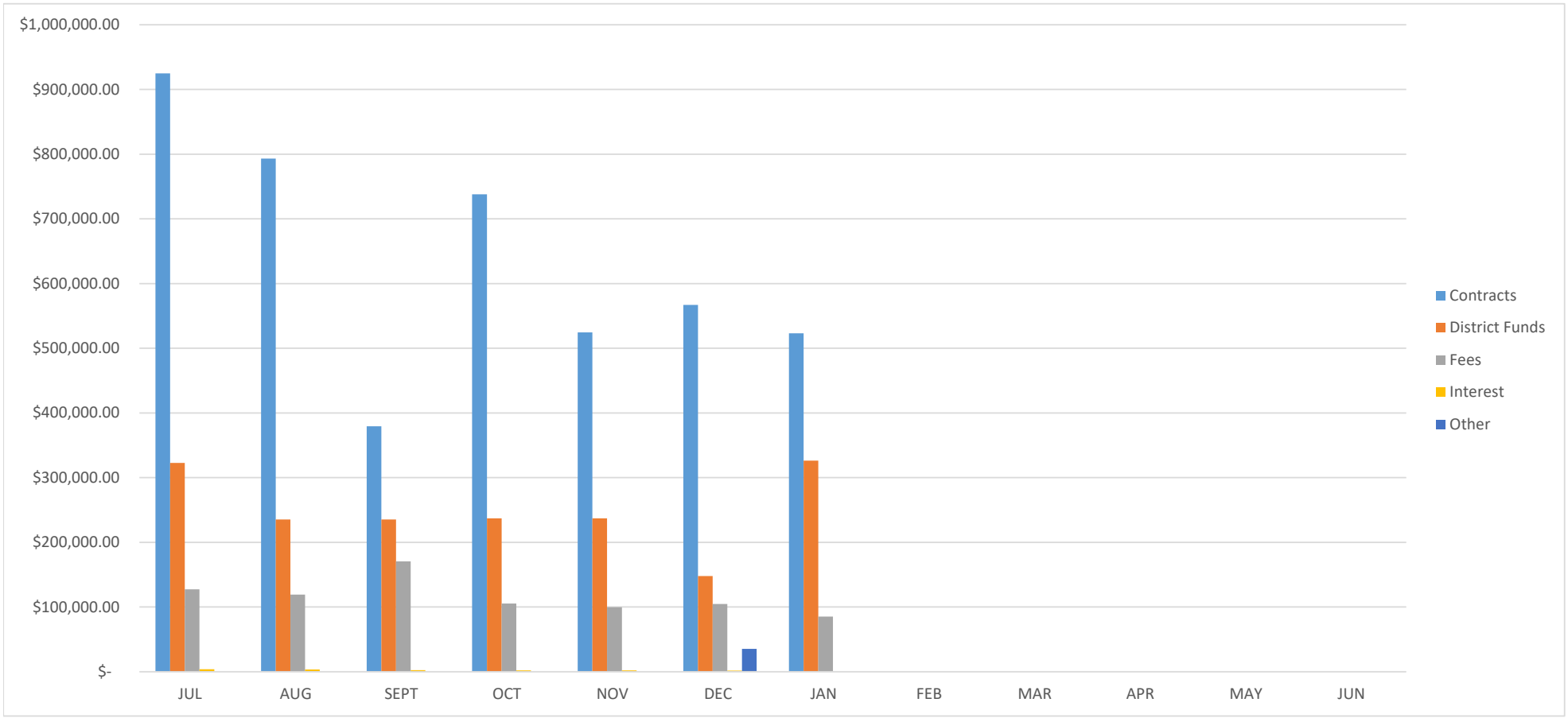
Revenue

	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Direct Budget	Total Budget	Percent of Direct
Fees	$ -	$ -	$ 12,891	$ 71,960	$ -	$ 480	$ -	$ 85,331	$ 811,966	$ 1,499,542	$ 1,715,979	54%
Contracts	$ -	$ -	$ 161,741	$ 275,401	$ 11,889	$ -	$ 74,215	$ 523,246	$ 4,449,978	$ 5,070,051	$ 5,801,838	88%
Sale of Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,477	$ 20,000	0%
Interest	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,984	$ 69,910	$ 80,000	23%
District Funds	$ 1,109	$ 16,209	$ 137,808	$ 53,209	$ 73,119	$ 44,680	$ -	$ 326,134	$ 1,741,641	$ 3,817,978	$ 4,369,047	
Carry-Over Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 208,655	$ 61,195	$ 70,027	
Other/Committed Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 36,225	$ 24,369	$ 27,886	149%
Monthly Revenue	$ 1,109	$ 16,209	$ 312,439	$ 400,570	$ 85,008	$ 45,160	$ 74,215	$ 934,710	$ 7,264,449	$ 10,560,522	$ 12,084,777	68.8%
Year-to-Date Revenue	$ 5,922	$ 102,631	$ 2,446,810	$ 3,274,556	$ 551,106	$ 240,665	$ 642,759	$ 7,264,449	Total Direct budget is $10,560,522 + $1,524,255 indirects= $12,084,777			
Direct Budget	$ 15,043	$ 299,905	$ 3,878,817	$ 3,036,833	$ 1,219,147	$ 602,422	$ 1,508,355	$ 10,560,522				
Budget	$ 15,043	$ 299,905	$ 4,724,791	$ 3,682,696	$ 1,238,534	$ 602,422	$ 1,521,386	$ 12,084,777				
	39.4%	**34.2%**	**63.1%**	**107.8%**	**45.2%**	**39.9%**	**42.6%**	**68.8%**				

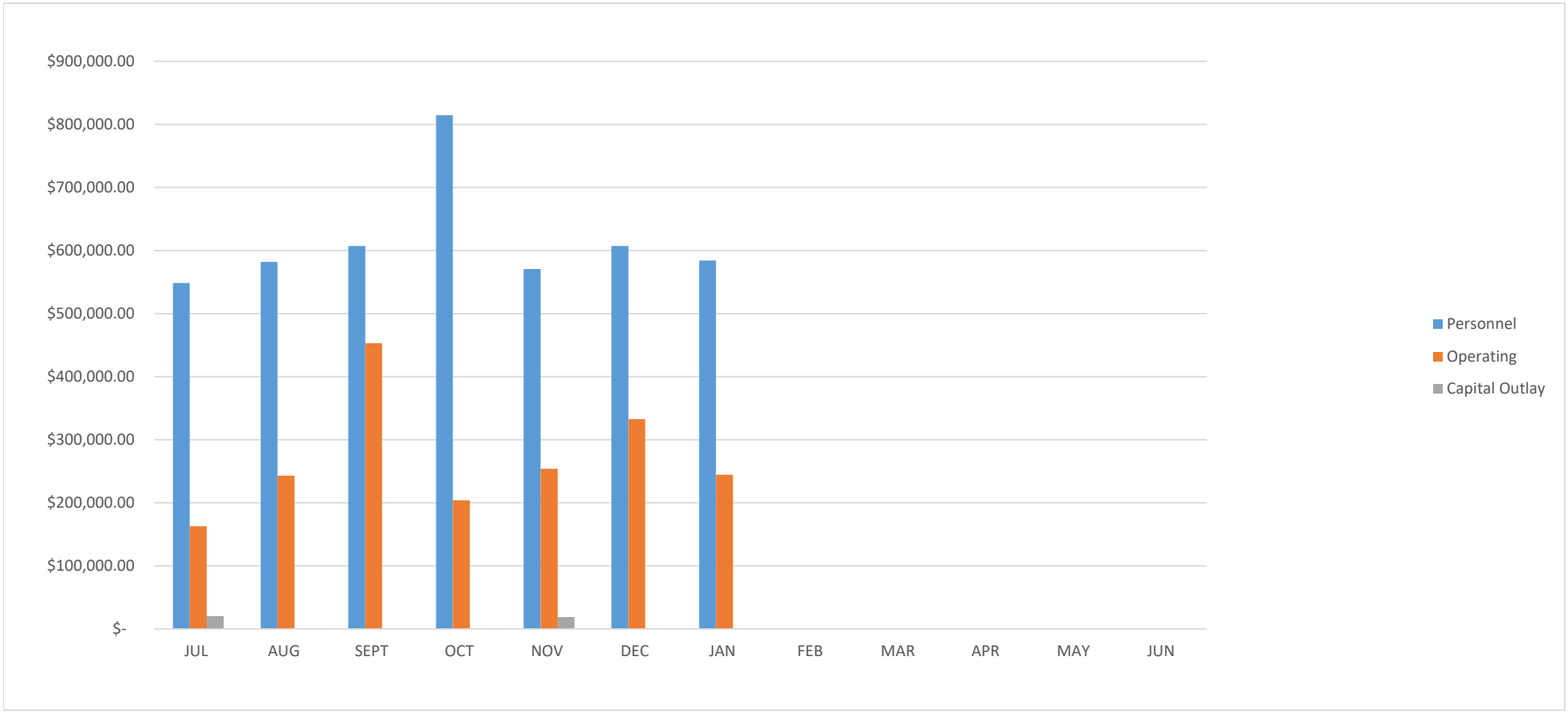
Expenditures

Personnel	$ 511	$ 14,612	$ 209,906	$ 272,471	$ 74,402	$ 9,131	$ 3,174	$ 584,208	$ 4,314,795	$ 5,920,623	$ 6,775,177	73%
Operating	$ 1,911	$ 1,113	$ 48,359	$ 96,461	$ 16,333	$ 25,666	$ 54,583	$ 244,427	$ 1,894,227	$ 4,478,408	$ 5,124,800	42%
Capital Outlay	$ -	$ -	$ -	$ 207	$ -	$ -	$ -	$ 207	$ 40,099	$ 161,491	$ 184,800	25%
Monthly Expenditures	$ 2,422	$ 15,725	$ 258,266	$ 369,139	$ 90,735	$ 34,798	$ 57,758	$ 828,842	$ 6,249,121	$ 10,560,522	$ 12,084,777	59.2%
Year-to-Date Expenditures	$ 5,429	$ 119,610	$ 1,753,562	$ 2,932,284	$ 606,566	$ 262,763	$ 568,907	$ 6,249,121	Total Direct budget is $10,560,522 + $1,524,255 indirects= $12,084,777			
Direct Budget	$ 15,043	$ 299,905	$ 3,878,817	$ 3,036,833	$ 1,219,147	$ 602,422	$ 1,508,355	$ 10,560,522				
Budget	$ 15,043	$ 299,905	$ 4,724,791	$ 3,682,696	$ 1,238,534	$ 602,422	$ 1,521,386	$ 12,084,777				
	36.1%	**39.9%**	**37.1%**	**79.6%**	**49.0%**	**43.6%**	**37.4%**	**51.7%**				

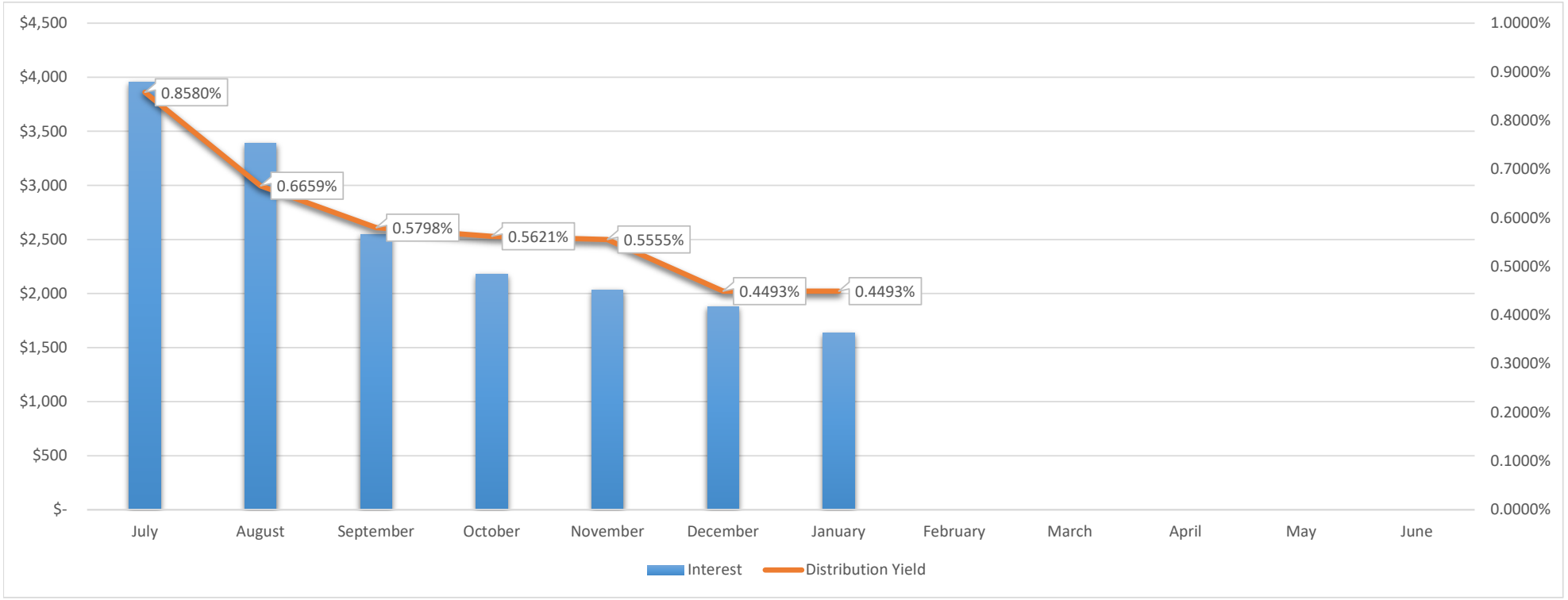
YTD REVENUES



YTD EXPENDITURES



YTD INVESTMENT YIELD TRENDS



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COMPLETE

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Last Modified:	Monday, February 22, 2021 8:54:29 AM
Time Spent:	00:00:06
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Public comment

test

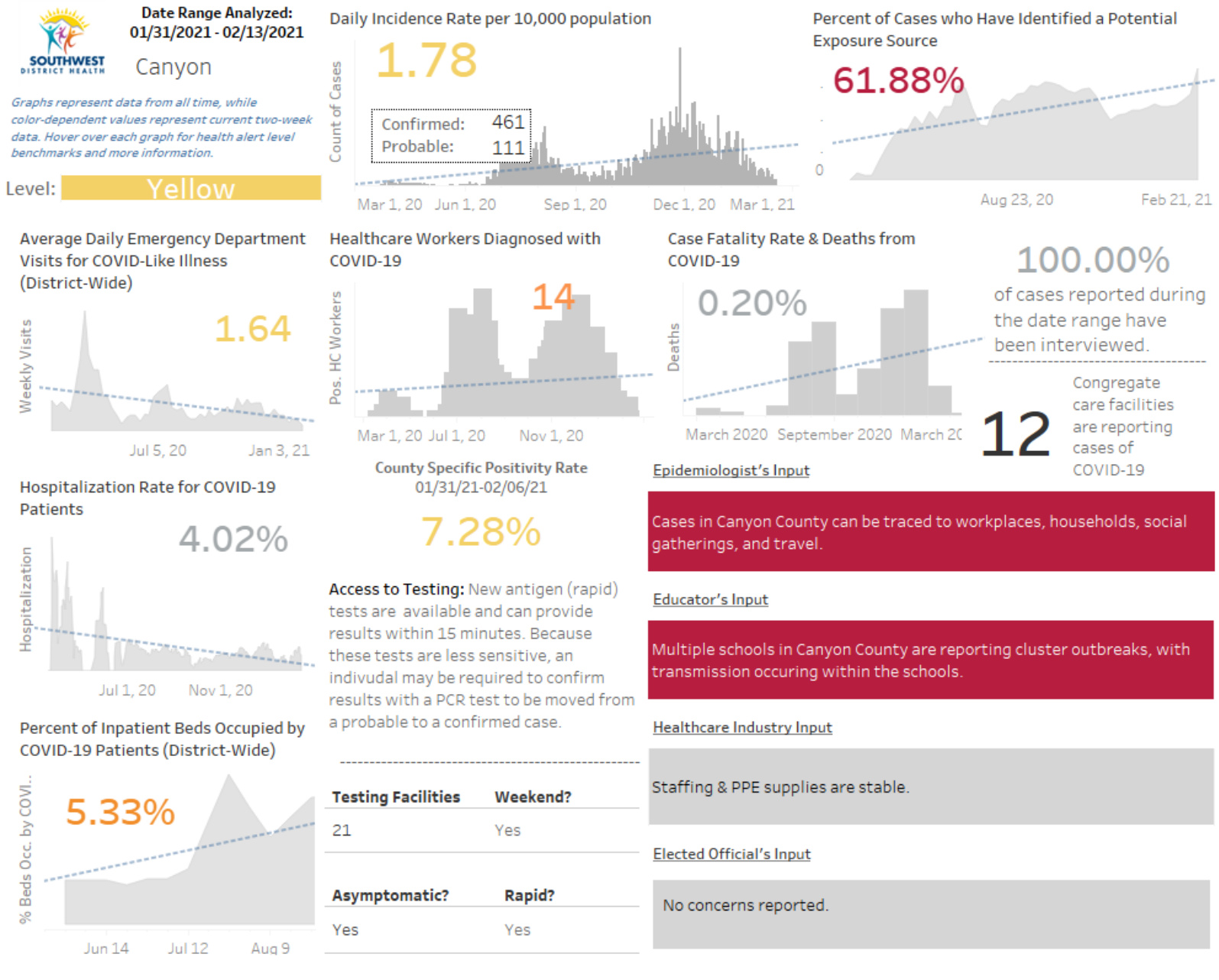
REVIEW OF HEALTH ALERT LEVELS

SOUTHWEST DISTRICT HEALTH BOARD OF HEALTH MEETING

FEBRUARY 23, 2021

HEALTH ALERT LEVEL DASHBOARD

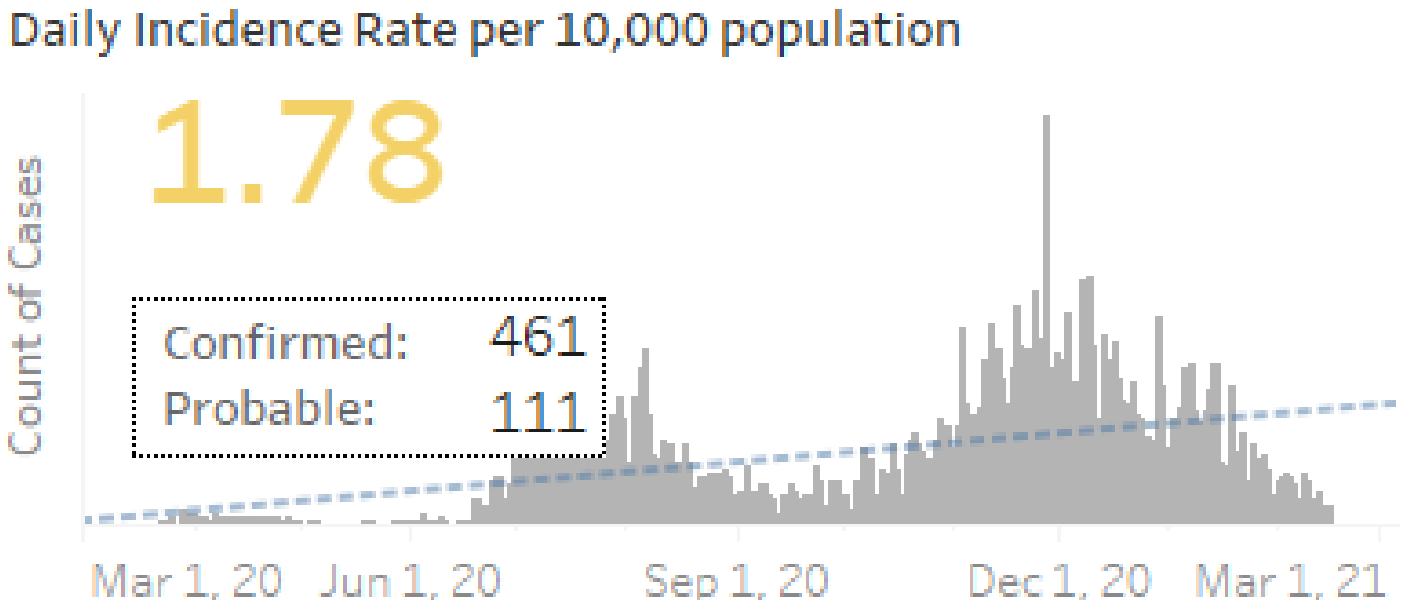
- Weekly review of data from the previous two weeks
- Published on our website each Wednesday
- Graphs show trends throughout the pandemic
- Color coordinated values measure previous two weeks data
- Qualitative and quantitative data



DAILY INCIDENCE RATE

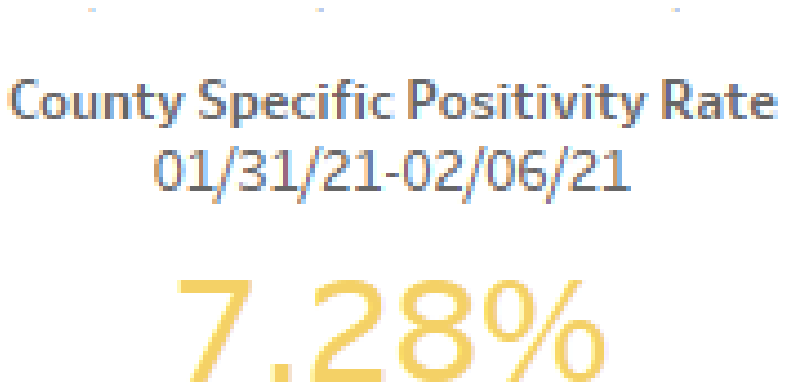
- Primary metric
- Typically corresponds with a county's alert level designation
- Standardized by population- this makes comparing differently sized counties much easier.

- GOAL: Less than one daily new cases per 10,000 pop.



POSITIVITY RATE

- Percentage of COVID-19 PCR tests that have a positive result.
- Averaged over the first week of the two week range due to data logistics
- Qualifies incidence rate



- GOAL: Less than 5%

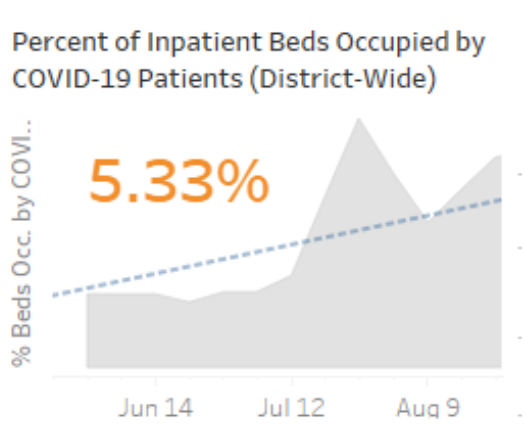
HEALTHCARE CAPACITY

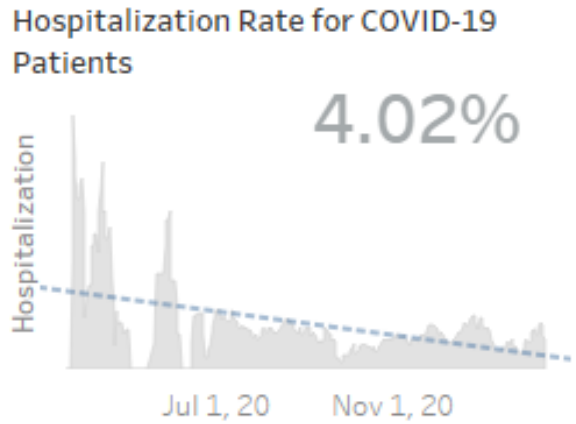
- Includes 5 different measures
- These show different aspects of healthcare capacity, including staffing, supply, surveillance, and hospitalizations.

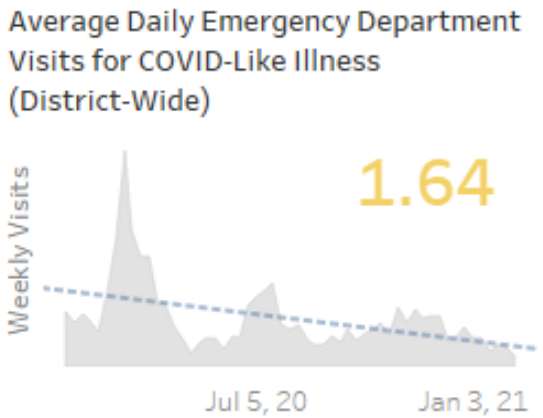
- GOAL(S):
  - Less than 5% of individuals with COVID-19 are hospitalized
  - Preservation of hospital resources

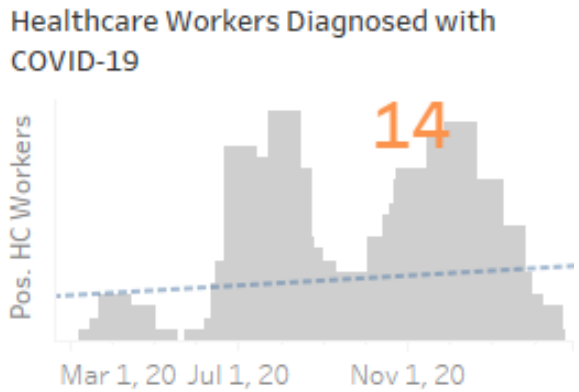
Healthcare Industry Input

Staffing & PPE supplies are stable.



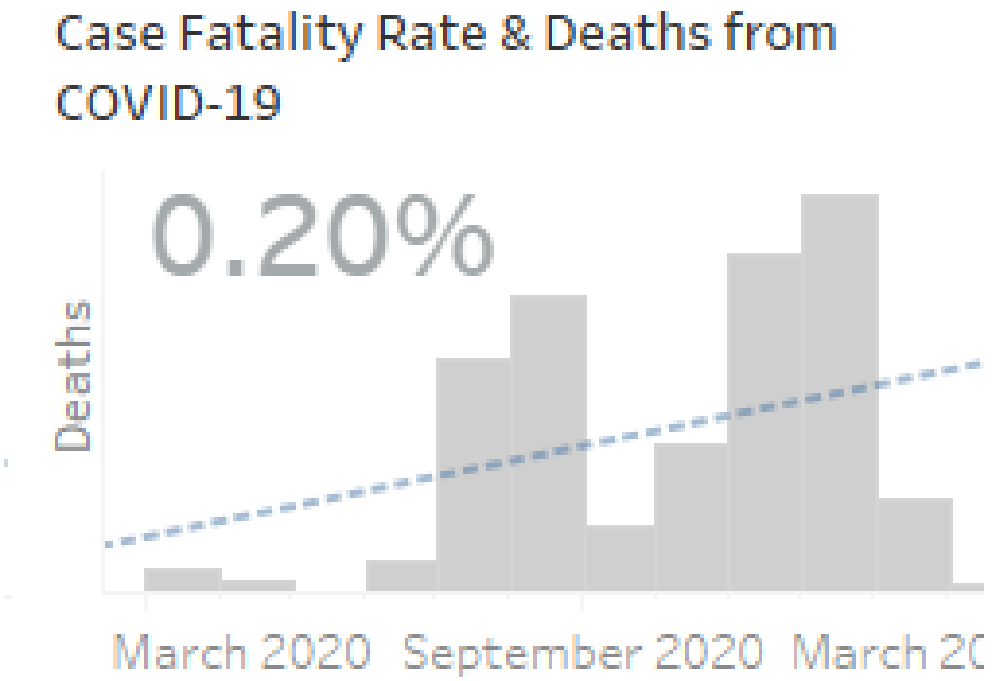






FATALITIES

- Similar to mortality rate without assuming asymptomatic/undocumented cases
- Typically doesn't vary in meaningful ways
  - This metric is important in monitoring for the presence of the new COVID-19 variants.
- GOAL: Less than 0.5% of COVID-19 cases result in death.



EXPOSURE & TRANSMISSION

- The goal of SWDH COVID-19 response team is to work our way back to a place without community transmission.
- Cluster outbreaks, known exposure, & community transmission

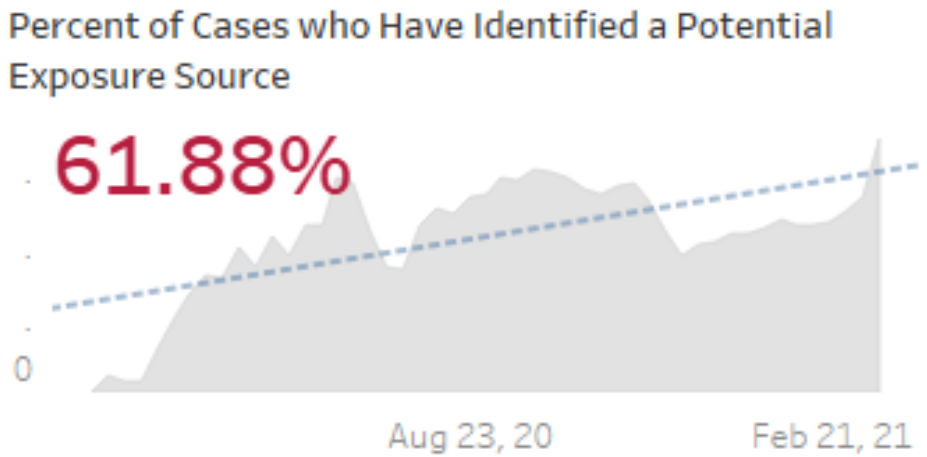
- GOAL: 90% of cases traced to a known source

Epidemiologist's Input

Cases in Canyon County can be traced to workplaces, households, social gatherings, and travel.

Educator's Input

Multiple schools in Canyon County are reporting cluster outbreaks, with transmission occuring within the schools.



ACCESS TO TESTING

- More detailed testing location information can be provided by our COVID-19 call center staff.
- Potentially transition to vaccine access information as the vaccine becomes available to the general public

- GOAL: Provide equal access to COVID-19 resources to all SWDH residents

Access to Testing: New antigen (rapid) tests are available and can provide results within 15 minutes. Because these tests are less sensitive, an indivudal may be required to confirm results with a PCR test to be moved from a probable to a confirmed case.

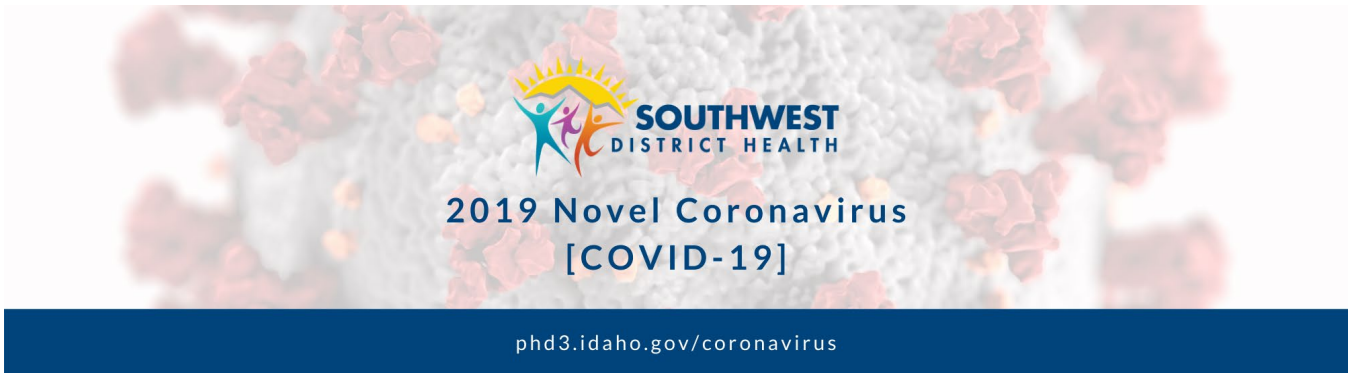
Testing Facilities	Weekend?
21	Yes

Asymptomatic?	Rapid?
Yes	Yes

DOCUMENTS REFERENCED WHILE DESIGNING HEALTH ALERT LEVEL METRICS

- SWDH Health Alert Level Metrics were designed by the SWDH incident commanders, epidemiologists, and resident physician with guidance from the CDC, Idaho State Board of Education, Nampa Fire Department and Harvard Global Health Institute.

- An Approach for Monitoring and Evaluating Community Mitigation Strategies for COVID-19. CDC. June 20, 2020. https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluating-community-mitigation-strategies.html
- Community Mitigation Resources. CDC. June 29, 2020. https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/community-mitigation-concepts.html
- Idaho Back to School Framework. Idaho State Board of Education. July 9, 2020. https://boardofed.idaho.gov/ resources/idaho-back-to-school-framework-2020/
- Key Metrics for COVID-19 Suppression: A framework for policy makers and the public. Harvard Global Health Institute. July 1, 2020. https://globalepidemics.org/wp-content/uploads/2020/06/key_metrics_and_ indicators_v4.pdf



COVID-19 Health Alert Levels:

Interim Criteria for Determining Health Alert Levels and Movement between Health Alert Levels

GOAL

Southwest District Health (SWDH) aims to:

Mitigate the rapid spread of COVID-19 disease and related morbidity and mortality by:

- Reducing or maintaining the the basic reproduction number of the virus (R0) to well below 1.0. The R0 is the expected number of cases directly generated by one case in a population susceptible to infection.
- Preventing first responders, healthcare workers, and healthcare systems from being overwhelmed by surges.
- Maintaining personal protective equipment (PPE) supplies for our region.

DETERMINING HEALTH ALERT LEVELS

QUANTITATIVE DATA

Syndromic

- Emergency room utilization by individuals with COVID-like illness
- Number of persons under monitoring (these are people who have been exposed to COVID-19, but to date have not developed symptoms)

Epidemiologic

- Confirmed and probable new daily cases per 10,000 population (seven-day rolling average)
- Number of congregate care facilities with COVID-19 cases currently under investigation, monitoring, or testing
- Preliminary case fatality ratio attributed to COVID-19 and mortality rate of individuals infected with COVID-19
- Percent of new COVID-19 cases with an identified potential exposure source.

- Percent of new COVID-19 cases that have been contacted by SWDH investigators.
- Percent of individuals diagnosed with COVID-19 who were symptomatic

Healthcare

- Hospitalization rate of individuals with COVID-19
- Positive Test Ratio (number of positive tests / number of tests administered)
- Number of healthcare workers sick with COVID-19; number of workers not working due to illness and quarantine
- Local Information on testing locations, asymptomatic testing availability, antigen or PCR test availability.

QUALITATIVE DATA

Healthcare: Concerns raised by organizations (e.g., long-term care facilities, hospitals, or first responders) regarding COVID-19 observations and trends, ability or capacity to respond, and/or ability to secure necessary PPE or other medical resources.

Local Elected Officials: Concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being and community vitality.

Epidemiologic: Descriptive data on incidence of new cases, cluster outbreaks, and levels of community transmission within defined geographic areas (e.g., city, sub-region, county).

Educators: Close contacts, cases and cluster outbreaks associated with schools and/or school-related-activities.

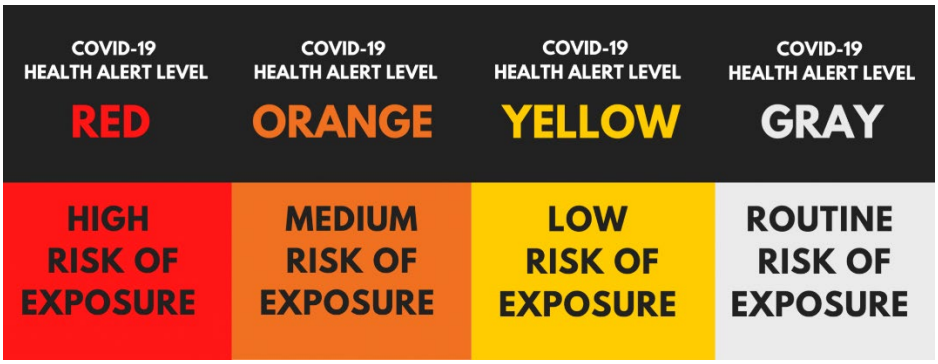
GEOGRAPHIC BOUNDARIES

Health Alert Levels will be established for each county. The current rate per 10,000 population will also be established using census tract data. Southwest District Health includes:

- Adams County
- Canyon County
- Gem County
- Owyhee County
- Payette County
- Washington County

COVID-19 HEALTH ALERT LEVELS

COVID-19 Health Alert Levels are intended to be an education tool to inform the public of activities that increase risk for exposure to disease and to communicate what the risk for exposure is in the local community (i.e., hot spots) across the six-county region. Criteria for assigning a health alert level to a county are described on pages 4-5.



COVID-19 METRICS TO INFORM SWDH HEALTH ALERT LEVELS

Indicator	Gray	Yellow	Orange	Red
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population*	<1 daily new cases per 10,000 pop. OR Number of new cases occur sporadically (>14 days apart)	1 – 2.5 daily new cases per 10,000 pop. OR Number of new cases occur sporadically.	2.5 – 5 daily new cases per 10,000 pop. OR Number of new cases occur < 14 days apart	> 5 daily new cases per 10,000 pop. OR Number of new cases occur < 7 days apart.
Hospitalization Rate of individuals with COVID-19*	<5% of individuals with COVID-19 are hospitalized	<10% of individuals with COVID-19 are hospitalized	10-15% of individuals with COVID-19 are hospitalized	>15% of individuals with COVID-19 are hospitalized
Emergency department (ED) utilization by individuals with COVID-like illness	No reported ED utilization data from the population, OR sporadic visits (>14 days apart), AND visits are imported or associated with an exposure within a household	Low-volume visits (day(s) between visits or <5 visits/day), OR visits are imported or associated with an exposure within a household or shared living space	Elevated ED visits (daily visits or <10 visits/day)	Elevated ED visits (daily visits or >10 visits/day)
Preliminary case fatality ratio attributed to COVID-19 and mortality rate of individuals infected with COVID-19*	<0.5% of COVID-19 cases result in death.	>0.5% of COVID-19 cases result in death.	>1% of COVID-19 cases result in death.	>2% of COVID-19 cases result in death.
Number of congregate care facilities with COVID-19 cases currently under investigation, monitoring, or testing. (*Congregate Care Facilities include LTCFs, correctional institutions, foster homes, treatment facilities).*	No long-term care facilities have cases under investigation, monitoring, or testing OR A case is imported, but no additional cases are reported within the facility following 14 days since last exposure	No long-term care facilities have cases under investigation, monitoring, or testing OR A case is imported, but no additional cases are reported within the facility following 14 days since last exposure	One or more long-term care facilities have a case(s) under investigation, monitoring, or testing OR Disease transmission is occurring within a facility but contained to one area/unit/hall	One or more long-term care facilities have a case(s) under investigation, monitoring, or testing OR Uncontained disease transmission is occurring within a facility
Number of healthcare workers sick with COVID-19*	No reported cases in healthcare workers, OR confirmed imported case in a healthcare worker, OR healthcare worker was exposed to a household member that imported the disease	< 1 reported case/day in healthcare workers	< 2 reported cases/day in healthcare workers	> 2 reported cases/day in healthcare workers, OR consideration being given to implement Crisis Standards of care due to healthcare worker shortage

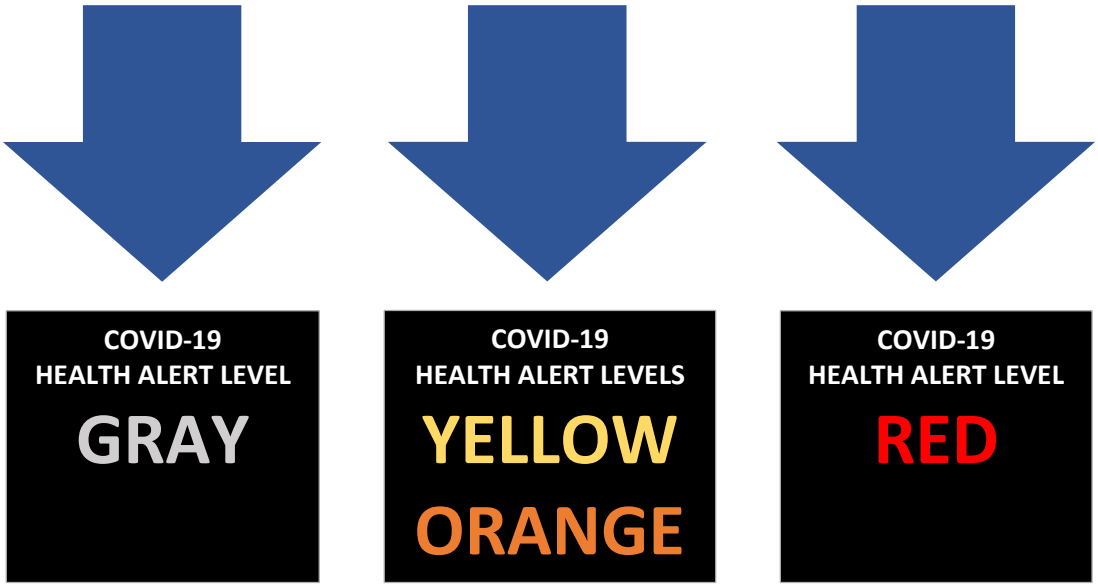
Indicator	Gray	Yellow	Orange	Red
Percent of new cases who have identified a potential exposure source	>90% of cases identified a potential exposure source	<90% of cases identified a potential exposure source	<80% of cases identified a potential exposure source	<70% of cases identified a potential exposure source
Percent of cases that have been interviewed	>90%	>75%	>60%	<60%
Positive test ratio (number of positive tests / number of tests administered)*	<5%	5-8%	8-10%	>10%
Healthcare industry input*	No concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.	Minor concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.	Elevated concern by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources	Healthcare industry (e.g., long-term care facilities, hospitals, or first responders) are enacting Crisis Standards of Care (or) are unable to respond or secure necessary PPE or other medical resources
Local elected official input	No concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.	Minor concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality	Elevated concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.	Extreme concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input*	descriptive data indicate limited risk of importing COVID-19 to a specific geographic area or sporadic cases are identified with no clusters reported.	descriptive data indicate sporadic imported cases, occasional close contact transmission, and/or single or isolated cluster outbreaks. Citizens are actively taking precautions to mitigate the spread of COVID-19	Descriptive data indicate sporadic community spread, occurring at lesser rates. Some cluster outbreaks occur in workplace or in essential social settings (grocery stores, within households, etc.).	Descriptive data indicate sustained community spread and/or widespread outbreaks. Large social events resulting in cluster outbreaks are reported.
Educator's Input	No schools have cases under investigation or monitoring	No schools have cases under investigation or monitoring OR a case is imported, but no additional cases are reported within the facility following 14 days since last exposure.	One or more schools have a case(s) under investigation or monitoring OR recommended safety measure and PPE are not being utilized	One or more schools have a case(s) under investigation or monitoring OR one or more schools has uncontained COVID-19 transmission.

* Indicates a primary metric used to determine a health alert level. Other secondary metrics are taken into consideration when assigning a health alert level.

CROSSWALK FOR SCHOOLS

Idaho Back to School Framework has identified three categories for determining transmission risk (table below). To assist schools located in the six-county region, Southwest District Health has cross-walked the *Idaho Back to School Framework* with the COVID-19 Health Alert Level advisory system.

"Identify Level of Transmission Risk"			
	Category 1: No Community Transmission	Category 2: Minimal to Moderate Community Transmission	Category 3: Substantial Community Transmission
Definitions	Evidence of isolated cases, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings, with potential for rapid increase in suspected cases.	Large-scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.
Level of Operations	School buildings open with physical distancing and sanitation.	School buildings open but option of limited/staggered use of school buildings with physical distancing and sanitation.	Targeted, short-term, or extended building closure.



MOVEMENT BETWEEN HEALTH ALERT LEVELS

The *Movement Between Health Alert Levels* is used in conjunction with *Determining Health Alert Levels.* Southwest District Health will use these data points to establish Health Alert Levels, determine when to move from one Health Alert Level to another, and provide information, guidance, and recommendations to the residents and businesses of the six-county region.

CRITERIA FOR MOVING BETWEEN LEVELS

Epidemiology:

- New confirmed case trend: using calculated new daily cases per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- Estimated death trend: New daily deaths per 10,000 population *100 (assuming benchmark 1-1.5% case fatality rate) (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- New daily hospitalizations per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)

Response Capacity:

- Testing, tracing, and monitoring (TTM)
- Use of other non-pharmaceutical interventions (e.g., social/physical distancing, face covers)
- Therapeutic capacity (e.g., hospital beds, ICU beds, ventilators, healthcare workforce)
- Protection capacity (capacity to identify and meet the needs of vulnerable populations (e.g., homeless, elderly, first responders))
- Disease surveillance capacity (e.g., funding and staffing for epidemiologists, contract tracers, and health monitors)

TIMELINE FOR MEASUREMENTS

Data will be posted to the SWDH Tableau Dashboard each Monday through Friday, by 5pm (MST).

Health Alert Level assessments will be made on Wednesdays based on the prior two weeks' data (assessing 7-day averages of quantitative data points), starting on a Sunday and ending on a Saturday. At least two full weeks will be spent in a Health Alert Level before determinations to move to a lower less severe level (e.g., from High to Medium).

DETERMINATIONS TO MOVE TO A HIGHER ALERT LEVEL MAY BE MADE AT ANY TIME IF ANY OF THE CRITERIA BELOW ARE MET:

- Crisis standards of care are implemented
- Senior leadership at a local hospital indicates that further increases in cases in the community will overwhelm local hospital capacity
- Epidemiologic evidence of a new or emerging significant risk to the public's health

These COVID levels (see table below) provide a roadmap that helps decision-makers and community members know where they are and what mitigation strategies may be appropriate based on their community's level of disease spread. The gray level aligns with the CDC's low incidence plateau threshold. The levels communicate the intensity of effort needed for control of COVID at varying levels of community spread. In addition to paying attention to the levels, decision-makers should pay close attention to direction of trend and rate of change. While jurisdictions may plateau in yellow, in the orange level viral spread tends to have more velocity.

COVID Health Alert Level	Corresponding Community Mitigation Strategies
Red (High) >5 daily new cases per 10,000 people OR Other indications of high risk to the community	At the red level, communities have reached a tipping point for uncontrolled spread. Southwest District Health *may* institute: • education, information, and messages • recommendations for use of face coverings • recommendations for 1 person per 64 square feet of space at events • recommendations for remote work when available • recommendations for all populations to limit participation in high-risk exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households, AND/OR • recommendations limited visitation to long term care and correctional facilities.
Orange (Medium) 2.5-5 daily new cases per 10,000 people OR other indications of medium risk to the community	At orange levels, community spread has accelerated. Southwest District Health *may* institute: • education, information, and messages • recommendations for 1 person per 64 square feet of space at events • recommendations for use of face coverings • recommendations to vulnerable populations to limit participation in high-risk for exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households.
Yellow (Low) 1-2.5 daily new cases per 10,000 people OR other indications of low risk to the community	At yellow levels, there may be sporadic imported cases, uptick in close contact transmission, or isolated cluster outbreaks. Southwest District Health *may* institute: • education, information, and messages • recommendations for 1 person per 64 square feet of space at events, AND/OR • recommendations for use of face coverings.
Gray (Routine) <1 daily new cases per 10,000 people OR other indications of minimal risk to the community	At the gray level, communities are on track for containment so long as they maintain routine levels of viral testing (i.e., this is not a reference to antibody testing) and contact tracing, sufficient to control spikes and outbreaks. Viral testing should be used both for symptomatic and asymptomatic individuals, with the latter needed to detect cases flowing from exposure, and to routinely screen for infections in congregate settings and other critical context scenarios (e.g., elective surgery, hospital admission without symptoms suggestive of COVID-19, etc.), or as requirements of disease surveillance programs.

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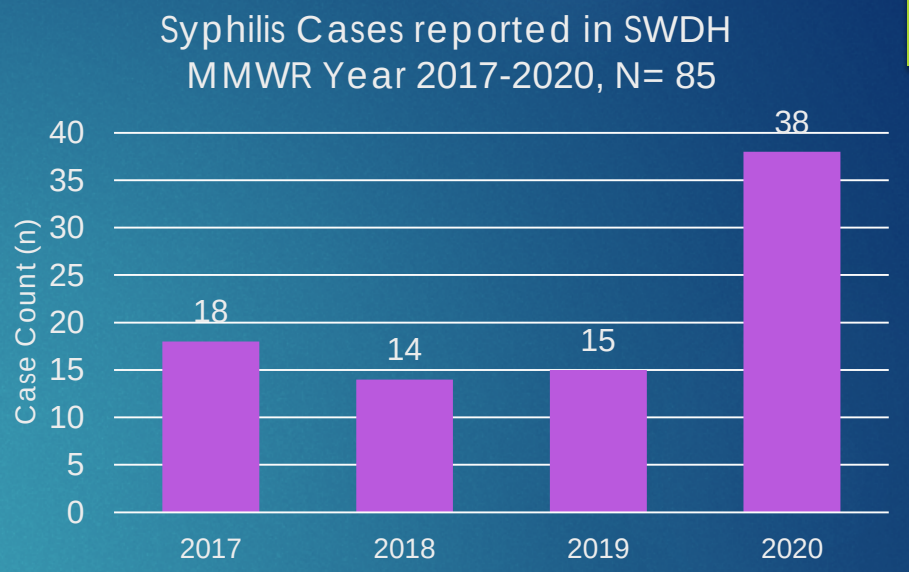
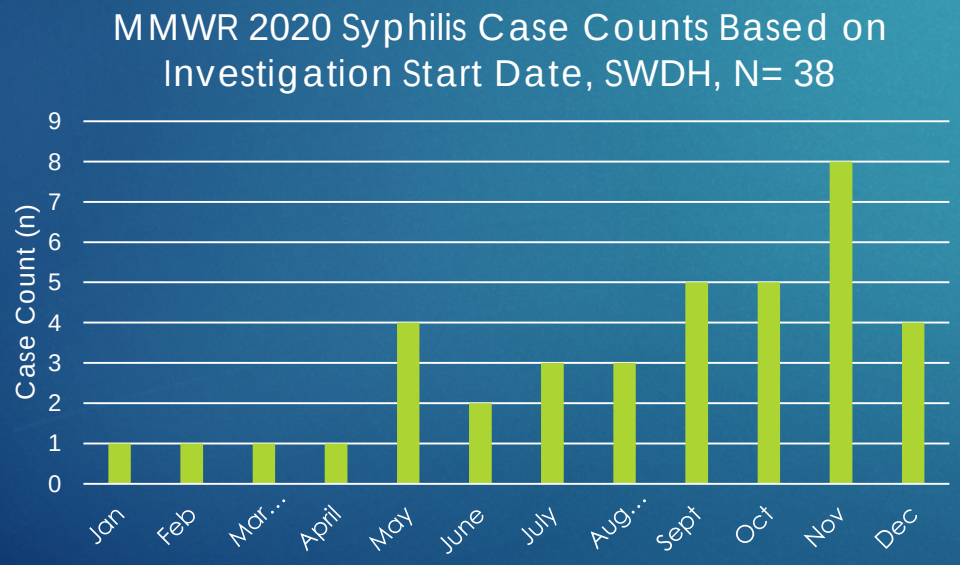
Syphilis Surge Response Plan

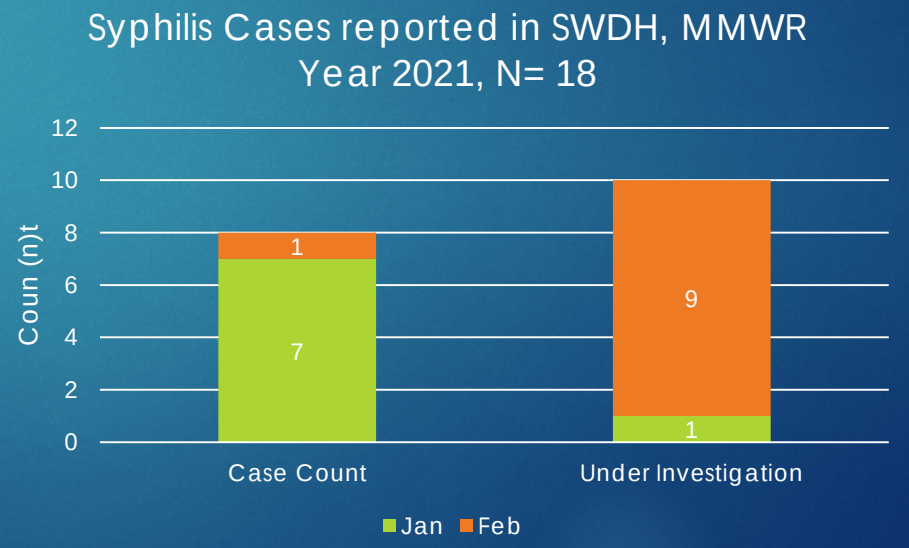
EPIDEMIOLOGY TEAM – RICKY BOWMAN, CATE LEWIS, SURABHI MALESHA & CLAUDIA BARRIOS

Problem Statement

Cases of syphilis in PHD3 have more than doubled in 2020 as compared to 2019



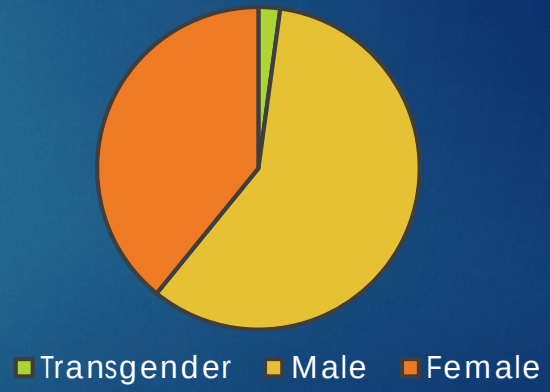




Case Demographics and Risk Factors

- Age group **23-27 years** old saw our highest case load overall but a high number of cases are seen in the ages 18-32 years old
  - Range= 18-63 years old, with the occasional congenital case
- White, Hispanic and Non-Hispanic Populations seeing the majority of the cases
- Risk Factors:
  - Anonymous Sex Partners
  - No Condom Use
  - Sex while intoxicated or high
  - Drug use – Meth and Marijuana

MMWR year 2020- Feb 2021 Syphilis Cases, SWDH, Gender Breakdown N=46



OB 2021-012 Case Definition

- A case of early syphilis (primary, secondary or early latent CSTE case definition) among a resident of PHD3 that appears to have acquired the infection locally and their identified contacts residing in any jurisdiction during the infectious period. Cases must be diagnosed from September 2020 forward. Congenital cases will be examined to see if they are due to an early syphilis infection in mother.

Mitigation Strategy

- Interagency Collaboration
- Provider Education
- Community Outreach
- Testing

Interagency Collaboration

- Work with **Idaho Department of Health & Welfare** to see if this surge qualifies as an **outbreak**
- Work with **Central District Health** in collectively responding to this surge as there is a lot of overlap with close contacts
- Observe trends for three consecutive years (2020 – 2023) to determine if this surge is the **new normal due to influx of population** in the Treasure Valley from neighboring states

Provider Education

- Develop a **handout and poster** that providers could give to patients, or post in rooms, that highlights general information on syphilis as well as health department follow-up if they test positive
- Send out **Health Alert Network (HAN)** that re-iterates the significance of testing and diagnosing syphilis and reporting that to the health department
- Develop and distribute an **information packet** that focuses on importance of enquiring into patient's sexual history, staging of syphilis disease and appropriate treatment for different stages to places such as FQHCs, urgent cares and EDs
- Contact **Infection Prevention Staff** at various hospitals to educate and inform on disease trends and mitigation strategies

Community Outreach

- Collaborate with **Community Health team** to target middle school and high school population on STDs and complications of untreated syphilis with importance of pre-natal care
- Coordinate with **Hispanic Community Health Worker** to target Hispanic/Latino population and educate them on syphilis and safe sex practices
- Identify ways through **community stakeholders** to reach those who don't receive pre-natal care
- Partner with **Nurse Family Partnerships (NFP) and Parents As Teachers (PAT) programs** to target vulnerable clients they serve

Increase Testing

- Develop a **strike team** that consists of epidemiologists and nurses that perform rapid syphilis testing at high-risk locations such as homeless shelters, addiction centers to diagnose and treat cases of latent syphilis
- Train select COVID investigators to offer **partner services** in order to free-up Epi capacity
- Contact **high-risk facilities** to ascertain testing or coordinate testing

Accomplishments so far

- Interagency Collaboration:
  - Received an outbreak number from IDHW and had a call with them to discuss the situation, our action plan and ways they can provide support
    - Will leverage resources from IDHW (education materials and test kits)
  - Spoke with Central District Health to alert them of our increase and see what they are seeing. Will have a collective meeting with them and IDHW in the future
- Provider Education:
  - Spoken at quarterly IP meetings and discussed this increase and ways providers can help
  - Sent out HAN at the end of last year. We have plans to send out another declaring the outbreak this week
- Community Outreach:
  - Have reached out to our Community Health Team and our Nurse Family Partnerships (NFP) and Parents As Teachers (PAT) programs to gauge interest and ability. We will be meeting to discuss plans soon

SOUTHWEST DISTRICT HEALTH

Emergency Operation Plan Development and Use
February 23, 2021

Healthier Together

Adams • Canyon • Gem • Owyhee • Payette • Washington

5 year Project Period (2019-2024)

Currently in Budget Period 2

IDHW – Grant recipients

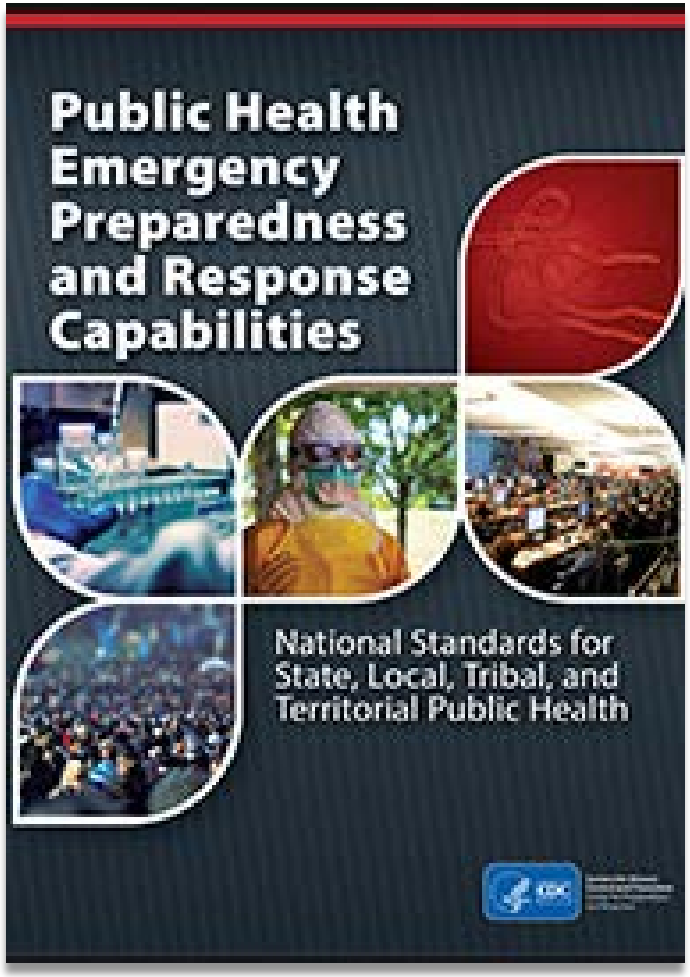
Health Districts – Sub grant recipients

Public Health Emergency Preparedness (PHEP) Cooperative Agreement

SOUTHWEST DISTRICT HEALTH

Capabilities

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing and Administration
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management



SOUTHWEST DISTRICT HEALTH

Transition to 8 response plans with major focus to fully operationalize all plans

PHD Response Plans
All-Hazards Preparedness & Response Plan
Chemical, Biological, Radiological, and Nuclear Threat Response Plan
Continuity of Operations Plan
Communications Plan
Medical Countermeasures Dispensing & Distribution Plan
Medical Surge Plan (to include Idaho Crisis Standards of Care Plan)
Infectious Disease Response Plan (to include Pandemic Influenza)
Volunteer Management Plan

- Screen shots provided by Idaho Department of Health and Welfare, Division of Public Health, Bureau of EMS and Preparedness, PHPR Section

PHD Response Plans
All-Hazards Base Plan
Administrative Preparedness Section
Cross-Border Jurisdictional Coordination Section
Deployment Section
Emergency Support Function 8 (ESF-8) Public Health and Medical Services Section
Responder Safety & Health Section (Health Monitoring & Surveillance of Employees and Volunteers/Critical Workforce Info)
Statutes and Legal Authority Information Section
Tactical Communications Section (StateComm) (Optional Placement)
Behavioral Health Annex
Chemical, Biological, Radiological, and Nuclear (CBRN) Threat Response Annex
Continuity of Operations Annex
Communications Annex (Emergency Public Information & Warning)
Public Information Officer Section
Tactical Communications Section
Community Recovery Annex
Crisis Standards of Care Annex (Standalone: Provided by PHPR)
Environmental Health Annex
Epidemiology Surveillance & Response Annex
Fatality Management Annex
Information Systems Annex
emPOWER Policies & Procedures Section (Provided by PHPR)
Statewide ESF-8 IRTS Dashboard (Guide provided by PHPR)
Healthcare Essential Elements of Information Section
WebEOC Information & Expectations Section (Provided by PHPR)
Mass Care Annex
Medical Countermeasures Dispensing & Distribution Annex (Optional: 2 Annexes)
Idaho CHEMPACK Standard Operating Procedures (Standalone: Provided by PHPR)
Medical Surge Annex (Separate from RHCC Preparedness & Response Plans)
Special Pathogens Annex
Special Pathogens Infection Prevention/Special Pathogens Matrix Tab (Provided by PHPR)
Nonpharmaceutical Interventions Section
Anthrax Appendix
Pandemic Influenza Appendix
Viral Hemorrhagic Appendix (Formerly known as the Ebola ConOps)
Volunteer Management Annex

19 Plans

SOUTHWEST DISTRICT HEALTH

5 Year Strategic Framework

Examples of local partners participating:

- County Emergency Managers
- Emergency Medical Services
- Healthcare
- Fire
- Law Enforcement
- Behavioral Health
- School Districts

PHEP Five-Year Strategic Framework 2019-2024

The Centers for Disease Control and Prevention (CDC) requires public health officials at the state, local, and tribal level to increase capacity for 15 Public Health Emergency Preparedness Capabilities (PHEP) in preparedness and response planning. This document is intended to provide a strategic framework to include prioritization of capabilities as well as a multi-year training and exercise plan to train, exercise, and evaluate emergency response plans to identify gaps and weaknesses, and continually improve all response planning documentation.

PHEP Tier 1 Capabilities

The Tier 1 PHEP capabilities below have been identified by CDC as capabilities that are to be maintained at a high level of performance.

Community Preparedness
Emergency Operations Coordination
Emergency Public Information & Warning
Information Sharing
Medical Countermeasure Dispensing & Administration
Medical Materiel Management & Distribution
Public Health Laboratory Testing
Public Health Surveillance & Epidemiologic Investigation
Responder Safety and Health

Multi-Year Training & Exercise Plan

The top five public health threats in Idaho are: natural disasters, novel pandemic influenza, other special pathogens, an event causing mass evacuation into Idaho, and earthquakes. Every year the CDC requires incorporating individuals with access and functional needs into the exercises. At least one time in the five-year performance period the CDC and the Assistant Secretary for Preparedness and Response (ASPR) require a joint PHEP and Hospital Preparedness Program (HPP) joint exercise. The training and exercise plan with the potential threats for the next five-years is as follows:

BP2: 2020-2021 SARS-CoV-2 and COVID-19 Response (PHEP and HPP Joint Response)
- Emergency Public Information and Warning
- Fatality Management
- Medical Countermeasures Dispensing and Administration
- Medical Materials Management and Distribution
- Nonpharmaceutical Interventions
- Public Health Surveillance and Epidemiologic Investigation
- Public Health Laboratory Testing
- Volunteer Management

BP3: 2021-2022 (Mass Evacuation into Idaho): Statewide Functional Exercise (FE)
- Mass Care
- Medical Surge
- Emergency Operations Coordination
- Information Sharing

BP4: 2022-2023 (Earthquake): Statewide FE and Table Top Exercise (TTX) and an Anthrax TTX
- Mass Care
- Medical Surge
- Fatality Management

BP5: 2023-2024 (Natural Disasters): Statewide Functional Exercise and COOP TTX
- Community Recovery
- Emergency Operations Coordination
- Information Sharing

BP1: 2024-2025 Pandemic Influenza
- Emergency Operations Coordination
- Nonpharmaceutical Interventions
- Public Health Surveillance and Epidemiologic Investigation

Division of Public Health
Idaho Department of Health and Welfare

Updated: 09/28/2020

SOUTHWEST DISTRICT HEALTH

Planning and Exercise Process

1. Plan development

   Plan reviews are on annual cycle July 1 to June 30

2. Training
3. Conduct Exercise
4. Evaluate
5. Improvement Planning
   - After Action Reports
   - Implement changes
   - Repeat Cycle

- https://www.fema.gov/emergency-managers/national-preparedness/exercises/hseep

SOUTHWEST DISTRICT HEALTH

Idaho Public Health District
2021 Legislative Session Update
Week 6

Telehealth

This past Wednesday, House Bill 179 was referred to Senate Health & Welfare, which would permanently suspend rules and laws that had been temporarily waived at the start of the pandemic. The original purpose was to make telehealth access easier for Idahoans, but after nearly a year of suspension, many feel these laws were never necessary. Before COVID, Idahoans could only receive services from a provider licensed in Idaho, even if that provider was licensed in another state. The bill would permanently lift this restriction and incorporate additional protections to ensure that providers are qualified, follow Idaho guidelines, and are subject to Idaho laws.

Additionally, Senate Bills 1126 and 1127 were referred to Senate Health & Welfare on Wednesday. Senate Bill 1126 is based on recommendations from the Idaho Department of Health & Welfare's Telehealth Task Force, which changes the term "telehealth" to "virtual care" in order to clarify virtual care practice requirements. The purpose of SB 1127 is to facilitate innovation in healthcare technology by updating the verbiage surrounding the definition for a first telehealth encounter between a provider and a patient.

State Tax Cuts

House Bill 199 has been referred to Senate Revenue & Taxation, which would revise the income and sales tax rates, as well as repeal the refundable grocery tax credit ($100-$120/person). Per an overview and analysis by the Idaho Center for Fiscal Policy, here are two key takeaways:

- Sales tax would drop to 5.3%, which would impact education, healthcare, housing, and transportation
- Corporate sales tax would drop from 6.9% to 6.5%

Medicaid Stabilization Fund

During the pandemic, Idaho has received an increase in federal funds for Medicaid (FMAP) amounting to $10-12 million a month. President Biden has indicated that he intends for that to continue through at least the end of this calendar year. This frees up money in the state General Fund. Health and Welfare Committee Chairs, Rep. Fred wood (R-Burley) and Sen. Fred Martin (R-Boise) have introduced HB209 which would establish a Medicaid Budget Stabilization Fund to offset future shortfalls in the Medicaid budget. For this fiscal year, they are proposing $55 million for this fund.

Targeted Picketing Bill

After two days of public testimony, House Bill 195, a targeted picketing bill that would criminalize protesting at private residences made it out of the House Judiciary Committee with a vote of 11-4. In the wake of protests outside the homes of public officials, many committee members were deeply concerned about the lack of appropriate and civil discourse. Those who support the bill, including law enforcement agencies, claim that allowing violent demonstration that is meant to terrorize will dissuade people from engaging in public service. As Republican Rep. Greg

Chaney said, “When we turn the volume up this high on political discourse, we crowd out anybody not willing to be equally as confrontational, angry, loud or violent.”

Fetal Heartbeat

Senate Bill 1085 which would outlaw abortions after a fetal heartbeat has been detected, with the exception of rape, incest, or the life of the mother, has made it out of the Senate State Affairs Committee and is up for a vote in the full Senate. Fetal heartbeat can be detected after about five to six weeks of pregnancy, which is before many women know they are pregnant. The bill states that a detectable heartbeat is the sign of life, in law and in medical practice. A physician who performs an abortion after the detection of a fetal heartbeat is subject to disciplinary action. A woman who receives an abortion under this act may recover all damages available to her under Idaho law. In anticipation of potential legal action in response to the passage of this bill, the drafters have included language that the act would become effective upon action in any appellate court that upholds this ban.

Grassroots Initiatives

On Monday, Senate Bill 1110 was referred to Senate State Affairs, where it received testimony largely in opposition. This bill would require that signatures be gathered from all 35 legislative districts as part of the voter initiative/referendum process. Sponsor Sen. Steve Vicks (R-Dalton Gardens), says the purpose is to ensure that all Idahoans are included in the legislative process, especially those who live in rural areas. Legislative expert, BSU Professor Gary Moncrief, shared in testimony that rural Idaho has overwhelming representation in Idaho government including all statewide and federal offices and the majority of the legislature. Those who oppose the bill argue that it would make it nearly impossible for grassroots initiatives to get on the ballot. Qualifying an initiative for the ballot requires signatures from 6% of registered voters in each of 18 districts, and this legislation would increase the number of required districts to 35. The committee sent the bill to the floor on a 6-3 vote.

Power of Idaho Health Districts

There have been two House bills that passed which would limit the ability of health districts and the Department of Health & Welfare to issue closures, mandates, or restrictions in schools. According to Rep. Gayann DeMordaunt, R-Eagle, the sponsor of HB0067 (Senate 3rd Reading), the goal of the bill is to respect local control and define who determines if schools are open. House bill 0068 (Senate 3rd Reading), which is sponsored by Rep. Ryan Kerby, R-New Plymouth, applies to higher education. According to Rep. Kerby, executive directors of health district boards have expressed an interest in advising, not governing.

Additionally, SB1060 was endorsed by the Senate and is now headed for the House Health and Welfare committee this week. This legislation, which was introduced by Sen. Steve Vick, R-Dalton Gardens, restricts the ability of health boards to make county or district wide orders. It would require that county commissioners accept or reject public health orders within seven days.

Medical Marijuana

H0108, a bill to legalize medical marijuana, has been introduced by House Minority Leader, Rep. Ilana Rubel (D-Boise). The bill, being referred to as the SERGEANT KITZHABER MEDICAL CANNABIS ACT amends existing law to authorize the possession, distribution, transportation, and use of cannabis for medical purposes and to impose an excise tax on medical cannabis and medical cannabis devices.

The bill was introduced in the House Health and Welfare Committee following testimony in support by Sergeant Jeremy Kitzhaber, a U.S. Air Force veteran who has terminal cancer and Dr. Dan Zuckerman, Medical Director of St. Luke's Cancer Institute. Committee Chairman, Rep. Fred Wood (R-Burley) said that the bill was "about as tightly controlled as you could possibly control any controlled substance." In spite of the committee's approval, Chairman Wood has indicated that he will only give the bill a hearing if he sees support beyond the committee.

SJR101, the resolution by Sen. C. Scott Grow (R-Eagle) has passed the Senate and is awaiting action in the House State Affairs Committee. This resolution would prohibit the production, manufacture, transportation, sale, delivery, dispensing, distribution, possession, or use of certain psychoactive drugs (including medical marijuana) through an amendment to Idaho's Constitution.

And, the State Elections Division has confirmed that a campaign to let Idaho voters decide on the issue of legalizing medical marijuana is approved to begin signature collection. The issue will need 6% of the voters in last November's election as well as 6% of half of Idaho's counties to be placed on the ballot. The campaign is estimating it will need to gather 68,000 signatures.

SB1060 – Public Health Districts – House Health and Welfare

This legislation requires county wide or district wide orders of a Public Health District to be approved or denied by the County Commission in the county in which those orders are to take effect. This would also reduce the penalty for violating these orders from a misdemeanor to an infraction.

HB67 – School Health Ordinances – Senate 3rd Reading

This legislation reduces the number of government entities with the authority to close K-12 schools, or otherwise limit any aspect of school programs or activities to prevent the spread of contagious or infectious disease. Duly elected school boards representing the parents in a community, including charter school boards of directors are authorized to close schools. Department of Health and Welfare, district boards of health, and cities shall not have this authority.

HB68 – Higher Ed. Health Ordinances – Senate 3rd Reading

This legislation reduces the number of governmental entities who have the authority to close higher education institutions, or otherwise limit any aspect of school programs or activities to prevent the spread of contagious or infectious disease.

HB74 – City Health Ordinances – Senate 3rd Reading

The proposed legislation would limit city health ordinances to the city limits. Currently, these ordinances would allow for those ordinances to cover up to 5 miles outside the city limits.

HB38 – Telehealth: Prescribing – Senate 3rd Reading

This bill clarifies the requirements necessary for prescribing medications via telehealth, expanding beyond the current limitations of the act. This is in alignment with the allowances made during the COVID-19 pandemic response.

HB42 – Medical Debt Collection – Senate 3rd Reading

This legislation adds a new section of code to the Idaho Patient Act that provides for a time extension for the requirements for extraordinary collection actions on medical debts for all goods and services provided to a patient prior to July 1, 2021.

Making Your Voice Heard

Idaho has an open legislative process and will be allowing remote testimony. All participants must fill out a registration form, but registering does not guarantee the opportunity to testify. More information here.

To follow the deliberations in a committee and sign up to testify, you must do so in advance of the meeting. Here are the steps you can follow online:

- Go to the Idaho Legislative Website: legislature.idaho.gov
- Click on Committees
- Choose between Senate Standing Committees or House Standing Committees
- From the alphabetical list of committees, scroll down to the one you want and click on it
- Scroll down to the next meeting date; click on the PDF next to the agenda
- Scroll down to the bottom of the agenda, right above the list of committee members
- Click on the **Register to Testify** button
- Requirements for testifying:
    - First and last name
    - Email and physical address
    - What organization you are representing, if any
    - Whether you are “for” or “against” a bill
    - Written copy of your testimony
- Select date to testify and click on **Register to Testify**
- This will take you to a form that you complete with the information listed above, then click on the blue **Register** button

Please also note:

- If the meeting is over, you will get the following message: Webinar is over, you cannot register now. If you have questions, please contact webinar host: click on the link here to the committee secretary
- If you have difficulty registering, email: RemoteTestimony@lso.idaho.gov
- If the committee is simply hearing a presentation and there is no legislation or rules to consider, there will be no registration link at the bottom of the agenda; the agenda may have a link that directs you to the live streaming on the IPTV page
- These instructions do not apply to the Senate Finance or House Appropriations Committees; they meet jointly every morning and do not take public testimony