Eastern Idaho Public Health
Prevent. Promote. Protect.

BONNEVILLE COUNTY
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BOARD OF HEALTH AGENDA
EIPH Board Room
1250 Hollipark Drive ~ Idaho Falls, Idaho
Thursday, April 18, 2019
9:00 a.m.

1. Call Board Meeting to Order ..... Chairman Reed
2. Public Comment ..... Chairman Reed
3. Approval of Consent Agenda (Action) ..... Chairman Reed

   If a board member has an issue with something in the Consent Agenda, a request can be made to remove that item from the Consent Agenda for further discussion and a separate vote

   - Approval of February 21, 2019 Board of Health Meeting Minutes
   - FY19 Year-to-Date Budget Report
   - Subgrant Review/Approvals
4. Ratification of Board of Health Member Appointment – Commissioner Shayne Young ..... Chairman Reed
5. Review/Update of EIPH Board of Health Bylaws ..... Chairman Reed
6. Idaho Association of District Boards of Health Annual Conference ..... Geri Rackow
   a. Attendance (June 19-20, Lewiston, ID)
   b. Resolutions (Action)
      - Tobacco 21
      - Health Impacts of Marijuana Use
      - Home Visitation
      - Senior Cognitive Health
      - Electronic Nicotine Delivery Systems
      - Awareness, Education & Prevention of Suicide
7. Plans for June 20 Public Budget Hearing ..... Geri Rackow
8. National Association of Local Boards of Health Conference, August 14-16, Denver, CO ..... Geri Rackow
9. 2019 Legislative Reception Recap ..... Geri Rackow
   a. HB 151 – Adoption of Food Fees (Action)
10. FY2020 Compensation Plan (Action) ..... Geri Rackow
11. FY2020 Budget Presentation (Action) ..... Geri Rackow
12. Public Health Preparedness Overview & April 24 Full Scale Exercise Plans ..... Troy Nelson
13. Partnership for Success Grant Update ..... James Corbett
14. Child Abuse Prevention Month – Adverse Childhood Experiences Presentation ..... Holly Whitworth
15. Immunization Education ..... Amy Gamett
16. Environmental Health Update ..... Kellye Eager
17. Driggs Local Improvement District ..... Steven Thomas
18. Announcements ..... All
19. Executive Session: Personnel Matter §74-206(b) (Action) ..... Chairman Reed

RESOLUTION TO SUPPORT THE PREVENTION OF ALL TOBACCO PRODUCTS, INCLUDING ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS) ON ALL SCHOOL GROUNDS.

WHEREAS, E-cigarette use, from 2017 to 2018, increased 78 percent among high school students (11.7% to 20.8%) and 48 percent among middle school students (3.3% to 4.9%) from 2017 to 2018; and

WHEREAS, E-cigarettes and other ENDS are available in more than 7000 fruit and candy flavors and use cartoons and celebrities, which are appealing to youth, in their advertising. The U.S. Food and Drug Administration (FDA) has taken the first step in establishing FDA oversight of e-cigarettes and other ENDS; however, there are no federal restrictions preventing the sale and advertising of e-cigarettes and other ENDS to minors. The FDA has banned such marketing techniques and advertising for cigarettes; and

WHEREAS, FDA and other analyses have found that e-cigarettes and other ENDS contain a number of toxins, carcinogens and components suspected of being harmful to humans and has acknowledged that consumers of e-cigarette products currently have no way of knowing whether e-cigarettes and other ENDS are safe or how much nicotine or other potentially harmful chemicals are being inhaled. There is no regulatory oversight of the manufacturing process, and injuries and deaths have occurred from e-cigarettes and other ENDS and the liquid nicotine they use, and

WHEREAS, E-cigarettes and other ENDS contain nicotine, which is a highly addictive drug and has immediate bio-chemical effects on the brain and body. According to the U.S. Surgeon General, nicotine alters adolescent brain development and is toxic in high doses. According to the CDC, phone calls to poison control centers related to toxic levels of nicotine exposure from e-cigarettes and other ENDS increased more than 14-fold since 2011; and

WHEREAS, E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain; and

WHEREAS, the American Academy of Pediatrics, National Association of Attorneys General, American Lung Association, the American Heart Association and other organizations support e-cigarettes and other ENDS to be regulated and the FDA has the authority to regulate e-cigarettes and other ENDS. E-cigarettes and other ENDS were deemed to be harmful to youth and other individuals by the United States Court of Appeals; and

WHEREAS, E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products; and

WHEREAS, the use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.

THEREFORE BE IT RESOLVED, that the Idaho Association of Local Boards of Health support legislation, regulation and/or other national, state and local measures to address the manufacturing of and ingredients in e-cigarettes and other ENDS as well as to prohibit the advertising, marketing and sale of e-

cigarettes and other ENDS, to youth (18 years or younger) and to prohibit the use of e-cigarettes and other ENDS on all school grounds; and

THEREFORE BE IT FURTHER RESOLVED, that the Idaho Association of Local Boards of Health and the seven Local Public Health Districts educate youth, parents, the public and local officials on the dangers of E-cigarettes and other ENDS.

1. Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Increase in use of electronic cigarettes and any tobacco product among middle and high school students — United States, 2011–2018. MMWR Morbid Mortal Wkly Rep. 2018;67(45):1276–1277.
2. Villanti AC, Johnson AL, Ambrose BK, et al. Use of flavored tobacco products among U.S. youth and adults; findings from the first wave of the PATH Study (2013-2014) US Department of Health and Human Services. *E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*Cdc-pdf [PDF – 8.47MB]. Atlanta, GA: US Department of Health and Human Services, CDC; 2016. Accessed July 27, 2018.
3. Willett JG, Bennett M, Hair EC, et al Recognition, use and perceptions of JUUL among youth and young adults. *Tobacco Control Published Online First*: 18 April 2018. doi: 10.1136/tobaccocontrol-2018-054273
4. Goniewicz ML, Gupta R, Lee YH, et al. Nicotine levels in electronic cigarette refill solutions: a comparative analysis of products from the United States, Korea, and Poland. *Int J Drug Policy*. 2015;26(6):583–588.
5. National Academies of Sciences, Engineering, and Medicine. 2018. *Public health consequences of e-cigarettes*External. Washington, DC: The National Academies Press.

RESOLUTION TO SUPPORT THE RECOGNITION OF SENIOR COGNITIVE HEALTH AS A PUBLIC HEALTH ISSUE.

WHEREAS, 5.8 million Americans are living with Alzheimer's. The number of older adults with Alzheimer's disease is expected to nearly triple over the next 40 years; and

WHEREAS, Every 65 seconds someone in the United States develops Alzheimer's; and

WHEREAS, Dementia is a general term for conditions that cause loss of memory severe enough that they may impact a person's ability to carry out daily activities. Alzheimer's Disease is a type of dementia that causes problems with memory, thinking, language, and behavior. It may begin with mild memory loss, and symptoms can slowly worsen over time; and

WHEREAS, Alzheimer's Disease is the 6th leading cause of death. Between 2000 and 2017 deaths from Alzheimer's disease increased 145% nationally, and 157% increase in Idaho; and

WHEREAS, Alzheimer's and related dementias have wide-ranging impacts not only on those with the disease, their families and caregivers, but also on communities and health-care systems; and

WHEREAS, Nationally, more than 16 million Americans provide unpaid care for people with Alzheimer's or other dementias. These caregivers provide an estimated 18.5 billion hours valued at nearly $234 billion dollars. In Idaho more than 85,000 caregivers provide an estimated $1.2 Billion Dollars in unpaid care.

WHEREAS, In 2019, Alzheimer's and other cognitive health issues will cost the nation $290 billion dollars. By 2050, these costs could rise as high as $1.1 trillion dollars.

THEREFORE BE IT RESOLVED, Public Health recognizes Senior Cognitive Health as a Public Health issue and encourages prevention efforts through health education programs and public policy.

1. Matthews, K. A., Xu, W., Gaglioti, A. H., Holt, J. B., Croft, J. B., Mack, D., & McGuire, L. C. (2018). Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015–2060) in adults aged≥ 65 years. *Alzheimer's & Dementia*. https://doi.org/10.1016/j.jalz.2018.06.3063External
2. Xu J, Kochanek KD, Sherry L, Murphy BS, Tejada-Vera B. Deaths: final data for 2007. National vital statistics reports; vol. 58, no. 19. Hyattsville, MD: National Center for Health Statistics. 2010.
3. Heron M. Deaths: leading causes for 2010. National vital statistics reports; vol. 62, no 6. Hyattsville, MD: National Center for Health Statistics. 2013.
4. Hurd MD, Martorell P, Delavande A, Mullen KJ, Langa KM. Monetary costs of dementia in the United States. *NEJM*. 2013;368(14):1326-34.
5. Tejada-Vera B. Mortality from Alzheimer's disease in the United States: data for 2000 and 2010. NCHS data brief, no 116. Hyattsville, MD: National Center for Health Statistics. 2013.

6. James BD. Leurgans SE, Hebert LE, et al. Contribution of Alzheimer disease to mortality in the United States. *Neurology*. 2014;82:1-6.

7. Alzheimer's Association. Prevention and Risk of Alzheimer's and Dementia. Accessed July 16, 2015 from website: http://www.alz.org/research/science/alzheimers_prevention_and_risk.asp

8. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. Physical Activity is Essential to Healthy Aging. Accessed September 1, 2015 from website: http://www.cdc.gov/physicalactivity/basics/older_adults/

9. Centers for Disease Control and Prevention. Older Adults Falls: Get the Facts. Accessed June 10, 2015 from website: http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html

Resolution ~~18~~19-##
~~02~~

RESOLUTION TO SUPPORT EVIDENCE-BASED HOME VISITATION~~1~~1 IN IDAHO

~~**WHEREAS**, home visitation programs promote the well-being of mothers and their children; and~~

WHEREAS, home visitation programs such as Nurse Family Partnership (NFP), Parents as Teachers (PAT) and other evidence-based home visitation programs improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness[2]; and~~Nurse Family Partnership (NFP), Parents as Teachers and other evidence-based home visitation programs improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children; and~~

WHEREAS, home visitation helps women improve their health behaviors related to substance abuse and nutrition, significant risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairment[32]~~,~~; these improvements include reductions in preterm delivery for women who smoke; reductions in high-risk pregnancies as a result of birth-spacing; and children's cognitive, social, and behavioral skills and development[4]; and~~and~~

WHEREAS, the CDC's Task Force on Community Preventive Services found that home visiting programs reduced child abuse and neglect by approximately 40 percent as compared to control groups not receiving home visiting services[5]; and~~these improvements include reductions in preterm delivery for women who smoke; reductions in high-risk pregnancies as a result of birth-spacing; and children's cognitive, social, and behavioral skills and development[3]; and~~

WHEREAS, children participating in Parents as Teachers are less likely to go to the emergency room to be treated for injury[6]; and Parents as Teachers participation was related to 50 percent fewer cases of suspected abuse and/or neglect[7]; and~~home visitation programs have demonstrated improvement in the overall well-being of the family. These improvements include increased maternal employment and economic self-sufficiency; increased presence of the father in the household; reduced child abuse and neglect; reduced maternal and child arrests; and reduced behavioral and intellectual problems among children at age six[4];~~

WHEREAS, among 19-year-old girls born to high-risk mothers, home visiting during their mother's pregnancy and their first two years of life reduced their lifetime risk of arrest or conviction by more than 80 percent, teen pregnancy by 65 percent, and led to reduced enrollment in Medicaid by 60 percent[8]; and

WHEREAS, every dollar invested in home visiting programs generates up to $5.70 in savings resulting from reduced health services utilization – including emergency department visits – and

decreased special education placements and grade repetition, which leads to higher educational attainment and economic success later in life[9]; and

WHEREAS, there is no single dedicated funding source available for home visiting services, federal funding streams can be paired with state and local funds – such as partnering with local health organizations - to support home visiting for pregnant women, families, infants, and young children[10]; and

WHEREAS, Medicaid finances 40% of all births in the U.S.[11], Medicaid can provide a critical role in identifying and supporting mothers and infants at this critical stage, which can affect the child's future growth and development;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports the expanded development and maintenance of evidence-based home visitation

Resolution 19-## (continued)

programs and policies to provide and establish funding or a mechanism for reimbursement for services delivered through these programs; and

BE IT FURTHER RESOLVED that the Idaho ~~State Legislature~~ Association of District Boards of Health support submission if a Medicaid state plan amendment to ensure federal financial participation is available for home visiting services that fit within the Medicaid definition of coverable services. ~~support policies that give the Public Health Districts of Idaho the capacity to establish home visitation programs and provide funding or a mechanism for reimbursement for services delivered through these programs.~~

Adopted by the Idaho Association of District Boards of Health
May 30, 2008; Revised June 9, 2016, Revised June 2018, Revised June 2019

~~[1] National Association of County & City Health Officials (NACCHO), Statement of Policy 07-13, retrieved February 28, 2008 from http://www.naccho.org~~
~~[2] Home Visiting Evidence of Effectiveness Review: Executive Summary August 2017~~
~~[3] Nurse-Family Partnership, Research Evidence, retrieved on November 21, 2007 from http://www.nursefamilypartnership.org~~
~~[4] Ibid.~~

[1] National Association of County & City Health Officials (NACCHO), Statement of Policy 07-13. (July, 2010) Retrieved April 16, 2019 from https://www.naccho.org/uploads/downloadable-resources/07-13-Nurse-Home-Visiting-Programs.pdf
[2] Washington State Institute of Public Policy. Benefit-Cost Results. Available at: http://www.wsipp.wa.gov/BenefitCost?topicId=9
[3] Office of Planning, Research, & Evaluation. Home Visiting Evidence of Effectiveness Review: Executive Summary & Brief - April 2017. Retrieved on November 21, 2007 from https://www.acf.hhs.gov/opre/resource/home-visiting-evidence-of-effectiveness-review-executive-summary-brief-april-2017
[4] Ibid.

[5] MMWR Recommendations and Reports. (October, 2003). First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation: Findings from the Task Force on Community Preventive Services. Retrieved on April 16, 2019 from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5214a1.htm

[6] Wagner M, L.E. (2001). *The multisite evaluation of the Parents as Teachers home visiting program: three-year findings from on community.* Menlo Park, CA: SRI International.

[7] Drazen S, H. M. (1993). *Raising reading readiness in low-income children.* Ithaca, NY: Cornell University.

[8] Eckenrode J, Campa M, Luckey DW, Henderson CR Jr, Cole R, Kitzman H, ansopn E, Sidora-Aroleo K, Powers J, Olds D, "Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial". Arch Pediatr Adolesc Med. 201- Jan; 164(1):9-15

[9] Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). Early Childhood Interventions: Proven Results, Future Promise. RAND Corporation. Retrieved on April 16, 2019 from https://www.rand.org/content/dam/rand/pubs/monographs/ 2005/RAND_MG341.pdf

[10] King, A. (December, 2016). Coverage of maternal infant, and early childhood home visiting services. Retrieved on April 16, 2019 from https://nashp.org/coverage-of-maternal-infant-and-early-childhood-home-visiting-services/

[11] 11 Ibid

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BOARD OF HEALTH MEETING MINUTES
February 21, 2019
9:00 a.m. – 3:00 p.m..

PRESENT:

BOARD OF HEALTH MEMBERS
Wayne Butts, Commissioner
Bill Leake, Teton County, Trustee
Brent Mendenhall, Commissioner
Lee Miller, Commissioner
Ken Miner, Commissioner
Barbara Nelson, M.D., Vice Chair
Bryon Reed, Commissioner, Chairman
Greg Shenton, Commissioner
Shayne Young, Commissioner

STAFF MEMBERS
Geri Rackow
James Corbett
Kellye Eager
Amy Gamett
Angy Harwood
Cheryl O'Connell

1. **Call to Order**
Chairman Bryon Reed called the meeting to order at 9:00 a.m.

2. **Public Comment**
There was no public in attendance.

3. **Recognition of outgoing Chairman, Brian Farnsworth**
District Director, Geri Rackow, and the Board of Health members recognized Brian Farnsworth for his service as a board member for the past six years.

4. **Approval of Consent Agenda**
- Approval of December 11, 2018 and February 5, 2019 Board of Health Meeting Minutes
- FY19 Year-to-Date Budget Report
- Employee Policy Manual Revisions

Ms. Rackow asked to remove the Employee Policy Manual Revision from the Consent Agenda for further discussion.

MOTION: Commissioner Butts made a motion to approve the February 21, 2019 Consent Agenda, excluding the Employee Policy Manual Revisions.
SECOND: Barbara Nelson, M.D.
ACTION: MOTION CARRIED UNANIMOUSLY

5. **Employee Policy Manual Revisions**
Ms. Rackow reviewed all changes to the Employee Policy Manual. Discussion followed.

MOTION: Commissioner Shenton made a motion to approve the Employee Policy Manual Revisions as presented.
SECOND: Commissioner Miller.
ACTION: MOTION CARRIED UNANIMOUSLY

6. **Board Member Conflict of Interest Review**
Ms. Rackow reviewed the Board's Conflict of Interest Policy with the board. Each Board member then signed a Conflict of Interest statement.

7. Executive Council Report

Bill Leake, Trustee/Executive Council representative, provided an overview of the House Bill 151, regarding Food Fee Legislation. The proposed Legislation would add some additional fees and raise some fees starting in 2020. The Board of Health listened to the bill's hearing in the Idaho Legislature's House Health & Welfare Committee. Ms. Rackow and Mr. Leake will draft a letter in support of House Bill 151.

8. Announcements

- EIPH General Staff Meetings (February 27 & April 24): Ms. Rackow reviewed the agenda for the upcoming General Staff Meeting on February 27th and invited the Board members to attend. The April 24th General Staff Meeting will include a full scale Anthrax exercise.

- Idaho Association of District Boards of Health Annual Conference: The annual conference of Idaho's Public Health Districts boards will be held in Lewiston on June 19-20, 2019. Ms. Rackow would like to know who is planning to attend. We will have registration forms available at the April 18th Board meeting.

- National Association of Local Boards of Health (NALBOH) Conference: This annual conference will be held in Denver on August 14-16, 2019. The agenda will be shared when it becomes available. Any board member interested in attending should let Ms. Rackow know.

9. Executive Session

Cancelled – no action necessary at this time.

10. Adolescent Pregnancy Prevention Program Report

Ms. Rackow provided information on House Bill 120 having to do with sex education. Kaylene Craig and Timalee Geisler, Health Educators involved in EIPH's Adolescent Pregnancy Prevention Program presented information on the Reducing the Risk Curriculum (RTR) and a new Sexual Risk Avoidance Education program.

Board members will observe a Youth-Adult Partnership meeting at Ririe Junior/Senior High School this afternoon, will then meet with the school's teachers and administrators involved in the RTR program, and then observe the teaching of an RTR class.

11. Subgrant Approvals

Ms. Rackow reviewed the renewed, amended, and new subgrants.

MOTION: Barbara Nelson made a motion to approved renewed, amended, and new subgrants as presented.
SECOND: Commissioner Butts
ACTION: MOTION CARRIED UNANIMOUSLY

12. Director's Report

a. Citizen Review Panel: Effective July 1, 2019, the Idaho Legislature assigned administrative oversight of the newly created Citizen Review Panels to the health districts. The seven seats on our panel have been filled with good representation from throughout the district. Training was provided by the Idaho Supreme Court in November of 2018. Our panel has had three meetings and have started to review cases.

b. State-Funded Home Visiting Program: Last year $1.6 million was appropriated to the Health Districts to expand home visiting services throughout the state. EIPH received $153,800 of this funding. Previously in our health district, we were only providing home visiting services in Bonneville County. With this new funding we have expanded our program to provide home visiting services in all of our eight counties. There have been discussions between the health districts, legislators, Idaho Department of Health & Welfare, and other stakeholders working to identify and secure continued funding for this home visitation expansion, but it was not included in any budget request for FY20.

c. WIC Program Audit: WIC had a week-long state audit last week. They spent time in the Idaho Falls and Challis offices. Nothing unexpected resulted from the audit. Ms. Rackow praised the WIC staff for the great job they do.

d. Update on Community Conversations/Community Needs Assessment: Ms. Rackow followed up on the Community Needs Assessment done by the United Way in partnership with EIPH and Eastern Idaho Community Action Partnership. Community Conversations for the final three counties (Butte, Bingham, and Custer) in the region are being scheduled. The United Way plans to have a report by the end of March.

e. Environmental Health Litigation - Roundy Case: Ms. Rackow reported that regular monthly payments of $500 have been made by the Roundys since December.

f. Yankee Fork Septic Complaint: Ms. Rackow and Ms. Eager reported on a Yankee Fork septic complaint that was submitted to Idaho Department of Environmental Quality, with a copy to the EIPH Board. EIPH's Environmental Health staff has been working on this matter, with Ms. Eager and Ms. Rackow now becoming involved. Ms. Eager reported that she has discussed this situation with DEQ staff multiple time, and in response to the letter of complaint, provided DEQ with all of our documentation on the matter. DEQ Director, John Tippets, will be responding to the complaint letter and will copy Ms. Rackow on his response.

13. Fiscal Officer Report

a. FY2020 Budget Planning: Steve Thomas provided information on preparation plans for the district's FY20 budget. The EIPH budget presentation will be at the April 18, 2018 Board of Health meeting.

b. FY15-16 Audit Update: We have still not received the results of our FY15-16 Legislative audit which is possibly resulting in continuing problems for the district. The Health District's Fiscal Officers workgroup has been asked to look into having outside auditors instead of Legislative audits in order to get more timely responses.

14. Communicable Disease Update

Amy Gamett and James Corbett provided an update on the 2018-2019 flu season and the resent measles outbreak.

Ms. Gamett also updated the Board on the Proposed Meningococcal rule which will require a second dose given to students entering their 12 year of school.

ADJOURNMENT

Board members were excused to travel to Ririe Junior/Senior High School to attend a Youth Adult Partnership Meeting, meet with District Administration and Teachers, and observe Reducing the Risk Class. The meeting adjourned at 2:45 p.m.

Commissioner Bryon Reed, Chairman

Geri L. Rackow, Secretary

EASTERN IDAHO PUBLIC HEALTH ~~DISTRICT~~
BOARD OF HEALTH

BYLAWS

PREAMBLE

The purpose of these BYLAWS is for the internal administration of Eastern Idaho Public Health ~~District~~ (EIPH~~D~~) Board of Health, and is subject to the statutes and rules of the State of Idaho. The policies and business affairs of this organization shall be conducted by a District Board of Health pursuant to Idaho Code, Title 39, Chapter 4. State Statute and Idaho Code shall in all cases supersede these Bylaws.

SECTION 1: MEMBERS

All appointments to the District Board shall be confirmed by a majority vote of all the County Commissioners of all the counties located within the Public Health District. Vacancies shall be filled by the Boards of County Commissioners within the District, acting jointly, and confirmed for a term of five years, subject to reappointment.

One member shall also consist of a licensed physician, if available, which shall serve as a representative at large (representing all eight counties). In the case where a licensed physician term expires, it may be renewed at the request of the physician, subject to approval of the Board, and confirmed by a majority vote of all the county commissioners of all the counties located within the Public Health District.

In cases where the physician's term is expiring and he/she does not wish to continue on the board, a notice of the vacancy will be sent to all physicians in the district asking them to notify the district director if he/she is interested in filling the position. The Board will interview interested physician candidates and select the best qualified applicant willing to serve on the Board. If no physician is available to serve on the Board, then it shall be so noted in the minutes and the Board shall consist of eight board members until such time as a physician can be found.

Terms of office for each District Board of Health member commence on July 1, unless the board member is fulfilling the remainder of a term vacated by a board member's resignation . In this case, the new board member's term will commence the day the new appointment is made by the respective Board of County Commissioners.

SECTION 2: DUTIES OF MEMBERS OF DISTRICT BOARD OF HEALTH

The District Board shall have the control and policy setting functions of the District Health Department operations. Members of the District Board of Health shall in all cases act as a Board, regularly convened, by a majority vote, adopt any such rules and regulations for the conduct of meetings and the management and operation of the Department as they deem proper, consistent with requirements of these Bylaws and laws of the State of Idaho.

SECTION 3: APPOINTMENT OF A DISTRICT HEALTH DIRECTOR

The District Board of Health shall appoint a District Health Director who shall be the Secretary of the Board and Administrative Officer of the Board. The Director shall serve at the pleasure of the Board and shall be responsible for the internal administration of the Department.

SECTION 4: MEETINGS, NOTICE OF MEETINGS, QUORUMS

Meetings, Notice of Meetings and the Establishment of a Quorum are subject to the provisions of Idaho Code Section 39-412 and ~~67-2340~~ 74-204, et seq.

Notice of Meetings shall be given to each Board member by any of the following methods: in person, by telephone, e-mail, or by mailing to him/her at his/her given post office address at least three days before the date therein designated for such meeting.

The District Board shall hold such meetings as may be necessary for the orderly conduct of its business, and such meetings may be called upon seventy-two (72) hours notice by the Chairman, or a majority of the members.

At any meeting of the District Board of Health, ~~four~~ five members of the Board shall constitute a Quorum for the transaction of routine business. If a quorum is not present to convene a meeting, the meeting will be cancelled and the Chairman will declare the date of new meeting no sooner than three days hence.

Telephone conferences among a quorum of the Board for the purposes of discussion or deliberation on any matter upon which the Board may eventually make a decision shall be prohibited unless the provisions of the Open Meeting law are met. However, the Secretary (Director), Chairman, or other member of the Board may use a telephone conference call for the purpose of disseminating information on an emergency basis in order to convene a meeting or as otherwise necessary.

- Section 4(A). MINUTES OF MEETINGS. The District Board of Health shall provide for taking of written minutes of all of its meetings, which minutes shall be subject to Idaho Code 67-2344, available to the public, and shall include the Following information:
  (1) All members of the Board present;
  (2) all motions, resolutions, orders or ordinances proposed and their disposition;
  (3) the results of all votes, and upon the request of a member, the vote of each member, by name.

- Section 4(B). EXECUTIVE SESSION MINUTES. Shall conform to ~~the~~ Idaho's Open Meeting law, Idaho Code 74-205.

SECTION 5: SPECIAL MEETINGS OF DISTRICT BOARD OF HEALTH

Special meetings may be called by the Chairman or Secretary at any time, or by written request of three members of the District Board. No other business except that called for will be transacted at a special meeting. Notice shall be given pursuant to Idaho Code 74-204.

No special meeting shall be held without at least a twenty-four (24) hour and meeting agenda notice, unless an emergency exists. An emergency is a situation involving injury or damage to person or property, or immediate financial loss, or the likelihood of such injury, damage or loss, when the notice requirements of this section would make such notice impracticable, or increase the likelihood of severity of such injury, damage or loss, and the reason for the emergency is stated at the outset of the meeting. The notice required under this section shall include at a minimum the meeting date, time, place, and name of the public agency calling for the meeting. The Secretary or other designee of each public agency shall maintain a list of the news media requesting notification of meeting and shall make a good faith effort to provide advance notification to them of the time and place of each meeting.

- Section 5(A). EXECUTIVE SESSIONS. Executive sessions of the District Board of Health may be held pursuant to the terms and conditions of Idaho Code ~~67-2343~~ 74-202 through 74-206 and ~~67-2345~~. The Board may hold an executive session upon a two-thirds (2/3) vote of the members, recorded in the minutes, after the Chairman or presiding officer has identified the authorization under Idaho Code for holding such an executive session. No executive session may be held for the purpose of taking any final action or making a final decision.

SECTION 6: CHAIRMAN, VICE-CHAIRMAN AND TRUSTEE

Each year, members of the District Board of Health shall elect a Chairman, Vice-Chairman, and Trustee/Executive Council member, who will take office following the election. The Chairman or Vice-Chairman may also serve as Trustee if so appointed by the Board. In cases where the Chairman or Vice-Chairman also serves as the Trustee, the Board may also elect another board member to serve as a member of an Executive Committee, if needed. This election should take place at a meeting nearest to the beginning of the next fiscal year. Removal of an officer may occur with a two-thirds (2/3) vote of the Board of Health.

SECTION 7: VOTING

Each member of the Board of Health is to have one vote. Proxy votes may be exercised if given in writing. Proxy votes must be declared at the beginning of each meeting.

SECTION 8: REMOVAL OF DISTRICT BOARD OF HEALTH MEMBERS

A Board Member can be removed by majority vote of all County Commissioners in the District. In addition, a board member may resign by a written letter of resignation to the Chairman of the County Commissioners of his resident county, with copies of the letter provided to the Chairman of the District Board of Health and the Secretary of the Board.

The Chairman of the Board shall notify the County Commissioners of the county the Board Member represents of any member of the Board who is absent from three consecutive meetings. The commissioners from the respective county shall send a letter to the Chairman of the Board stating whether they wish to have the board member continue or appoint a new member.

SECTION 9: DUTIES OF CHAIRMAN

The Chairman shall preside at all meetings of the District Board of Health, and:

- Shall cause to be called regular and special meetings of the District Board of Health and conduct them in accordance with these Bylaws.
- Shall have all direct powers, implied powers, and duties as stated in Idaho Code Section 39-414 pursuant to due and lawful prior approval of the District Board of Health.
- Shall enforce these Bylaws and perform all duties incident to the position and office, which are required by law, Bylaws, rules and regulations.
- Shall have authority to appoint special subcommittees of the Board as deemed necessary for efficient conduct of the Health District business. Such committees shall be reaffirmed on a yearly basis. Members of these subcommittees will be reimbursed pay for expenses as at regular Board of Health meetings. Meetings of the subcommittee may be called by the Board Chairman, the Secretary, or by the Chairman of the subcommittee as necessary for proper conduct of Health District business. All recommendations of any subcommittee must be confirmed at the following regular Board of Health meeting.

SECTION 10: DUTIES OF VICE-CHAIRMAN

During the absence and/or inability of the Chairman to render and perform his/her duties or exercise his/her power as set forth in these Bylaws or in statutes under which the Public Health District was established, the same shall be performed and exercised by the Vice-Chairman. When so acting, the Vice-Chairman shall have all these powers and be subject to all the responsibilities hereby given or imposed upon the Chairman.

SECTION 11: DUTIES OF THE TRUSTEE/EXECUTIVE COUNCIL MEMBER

The Trustee will attend all meetings of the Trustees or Executive Council of the Idaho Association of District Boards of Health. If the Trustee/Executive Council member is unable to represent the Board, the Chairman will appoint another Board Member.

During the absence and/or inability of the Chairman and the Vice-Chairman to render and perform their duties or exercise their powers as set forth in these Bylaws or in acts under which the Public Health District was established, the same shall be performed and exercised by the Trustee/Executive Council member. When so acting in this capacity, the Trustee/Executive Council member shall have all the powers and be subject to all the responsibilities hereby given or imposed upon the Chairman and Vice-Chairman.

SECTION 12: DUTIES OF THE SECRETARY TO THE BOARD

The Secretary shall have all direct powers, implied powers, and duties as stated in Idaho Code Section 39-413, in addition to the following duties or responsibilities:

- Be custodian of the records of the organization.
- Present to the District Board of Health all official communications addressed to him by members of the Board and other such communications that are relevant to any business conducted at any meeting of the District Board of Health.
- Give notice of board meetings as advised by the Chairman.

- Assist the chairman in developing an agenda for regular and special board meetings, which will keep board members apprised of public health, training, policy, personnel, and fiscal issues.
- Develop an annual report and/or program summary at the close of each fiscal year.
- Administer and enforce all state and district health laws, regulations and standards.
- To enter into contracts/subgrants with any other governmental or public agency whereby the district agrees to render services to or for such agency in exchange for a charge reasonably calculated to cover the cost of rendering such service. This authority is to be limited to services voluntarily rendered and voluntarily received and shall not apply to services required by statute, rule, and regulations, or standards promulgated pursuant to this act or chapter 1, Title 39, Idaho Code. All contracts/subgrants will be ratified by the Board at its next regularly scheduled meeting. When possible, Board review and approval of new contracts/subgrants should occur prior to the contract/subgrant being signed by the Secretary (Director).
- To accept all moneys or payments received or collected by gift, grant, devise, or any other way deposited to the respective division or subaccount of the public health district in the public health district fund authorized by section 39-422.
- To enter into contracts/subgrants with other governmental agencies, as may be deemed necessary to fulfill the duties imposed upon the district in providing for the health of the citizens within the district. All contracts/subgrants will be ratified by the Board at its next regularly scheduled meeting. When possible, Board review and approval of new contracts should occur prior to the contract being signed by the Secretary (Director).
- To administer and certify solid waste disposal site operations, closure, and post closure procedures established by statute or regulation in accordance with provisions of chapter 74, title 39, Idaho Code, in a manner equivalent to the site certification process set forth in section 39-7408, Idaho Code.
- Impose orders of isolation and quarantine pursuant to Idaho Code 56-1003(7) and Idaho Code 39-415 in accordance with statutory standards and consistent with rules promulgated by the Idaho Board of Health and Welfare.

SECTION 13: SALARY PAYMENT AND REIMBURSEMENT OF BOARD MEMBERS EXPENSES

Eastern Idaho Public Health ~~District~~ will compensate and pay expenses for Board Members while they are attending a meeting called by the Chairman or the Secretary (Director) and for an official Board meetings, sub-committee meetings, or ad-hoc committee meetings or for those occasions when a Board Member is representing the Board of Health at a meeting approved by either the Board Chairman or District Director. The District will reimburse members for actual expenses in accordance with state travel regulations.

SECTION 14: ENFORCEMENT

The Board is granted by Idaho Code general authority and has the duty of enforcing all State and District health laws and regulations. The Secretary shall recommend to the Board enforcement measures to be taken as necessary to preserve and maintain public health. In the event that an emergency arises which forbids prior notice and recommendations to the Board, the Secretary may implement such action, as he deems necessary to protect the public health. In the event the Secretary implements such emergency action, he/she shall notify the

Board of such action by telephone conference call and by written notice as promptly as possible. If any member of the Board disagrees with the emergency action taken by the Secretary, then that member shall call for a special meeting of the Board as provided by these Bylaws. Upon the giving of notice to the Board by the Secretary of emergency action, the failure of any member to object promptly to the action shall constitute ratification by the Board of the measures taken by the Secretary.

The Secretary shall also notify the Board promptly of any legal proceedings filed in any court in which the District is a party.

SECTION 15: PARLAMENTARY AUTHORITY

Roberts Rules of Order (Simplified) shall be the governing authority for the order of business and conduct of all meetings of the Board of Health.

SECTION 16: AMENDMENTS

These Bylaws may be altered, amended, repealed, or added to by an affirmative two-thirds vote of a quorum of the District Board present at a regular or special meeting called for that purpose. Board Members will be given a 30-day notification of all proposed Bylaws amendments.

Duly passed as the By-Laws of the Eastern Idaho Public Health District Board of Health on this

_____ day of _____, 201~~3~~ 9.

_____ _____
Chairman Date

_____ _____
Secretary Date

Eastern Idaho Public Health

Fiscal Year 2020 Budget

Draft: April 15, 2019

WHAT'S INSIDE

Fiscal Year 2020 Budget Summary

Eastern Idaho Public Health's (EIPH) proposed budget for Fiscal Year (FY) 2020 is $8,353,092 which is a 2.42% increase from FY2019.

Revenue Highlights

State Appropriations

For FY2020, the State General fund Maintenance Appropriations to the seven public health districts is $9,632,000, an increase of 2.58% over FY2019. This increase is to help offset the health districts' higher costs related to employee compensation.

The State Appropriation is distributed to Idaho's seven health districts based on a formula that includes the following factors: an infrastructure component, a 67% match of each district's county contributions, and each district's respective number of people in poverty, population, and health care professional shortage area scores. As of April 15, 2019, population numbers for 2018 have not been released by the US Census Bureau. Therefore, we are unable to calculate EIPH's share of the State Appropriation at this time.

County Appropriations

This budget proposal maintains the County Appropriations at the same amount as the FY2019 request; however, there will still be some increases or decreases to individual counties based on shifts in population and taxable market values by county. EIPH appreciates and depends on the partnership and financial support it receives from the counties, which are essential to continue providing public health services to the residents of Eastern Idaho. Continued long-term financial support from the counties is critical to maintain the high quality public health services being provided throughout the district. We are able to keep county funding flat this year due to some cost savings and fee revenue increases expected in FY2020. This may have a small impact on the future State General Funds Appropriation allocated to EIPH, but since management has worked to get a balanced budget without a county increase this year, we see no need to request an increase based solely on future State Appropriation funding formula issues.

Fees

For FY2020, we are budgeting a 9.27% increase in fee revenue. The projected fee revenue increase continues to be driven by a combination of growth in our Environmental Health and Clinical Services Divisions. As has been the case the last few years, the programs primarily contributing to the increased fee revenue are the Adult Immunizations and Septic programs. We are also expecting slight increases in the Reproductive Health and Land Development programs as well.

In addition, the Idaho Legislature passed House Bill 151, adjusting licensing fees for food establishment which are set in Idaho Code. A new three-tiered fee approach was created for temporary food licenses, while license fees for all other food establishments will see a phased-in increase (once on January 1, 2020 and again January 1, 2022). The legislation also provided for fees to be charged for other services provided in the food program such as plan reviews and pre-opening inspections, variance requests, compliance conferences, enforcement actions, license reinstatements, and a late fee. These increases will help Idaho's public health districts by having food establishments cover a higher percentage of the cost of the service being provided and reduce the amount of state and county dollars needed to subsidize the program.

Subgrants

This year's budget reflects an increase of 1.75% increase in subgrant funding over FY2019. We have one new subgrant that began part way through FY2019, Partnership for Success, that provides for work to be done to help prevent underage drinking. We are also budgeting increased subgrant funding for our Tobacco Education and Control, Prescription Drug Overdose Prevention, Oral Health, Family Planning, and Medical Home Coordinator programs. Unfortunately, we are also experiencing decreased subgrant funding in a variety of programs, most notably Immunization Provider Visits, Epidemiology and Syndromic Surveillance, Public Health Emergency Preparedness, Hospital Preparedness Program, and Physical Activity and Nutrition. Furthermore, in January of 2019, the fourth and final year of Idaho's Statewide Healthcare Innovation Plan (SHIP) pilot project was completed and the grant ended.

In FY2019, the Idaho Legislature appropriated special funding for home visiting services as well as support for the newly created Citizen Review Panels. Funding for both of these programs was re-appropriated for FY2020 as one-time funding; however, stakeholders are working hard to identify and secure ongoing funding for these programs into the future.

Expense Highlights

Salaries

An ongoing challenge and concern of EIPH's administration is funding to provide competitive entry wages and ongoing salary increases for our employees and we are committed to continue working to make improvements in this area. In addition to giving all permanent employees a salary increase of $550, the Idaho Legislature also recommended a 3% increase in employee compensation for state employees. Since Eastern Idaho Public Health has lagged so significantly in comparative salaries both with private sector and other public health districts in the State, we are requesting a funding level of 5% for increases in employee compensation. This will help bring our district more in line with pay levels at the other Public Health Districts in Idaho and recognize the hard work and dedication of our employees who are the back-bone of our agency.

We are presenting separately the new compensation plan for the District. Merit salary increases will be based on individual employee performance as well as what their salary as compared to the State's pay structure for respective jobs/pay grades.

Employee Benefits

Last year, our per-employee cost for health insurance was decreased from $13,460 to $11,650. For FY2020, the per-employee health insurance cost is staying the same at $11,650. However, employees will be seeing an increase in their portion of health insurance premiums. The employer cost for funding Public Employee Retirement System of Idaho (PERSI) is going up .62% in FY2020. Employees will be seeing a .37% PERSI contribution increase also.

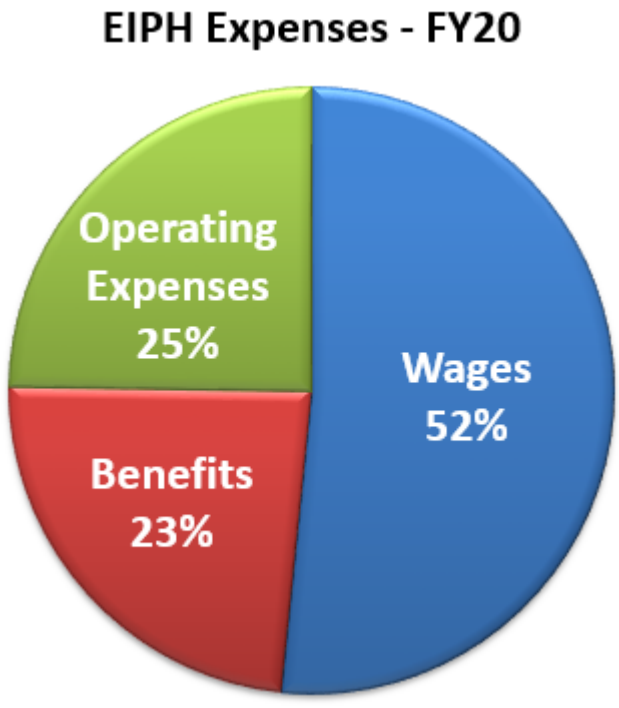
Operating Expenses

Overall, budgeted operating expenses have increased by 2.43%. The increase is largely related to increased volume of activity in adult immunizations as well as new operating expenses related to the Partnership for Success subgrant.

Summary

EIPH's administration and staff are fully committed to continuing to provide high quality public health services to the residents of Eastern Idaho in the most cost-effective manner possible. It takes the financial partnership between EIPH, the State of Idaho, and the counties within our district (Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton) to support our efforts. This support is invaluable and truly appreciated. EIPH's Leadership Team has worked hard to maximize revenue and control costs to keep our agency in a solid financial position as we enter FY2020.

In FY2019, EIPH's Board of Health committed funding to address employee salaries, which are the lowest of all seven health districts in the state. We are in a financial position again in FY2020 to continue to work on addressing the challenge of lower than average employee salaries by allocating extra funding to employee compensation. Our employees are our most valuable asset. It takes time and resources to train new employees, so we want to make every effort possible to keep our skilled, trained, dedicated, and hardworking employees at Eastern Idaho Public Health, who provide the high quality public health services for which EIPH is known.



REVENUE

Division	Subgrants	Fees
Board of Health	$0	$0
Clinical Services	671,154	1,264,500
Community Health	1,735,958	19,000
Environmental Health	230,351	686,550
Healthcare Transformation	69,500	0
Nutrition	1,199,876	0
FY2020 Total Revenue	**$3,906,839**	**$1,970,050**

FY2019 Budget	$3,839,543	$1,802,950
Change from FY2019 to FY2020	$67,296	$167,100
% Change	1.75%	9.27%

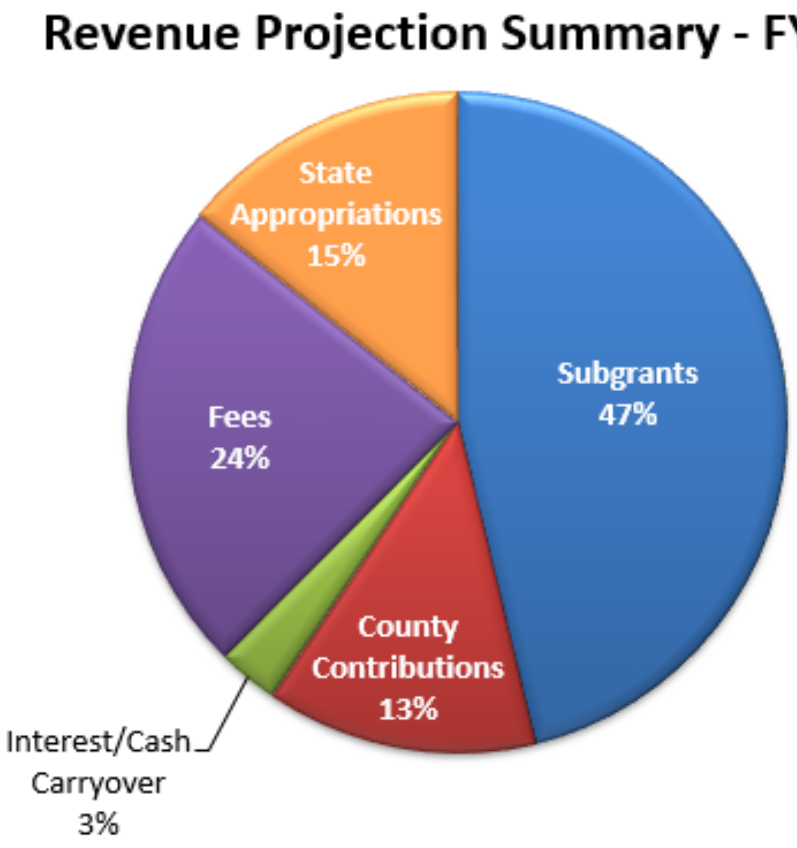
EXPENSES

Division	Salaries	Benefits	Operating Expenses	FY2020 Proposed Budget	FY2019 Budget
Board of Health	$9,359	$1,040	$12,000	**$22,399**	$16,688
Clinical Services	1,411,859	654,194	1,009,300	**3,075,353**	3,551,128
Community Health	968,847	418,396	375,440	**1,762,683**	995,678
Environmental Health	652,553	310,680	114,400	**1,077,633**	1,068,138
General Support	500,738	208,353	425,947	**1,135,038**	1,183,670
Healthcare Transformation	25,441	10,402	25,955	**61,798**	242,656
Nutrition	735,045	367,543	115,600	**1,218,188**	1,097,538
FY2020 Total Expenses	**$4,303,842**	**$1,970,607**	**$2,078,642**	**$8,353,092**	$8,155,496

FY2019 Budget	$4,192,256	$1,933,873	$2,029,367
Change	$111,587	$36,734	$49,274
% Change	2.66%	1.90%	2.43%

SOURCE OF FUNDS	FY2019 Budget	FY2020 Proposed Budget	Change	% Change
Subgrants	$3,839,543	$3,906,839	$67,295	1.75%
Fees	1,802,950	1,970,050	167,100	9.27%
County Contributions	1,120,703	1,120,703	0	0.00%
State Appropriations	1,203,500	1,203,500*	0	%
Interest	35,000	50,000	15,000	42.86%
Capital Reserves	0	-100,000	-100,000	
Designated Carryover—State Home Visiting Funds	153,800	202,000	48,200	31.34%
TOTAL	$8,155,496	$8,353,092*	$	%

*The State Appropriation for FY20 cannot be calculated yet due to the absence of 2018 census population estimates. The number used is a placeholder and represents the FY19 funding amount. The total FY20 budget amount will be adjusted once the State Appropriation has been finalized.



Request for Approval of FY2020 Operating Budget—$8,353,092

COUNTY APPROPRIATION FORMULA

County Contribution = 70% Population Distribution (Based on 2018 Population Estimate) + 30% Taxable Market Value (Based on 2018 Taxable Market Value)

Proposed FY 2020 County Appropriations

County	2018 Population Estimate[1]	% Population of District	Population 70% Distribution	2018 Taxable Market Value[2]	% Valuation of District	Valuation 30% Distribution	FY2019 Budget County Cost Pop. + Eval.
Bonneville	As of April 15, 2019 the 2018 Census Population Estimate had not been released.			6,965,057,013	44.49%	$149,579	
Clark				128,734,732	0.82%	2,757	
Custer				712,405,963	4.56%	15,331	
Fremont				1,769,434,174	11.30%	37,992	
Jefferson				1,531,645,015	9.78%	32,881	
Lemhi				775,486,200	4.95%	16,642	
Madison				1,905,968,913	12.17%	40,917	
Teton				1,867,444,477	11.93%	40,110	
TOTAL				$15,656,176,487	100.00%	$336,211	

[1] U.S. Census Bureau, 2018 Census Population Estimate

[2] Under Idaho Code 39-424, the State Tax Commission is required to report to the health districts by April 1 net property taxable value for each county.

County	FY2019 Contribution	FY2020 Proposed Contribution	$ Change
Bonneville	$558,232		
Clark	6,097		
Custer	31,312		
Fremont	84,748		
Jefferson	133,330		
Lemhi	44,974		
Madison	180,254		
Teton	81,756		
TOTAL	$1,120,703	$1,120,703	$0

Request for Approval of County Appropriations—$1,120,703

County Population

	County Population				County's % of Health District Population		
County	FY2019	FY2020	Change	% Change	FY2019	FY2020	Change
Bonneville	114,595				52.19%		
Clark	873				0.40%		
Custer	4,172				1.90%		
Fremont	13,094				5.96%		
Jefferson	28,446				12.95%		
Lemhi	7,875				3.59%		
Madison	39,141				17.83%		
Teton	11,381				5.18%		
Total	219,577				100.00%		

As of April 15, 2019 the 2018 Census Population Estimate had not been released.

County Property Values

	County Valuation				County's % of Health District Total		
County	FY2019	FY2020	Change	% Change	FY2019	FY2020	Change
Bonneville	$6,426,725,150	6,965,057,013	$538,331,863	8.38%	44.26%	44.49%	0.22%
Clark	127,498,737	128,734,732	1,235,995	0.97%	0.88%	0.82%	(0.06)%
Custer	708,596,788	712,405,963	3,809,175	0.54%	4.88%	4.55%	(0.33)%
Fremont	1,640,150,297	1,769,434,174	129,283,877	7.88%	11.30%	11.30%	0.01%
Jefferson	1,370,845,817	1,531,645,015	160,799,198	11.73%	9.44%	9.78%	0.34%
Lemhi	725,976,211	775,486,200	49,509,989	6.82%	5.00%	4.95%	(0.05)%
Madison	1,743,398,912	1,905,968,913	162,570,001	9.32%	12.01%	12.17%	0.17%
Teton	1,775,720,814	1,867,444,477	91,723,663	5.17%	12.23%	11.93%	(0.30)%
Total	$14,518,912,726	$15,656,176,487	$1,137,263,761	7.83%	100.00%	100.00%	

OPERATING ACCOUNT

ACCOUNT BALANCE	$4,142,026
LESS restricted by donor, board, or funding source	(164,845)
LESS amount reserved for and authorized for spending on a public health emergency	(500,000)
LESS amount reserved and authorized for vehicle purchases	(240,000)
LESS amount reserved for and authorized for spending on building maintenance	(250,000)
LESS amount reserved for and authorized for spending on legal fees	(40,000)
Total Unrestricted Operating Account Balance as of March 31, 2019	**$2,947,181**

CAPITAL RESERVE ACCOUNT

ACCOUNT BALANCE		$1,408,904
Dedicated for future building projects	$787,023	
Dedicated for future personnel costs	107,173	
Dedicated for future 27th pay period	240,000	
Dedicated for future operating stabilization	274,708	
CAPITAL RESERVE BALANCE		**$1,408,904**

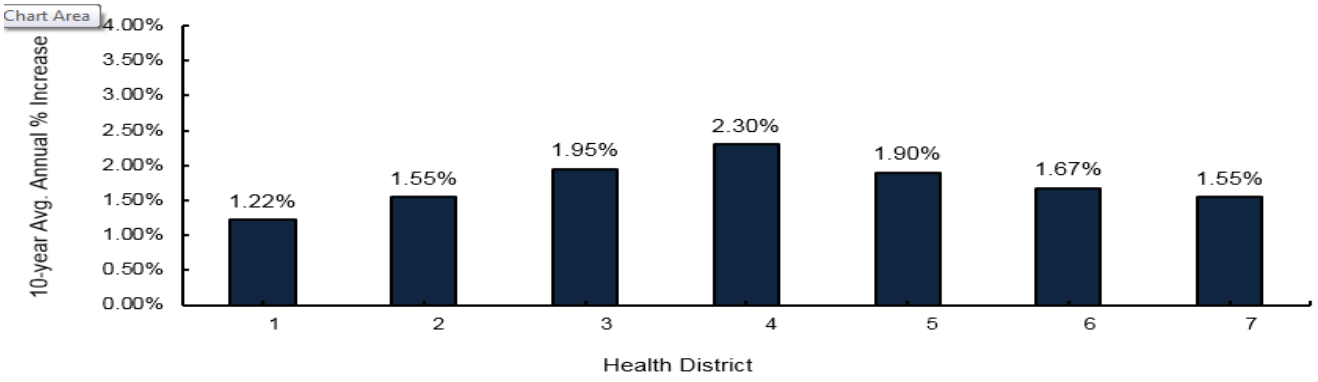
Request for Approval of FY2020 Operating & Capital Reserve Accounts

History of County Contributions
(FY2010 - 2019)

FISCAL YEAR	DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5	DISTRICT 6	DISTRICT 7	TOTALS
2019	$1,213,500	$829,357	$1,340,946	$2,367,352	$1,220,181	$1,192,035	$1,120,703	$9,284,074
2018	1,213,493	805,201	1,310,889	2,298,432	1,184,642	1,168,662	1,120,703	9,093,022
2017	1,195,560	797,229	1,263,970	2,231,487	1,150,138	1,145,747	1,088,061	8,872,192
2016	1,172,100	774,099	1,227,156	2,166,492	1,127,586	1,126,041	1,046,211	8,639,595
2015	1,149,135	751,465	1,191,414	2,103,400	1,094,744	1,093,244	1,025,696	8,409,098
2014	1,115,700	729,578	1,156,713	2,042,126	1,062,858	1,061,402	1,010,538	8,178,915
2013	1,083,171	708,328	1,123,023	1,982,647	1,031,901	1,040,590	981,102	7,950,762
2012	1,051,622	687,697	1,106,427	1,924,900	1,011,668	1,010,282	961,867	7,754,463
2011	1,051,622	712,639	1,106,427	1,887,166	1,011,668	1,010,282	961,867	7,741,671
2010	1,071,116	712,639	1,106,427	1,887,166	1,011,668	1,010,282	961,867	7,761,166

History of County Contributions Percent Change
(FY2010 - 2019)

FISCAL YEAR	DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5	DISTRICT 6	DISTRICT 7
2019	0.0%	3.0%	3.0%	3.0%	3.0%	2.0%	0.0%
2018	1.5%	1.0%	3.0%	3.0%	3.0%	2.0%	3.0%
2017	2.0%	3.0%	3.0%	3.0%	2.0%	1.8%	4.0%
2016	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%
2015	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	1.5%
2014	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%
2013	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%	2.0%
2012	0%	-3.5%	0%	2.0%	0%	0%	0%
2011	-1.8%	0%	0%	0%	0%	0%	0%
2010	-0.5%	0%	0%	0%	0%	0%	0%
Avg. Annual % Change	**1.22%**	**1.55%**	**1.95%**	**2.30%**	**1.90%**	**1.67%**	**1.55%**



History of State Appropriations
(FY2011 - 2020)

FISCAL YEAR	DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5	DISTRICT 6	DISTRICT 7	TOTALS
2020	Due to 2018 population estimate not yet being available, State Appropriation by District not yet available.							
2019	1,272,500	851,200	1,399,100	2,276,700	1,209,400	1,177,200	1,203,500	9,389,600
2018	1,260,600	889,300	1,394,800	2,206,400	1,204,400	1,192,400	1,193,800	9,341,700
2017	1,253,600	885,000	1,387,000	2,192,600	1,197,900	1,186,100	1,187,300	9,289,500
2016	1,184,200	814,300	1,315,400	2,071,100	1,121,200	1,110,500	1,102,500	8,719,200
2015	1,153,300	810,600	1,286,300	2,003,100	1,108,800	1,077,400	1,091,700	8,531,200
2014	1,125,700	759,500	1,227,800	1,930,700	1,065,300	1,054,200	1,069,300	8,232,500
2013	1,082,600	696,900	1,254,100	1,957,200	1,059,300	1,027,200	1,058,800	8,136,100
2012	1,045,600	705,500	1,208,600	1,856,800	1,014,700	993,200	1,020,700	7,845,100
2011	1,109,400	764,400	1,273,100	1,955,500	1,083,000	1,054,800	1,079,300	8,319,500

FISCAL YEAR	DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5	DISTRICT 6	DISTRICT 7
2020	Due to 2018 population estimate not yet being available, State Appropriation by District not yet available.						
2019	13.55%	9.07%	14.90%	24.25%	12.88%	12.54%	12.82%
2018	13.49%	9.52%	14.93%	23.62%	12.89%	12.76%	12.78%
2017	13.49%	9.53%	14.93%	23.60%	12.90%	12.77%	12.78%
2016	13.58%	9.34%	15.09%	23.75%	12.86%	12.74%	12.64%
2015	13.52%	9.50%	15.08%	23.48%	13.00%	12.63%	12.80%
2014	13.67%	9.23%	14.91%	23.45%	12.94%	12.81%	12.99%
2013	13.31%	8.57%	15.41%	24.06%	13.02%	12.63%	13.01%
2012	13.33%	8.99%	15.41%	23.67%	12.93%	12.66%	13.01%
2011	13.33%	9.19%	15.30%	23.51%	13.02%	12.68%	12.97%
2010	13.57%	9.06%	15.22%	23.33%	13.05%	12.84%	12.92%

State Appropriation Funding Formula

For FY2019 and FY2020, the following formula is used for the distribution of State General Funds:

⇒ 67% match of each district's County Contributions

⇒ Remaining 33% is distributed:

- 18% divided equally for infrastructure ($87,360)
- 50% on population of each district
- 14% on number of people in poverty in each district
- 18% on Health Care Professional Shortage Area (HPSA) score for each district

For FY2018, the distribution formula was:

⇒ Each District shall receive base funding equal to their respective share of the State general fund allocation of the prior fiscal year, but in no case less than 67% of the county contribution.

⇒ Any increase over the prior year in the State Appropriation will be divided among the Districts based on 67% proportionate level of county contribution and 33% based on proportionate share of the three year rolling average of population

For FY2014-2017, the distribution formula was: Population (18%) + Poverty (15%) + County Funding (67%)

Eastern Idaho Public Health
Prevent. Promote. Protect.

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Idaho Falls, ID 83401
(208) 522-0310

Eastern Idaho Public Health's Board of Health

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Eastern Idaho Public Health

Eastern Idaho Public Health
Employee Compensation Plan

Fiscal Year ~~2019~~2019

It is the intent of Eastern Idaho Public Health (EIPH) to provide a competitive employee compensation and benefit package that will attract qualified applicants; retain employees who have a commitment to public service excellence; motivate employees to maintain high standards of productivity; and reward employees for outstanding performance. The long-term success of this system is contingent on a strategy of reasonable and appropriate funding to compensate employees based on their performance relative to specific measurements and standards.

This compensation plan is an update of previous Compensation Plans developed and implemented by EIPH. Several factors have influenced the development of this revised plan. These factors include:

- For FY20~~19~~20, a 3% payline adjustment will be made to the State of Idaho's Compensation Schedule. Effectively, this increases the minimum, policy, and maximum pay for each pay grade (with one exception) by 3%. The result is that with no other changes in compensation, employees' current compa-ratios will decline.

- Based on the new pay schedule for FY20~~19~~ 20, as of ~~4/19/18~~ 4/18/19, ~~80~~ 87% of EIPH's permanent employees are below policy for their pay grade
  - 13% are over 100% of policy
  - ~~13~~ 15% are between 90-99% of policy
  - 39% are between 80-89% of policy
  - ~~36~~ 34% are between 70-79% of policy

- For many positions, EIPH personnel are paid less (in some cases significantly) than their peers in other Idaho Public Health Districts. In FY~~18~~ 19, EIPH had the lowest compa-ratio among all seven public health district at ~~87~~ 88%. The other health districts have compa-ratios ranging from 89-~~93~~ 92%
- Several health districts have adopted policies of starting salaries at either 75% or 80% of policy. EIPH's policy is to start employees at the minimum pay rate (currently 70% of policy).
- ~~Over the past ten years,~~ It is EIPH's practice to critically analyze all positions that become vacated due to retirement or resignation, etc. ~~-~~At times, positions may not be refilled and critical tasks reassigned to other staff members. ~~EIPH has made the decision to critically analyze filling positions as they come open due to retirement, resignations, etc. As a result, many staff members have assumed additional responsibilities, with no increase in compensation for the added workload.~~ While we have managed this way for many years, with increased workload in some programs, our staff are stretched very thin, especially when covering for staff who call in sick or are on vacation.

AGENCY POLICY

It is the intent of this policy to ensure a consistent and fair approach to EIPH's hiring process and to provide specific parameters which determines salary rates for newly hired and permanent employees. EIPH adopts of the Rules of Division of Human Resources and Personnel Commission, IDAPA 15.04.01 as required and incorporates into its Compensation Plan those items in Idaho Code 67-5309B. In addition to these rules and statutes, EIPH has adopted additional guidelines which are outlined in this plan.

SECTION 1: STARTING SALARY DECISIONS

EIPH hires all employees, permanent and temporary, at a rate that reflects the quantity and quality of candidates' experience and education levels. Starting salaries are based on the worth of that particular job to our agency, and not altered to meet a job applicant's personal, non-job related situation or expenses. Advanced salary placement may be at the appointing authority's discretion considering available budget, market, applicant's work experience and qualifications, and relationship to existing staff salaries within the pay grade assigned to the employee's classification. EIPH adheres to all state and federal wage laws.

When filling a vacant position, candidates may be hired at one of three levels. The levels are:

LEVEL 1: Generally, individuals should be hired at 70% of the job classification's pay scale. Possible exceptions may include hard-to-fill positions or those in difficult geographical areas, which would fall under Level 2.

LEVEL 2: Individuals that bring a level of experience to the position or those being recruited for hard-to-fill positions may be hired up to 85% of policy, depending on work experience and education. (See Appendix A.) Division Directors have authority to determine Level 2 pay in accordance with the District's "Hiring Salary Criteria for Level II Employees" found in Appendix A, without further approval from District Director. Any variation from the criteria must be approved by the District Director.

LEVEL 3: Individuals that have extensive experience and/or relevant education, or are being considered for hard-to-fill positions, may be hired at or above Policy (comparable to market rates). The starting salary for anyone hired at Level 3 must be approved by the District Director.

Appointed Positions

When an individual is appointed by the agency's Board of Health to a permanent position, his/her salary will be at the discretion of the District Board of Health.

SECTION 2: EXISTING EMPLOYEES

Acting Appointments

An employee serving in an elevated classification in an acting capacity will be paid in the new pay grade as though he or she had actually been promoted. At the expiration of the acting appointment, the employee will be returned to the class, pay grade, and pay rate held immediately preceding the acting appointment.

Compensatory Time
All employees, except executives, shall earn compensatory (comp) time when overtime is worked. Division Directors should monitor the accrual of comp time by their employees and discuss employees' comp time balances in excess of forty (40) hours with the District Director to determine the need for continued overtime. No employee may be authorized to earn comp time when his/her balance exceeds 40 hours without written authorization from the Director.

Demotions
If a continuous status employee is demoted for disciplinary reasons, the employee's salary shall be adjusted within the lower pay range with approval from the Division Director and Director.

Holiday Pay
Employees do not typically work on holidays; however, there are occasions when this is necessary. If such time is needed, employees must obtain written authorization from his/her Division Director, with a copy being provided to Human Resources. When possible, eEmployees should adjust their time during the holiday week so that no more than 40 hours of time is coded.

Internal Salary Equity and Concerns
All employees are encouraged to discuss salary-related concerns with their supervisor to reach mutually satisfactory resolution at the lowest level possible. If an employee believes there is a problem with his/her compensation due to inequities within EIPH, he/she is strongly encouraged to bring this issue to the forefront. No retaliation will occur for expressing such concerns or using the problem solving process. All requests for salary increases must be approved by the Division Director and then by the Director.

Geographic Pay Differential
In alignment with the District's mission, the Director may designate non-performance related premium pay for work locations where recruitment and retention is difficult due to economic conditions and cost of living. EIPH will determine the amount of geographic pay for these locations using survey data from the Idaho Division of Human Resources and economic indicators to determine eligible areas. For district specific classifications, the Director may designate a geographic differential for classifications with high turnover rates and extended vacancy rates. All employees in the same classification and same work location shall be provided an equitable geographic pay differential.

Geographic pay premiums are calculated on a percentage of base salary. Such percentage is translated to a cash amount per pay period and added to base pay.

Geographic pay is tied to work location. The geographic pay differential is discontinued when an employee takes an assignment at a work location not deemed eligible for a geographic differential. A geographic pay differential must begin and end at the start of the pay period and may not be divided by hourly or daily increments.

New Hire Salary Inequity

There may be occasion when a new person is hired into a job class at a higher pay rate than existing employees doing the same job. The District Director may approve an increase in pay for the existing staff to address the issue of internal salary equity.

On-call Time

On-call time will be granted to employees who are designated by their supervisor or the District Director to be on-call according to specific criteria for full or partial on-call shifts. The rate at which time off with pay will accumulate is one hour of On Call Time Earned (OCE) will be earned for each weekday during which an individual is required to be on-call; for each weekend day, two hours OCE will be earned, up to a total of no more than 9 hours per week. Any time actually worked while in on-call status will be coded on their time sheet as Actual time worked.

Overtime Pay

EIPH will rarely, and only when the District Directors determines it as a mission-critical necessity, provide cash compensation for overtime work. All employees will be informed of their status in relationship to overtime expectations as part of new employee orientation or pre-employment discussions. Unless cash payment is specifically authorized by the Director or designee, all overtime will result in compensatory time.

Performance Evaluations

In conducting the required annual evaluation or probation evaluation, EIPH will comply with the State's various performance standards levels. EIPH's philosophy is that frequent and on-going feedback is needed between an employee and his/her supervisor in order for the employee to be successful on the job. All new employees, permanent and temporary, will have formal performance evaluations at three and six months from their hire date, and prior to completion of their entrance probation. Thereafter, annual performance evaluations will be conducted.

Promotions

Upon promotion or in cases where a position class has been upgraded, the employee's salary will be increased, at a minimum, to the beginning of the new pay range. However additional salary increase may be considered based on a case-by-case scenario by the District Director and Division Director with consideration of the promoted employee's current salary compared to other employees in like positions with similar education, experience, qualifications, market considerations, and budgetary constraints.

Reclassifications

When a position is reclassified to a class in a higher pay range, the employee's salary will be increased, if necessary, to the beginning of the new pay range. Any additional increase will be considered on a case-by-case basis and must be approved in advance by the Division Director and District Director.

If an employee's position is reclassified downward, the employee's salary will remain the same unless it is above the new pay range. In these instances, the employee's salary will be adjusted to the maximum hourly rate of the lower pay range.

Reinstatement

Per Idaho Division of Human Resources Rule 072.04, an employee reinstating from layoff shall be paid at the same rate the employee was receiving at the time of the layoff. All other reinstatements will be treated in the same manner as starting salaries.

Shift Differential

EIPH does not have a need for shift differential pay. Overtime work is minimal, but it is compensated for in accordance with Fair Labor Standards Act (FLSA) and state law requirements.

Transfers

Transfers will be addressed in the same manner as starting salaries. A lower or higher rate may be approved by the District Director, depending on the circumstances under which the transfer was made.

SECTION 3: SALARY INCREASES

Maintaining a competitive compensation system is based on the following philosophy as outlined in Idaho Code 67-5309A:

1. Advancement in pay shall be based on job performance and market changes.
2. Pay for performance shall provide faster salary advancement for higher performers based on a merit increase matrix. (Appendix B)
3. Employees below the state's midpoint market average (policy) in a salary range who are meeting expectations in the performance of their jobs shall move through the pay range toward the midpoint market average. (Appendix B)

EIPH agrees with the state philosophy (IC 67-5309A) that it is vital to fund necessary compensation adjustments each year to maintain market competitiveness in the compensation. In order to provide this funding commitment in difficult fiscal conditions, it may be necessary to increase revenues, or to prioritize and eliminate certain functions, programs or reduce the overall number of employees in a given year, or any combination of such methods. However, final implementation of such decisions is contingent upon approval by EIPH's Board of Health.

No employee shall advance in pay without a performance evaluation on file certifying that the employee meets the performance criteria of the assigned position. For merit pay purposes, when funding is available, EIPH considers employees who have successfully completed their entrance probation period with an "Achieves Performance Standards" evaluation rating or better. Employees on entry or promotional probation and those on a formal "Performance Improvement Plan" due to a "Does Not Achieve Performance" rating are not eligible for merit pay increases until such time their performance improves and is evaluated at "Achieves

Performance Standards" or better rating. To qualify for any salary increase, the employee must have a current (completed within the last 12 months) performance evaluation on file.

Salary increases will be based on performance/merit and the district's Salary Distribution Matrix (Appendix B). The Salary Distribution Matrix may also include a component for market/policy.

Cost Savings Bonuses

Cost Savings Bonuses may be considered on a case-by-case basis. Before the option is used, the cost savings must be quantified, verified by the District's Fiscal Officer, and carefully considered by the District Director before making any cash award. It is the intent of EIPH to award such a bonus in incremental payments as actual cost savings are realized. Cost saving bonuses will not exceed $2,000 for any one suggestion.

Performance Bonuses

A performance bonus is a one-time lump sum payment to an employee to recognize exemplary service. EIPH may use performance bonuses throughout the year to recognize and reward an employee's performance. Amounts will vary and will relate to the base salary and the individual's performance on a project or overall basis. All performance bonuses will be based on the availability of funds. Performance bonuses up to a total of two thousand dollars ($2,000) may be awarded to individuals each fiscal year (IC 67-5309D). A memo documenting such performance will be provided to the employee and placed in his/her personnel file.

Retention Pay

EIPH will determine the need for retention pay on a case-by-case basis. These awards are typically lump sum. If an employee indicates another competitive job offer or if the Agency deems market conditions exist, the District Director and Division Director will consider a retention award based on the market for the particular job and the salaries of all other employees in the same classification. If such retention awards are deemed appropriate in order to keep existing staff, the award may be considered for all employees in the same classification. Retention pay may be granted when an employee has completed at least six months of work that achieves performance standards.

Salary Increases-Conditional

Temporary increases may also be awarded in recognition of additional assignments or acting appointments.

SECTION 4: ANNUAL REVIEW OF POLICY

Members of District's Administrative Team will review this policy on a periodic basis and make recommendations to the Board for adjustments as appropriate.

Approvals: Approved by EIPH Board of Health on April 19, 2018.

~~Brian Farnsworth~~ Bryon Reed, Board of Health Chairman

Geri L. Rackow, Director

APPENDIX A
Hiring Salary Criteria for Level II Employees

NOTE: Increased percentage points may be granted by a Division Director for Level II employees if the employee has additional experience, education, skill, or licenses that would be of benefit to the agency and that are **NOT** a requirement of the job description.

Education	**% Allowed**
For each degree above the job's minimum requirement:	
Technical Degree or Associate Degree	2
BS/BA	2
Masters Degree	2
Doctorate	2
	Maximum of 8%

Example: The job requires high school diploma and the individual has BS degree would equal 4% increase over job class' minimum wage.

Experience	**% Allowed**
Each year of related experience	2
	Maximum of 5 years or 10%

Example: If the employee worked for another health district doing a similar job they could receive a 2 percentage point increase for each year worked up to maximum of 10% increase over job class position minimum wage.

Bilingual	**% Allowed**
Fluent in Spanish (verbal and written)	Maximum of 2%

Example: If the individual had bilingual skills that would be of benefit to the agency, the employee would receive 2% increase over job class position minimum wage.

Certificate or Professional License	**% Allowed**
Related Professional License or	2
Related Certification Only	Maximum of 2%

MAXIMUM CRITERIA PERCENTAGE ALLOWED OVER A JOB CLASS' MINIMUM WAGE IS 15%

APPENDIX B

FY2020 Change in Employee Compensation (CEC) Distribution Matrix
Eastern Idaho Public Health

		PERFORMANCE			
		Does not Achieve	**Achieves**	**Solid**	**Exemplary**
COMPA-RATIO DISTRIBUTION	100%+	0%	3.00%	3.50%	4.00%
	90-99%	0%	3.25%	3.75	4.25
	70-89%	0%	3.50%	4.00%	4.50%

1. All EIPH employees hired on or before June16, 2019, will be eligible for the FY2020 CEC.
2. The CEC will be effective at the beginning of FY2020 (implemented June 16, 2019; pay day July 12 2019).
3. The CEC will apply to permanent, temporary, group, and non-classified employees.
4. For employees in a **probationary period**:
   a. Full Time employees' CEC will be implemented at the successful completion of their probationary period and a performance evaluation with a rating of "Achieves" or higher.
   b. Part time (less than 30 hours per week) employees' CEC will be implemented at the completion of six months of employment and with a performance evaluation with a rating of "Achieves" or higher.

Board Fiscal Notes
For the Nine months Ended March 31, 2019
Board Meeting April 18, 2019
Fiscal Year 2019 board summary report

General Notes

1. For the nine months ended March 31, 2019, EIPH's total expenditures for the year were 8.18% below the approved budget.
2. For the nine months ended March 31, 2019, EIPH's total revenues were 10.9% above original budget.

Fiscal Year 2018

Month	Operating Account Balance	Operating Reserve Account Balance	Capital Reserve Account Balance	Total General Fund Cash Available	Millennium Fund Balance	Total Cash Available
Jul-18	481,826.49	3,631,809.03	720,195.93	4,833,831.45	99,120.47	4,932,951.92
Aug-18	556,387.69	3,639,173.99	720,195.93	4,915,757.61	93,896.77	5,009,654.38
Sep-18	268,441.78	3,747,210.64	720,195.93	4,735,848.35	90,116.06	4,825,964.41
Oct-18	480,631.94	2,891,577.47	1,408,904.00	4,781,113.41	82,927.84	4,864,041.25
Nov-18	348,926.44	2,900,264.14	1,408,904.00	4,658,094.58	73,573.08	4,731,667.66
Dec-18	232,724.03	3,408,456.06	1,408,904.00	5,050,084.09	64,621.02	5,114,705.11
Jan-19	378,452.52	3,917,213.25	1,408,904.00	5,704,569.77	61,778.94	5,766,348.71
Feb-19	366,773.69	3,928,068.58	1,408,904.00	5,703,746.27	58,706.55	5,762,452.82
Mar-19	203,609.27	3,938,417.03	1,408,904.00	5,550,930.30	48,673.17	5,599,603.47
Apr-19				-		-
May-19				-		-
Jun-19			-	-	-	-
Capital Reserve Detail						
	Restricted for Future Building Needs		787,022.93			
	Future Personnel Costs		107,173.00			
	Future 27th Payperiod		240,000.00			
	Future Operating Stabilization		274,708.07			
			1,408,904.00			
Designated and Authorized out of Operating Reserve						
	Future Vehicle Purchases		240,000.00			
	Public Health Emergency		500,000.00			
	Building Maintenance		250,000.00			
	Legal Defense		40,000.00			
			1,030,000.00			
Cash Restricted by Grant or Donor.						
	Restricted for Mammograms		9,006.56			
	Regional Behavior Health Board		56,468.03			
	EICAP Fit and Fall Funds		7,899.60			
	State Home Visit		85,530.46			
	Citizen Review Panel		2,425.87			
	Millennium Fund		46,059.19			
	Restricted for Medical Reserve Corp		3,514.10			
			210,903.81			

Board Summary Report
Eastern Idaho Public Health
Expenditure Summary

FY 2019

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DIVISION	Budget	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD	Percent used	remaining
BOARD OF HEALTH	16,688	625.25	484.04	1,997.01	1,353.67	-	1,686.19	600.98	958.69	991.67	-	-	-	8,697.50	52.12%	47.88%
EMERGENCY RESPONSE	-								-	-	-			0.00		
HEALTH EDUCATION EPIDEMIOLOGY & PREPAREDNESS	995,678	71,616.80	64,453.27	60,572.84	64,814.17	82,306.08	54,810.36	66,978.47	112,962.39	125,495.94	-	-	-	704,010.32	70.71%	29.29%
HEALTHCARE TRANSFORMATION	242,656	23,886.39	21,732.14	23,001.87	25,703.31	30,828.29	19,617.20	26,009.44	12,972.33	7,412.49	-	-	-	191,163.46	78.78%	21.22%
FAMILY COMMUNITY HEALTH	3,551,128	298,322.91	270,652.65	254,815.73	296,485.59	312,401.44	187,114.76	236,464.37	185,581.34	254,137.35	-	-	-	2,295,976.14	64.65%	35.35%
NUTRITION	1,097,538	106,801.40	116,448.07	93,966.98	90,198.98	96,434.88	66,043.89	82,766.58	84,458.59	90,374.49	-	-	-	827,493.86	75.40%	24.60%
ENVIRONMENTAL	1,068,138	92,373.47	76,940.92	87,322.97	84,143.19	92,456.64	63,421.63	77,545.22	81,719.32	78,555.39	-	-	-	734,478.75	68.76%	31.24%
GENERAL SUPPORT	1,183,670	69,139.98	74,981.34	67,726.47	77,920.60	83,910.19	83,177.87	69,871.15	74,627.28	86,211.80	-	-	-	687,566.68	58.09%	41.91%
SUBTOTAL	8,155,496	662,766.20	625,692.43	589,403.87	640,619.51	698,337.52	475,871.90	560,236.21	553,279.94	643,179.13	0.00	0.00	0.00	5,449,386.71	66.82%	33.18%
BUILDING PROJECT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A	N/A
COMMUNICATIONS EQUIP	-	-	-	-	-	-	-	-		-				0.00	N/A	N/A
COMPUTERS	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	N/A	N/A
VEHICLES	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	#DIV/0!
EQUIPMENT	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	N/A
LOAN PAYMENT	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	#DIV/0!
CAPITAL OUTLAY TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	#DIV/0!
TOTAL	8,155,496	662,766.20	625,692.43	589,403.87	640,619.51	698,337.52	475,871.90	560,236.21	553,279.94	643,179.13	-	-	-	5,449,386.71	66.82%	33.18%
PERCENTAGE OF TIME ELAPSED AND TIME REMAINING															75.00%	25.00%

Operating Cash Inflow	1,402,470.14	684,577.32	428,944.24	669,478.89	577,139.41	852,600.33	1,211,567.39	543,255.49	477,064.63	-	-	-		6,847,097.84
Operating Cash Outflow	647,678.43	607,874.86	612,634.21	631,402.04	709,512.99	469,562.90	559,923.79	547,151.38	639,913.98	-	-	-		5,425,654.58
Cash Provided (Used) by Operations	754,791.71	76,702.46	(183,689.97)	38,076.85	(132,373.58)	383,037.43	651,643.60	(3,895.89)	(162,849.35)	-	-	-		1,421,443.26
Cash used for Capital Expenditures	-	-	-	-	-	-	-	-	-	-	-	-		-
	-	-	-	-	-	-	-	-	-	-	-	-		-
Cash to (from) Reserve	754,791.71	76,702.46	(183,689.97)	38,076.85	(132,373.58)	383,037.43	651,643.60	(3,895.89)	(162,849.35)	-	-	-		1,421,443.26
														1,421,443.26

BOARD SUMMARY REPORT **FY 2019**

Eastern Idaho Public Health District
Revenue and Cash Flow

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CONTRACT REVENUE	BUDGET	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD	Percent of Budget
Family & Community Health Contract	1,113,757	76,116	105,486	78,494	60,710	102,402	128,092	107,556	92,222	71,032	-	-	-	822,108.45	73.81%
Nutrition Contract Total	1,189,220	143,176	121,926	131,445	9,866	105,690	119,333	81,059	96,645	99,062	-	-	-	908,201.91	76.37%
Environmental Health Contract Total	216,872	22,002	15,574	17,940	17,039	21,640	15,257	10,929	13,443	14,694	-	-	-	148,517.87	68.48%
Healthcare Transformation	270,644	41,018	30,758	25,733	26,790	26,754	31,610	22,693	35,692	4,166	-	-	-	245,212.36	90.60%
HEALTH EDUCATION EPIDEMIOLOGY & PREPAREDNESS	1,049,050	182,531	70,481	58,940	61,530	59,821	77,998	52,227	102,867	110,986	-	-	-	777,381.26	74.10%
TOTAL CONTRACTS	3,839,543	464,843	344,225	312,550	175,935	316,308	372,290	274,464	340,868	299,939	-	-	-	2,901,421.85	75.57%
FEE REVENUE															
Family & Community Health Fees	1,187,000	105,186	107,234	123,566	173,726	251,245	252,381	132,930	87,148	80,491	-	-	-	1,313,906.53	110.69%
HEALTH EDUCATION EPIDEMIOLOGY & PREPAREDNESS	15,000	828	941	794	5,214	201	576	1,611	1,413	160	-	-	-	11,739.40	78.26%
Environmental Health Fees Total	600,950	57,616	62,233	57,515	52,580	107,397	71,100	35,907	32,747	52,665	-	-	-	529,759.75	88.15%
TOTAL FEES	1,802,950	163,631	170,408	181,875	231,519	358,843	324,057	170,448	121,308	133,315	-	-	-	1,855,405.68	102.91%
SUB-TOTAL FEES & CONTRACTS	5,642,493	628,474	514,634	494,425	407,454	675,151	696,347	444,912	462,177	433,254	-	-	-	4,756,827.53	84.30%
GENERAL RECEIPTS															
County Appropriations	1,120,703	144,250	85,422	61,635	138,023	61,541	72,784	124,664	65,591	76,562	-	-	-	830,471.74	74.10%
County Building Loan Interest	0	-	-	-	-	-	-	o	-	-	-	-	-	-	N/A
INTEREST	35,000	6,447	7,365	8,037	8,075	8,687	8,192	8,757	10,855	10,348	-	-	-	76,763.32	219.32%
STATE APPROPRIATIONS	1,203,500	601,750	-	-	-	-	-	601,750	-	-	-	-	-	1,203,500.00	100.00%
SURPLUS PROPERTY	0	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A
REFUNDS	0	18	-	-	245	-	-	-	-	-	-	-	-	263.00	N/A
Miscellaneous	0	-	21	2,584	18	100	4,460	404	851	623	-	-	-	9,061.72	
														-	N/A
TOTAL GENERAL REVENUE	2,359,203	752,466	92,808	72,256	146,362	70,327	85,436	735,576	77,297	87,533	-	-	-	2,120,059.78	89.86%
GRAND TOTAL	8,001,696	1,380,939	607,442	566,681	553,816	745,478	781,783	1,180,487	539,473	520,787	-	-	-	6,876,887.31	85.943%
												AMOUNT OF YEAR ELAPSED			75.00%
Total Fam. & Community Health Revenue	2,300,757	181,302	212,720	202,059	234,436	353,647	380,473	240,485	179,370	151,522	-	-	-	2,136,014.98	92.84%
Total Nutrition Revenue	1,189,220	143,176	121,926	131,445	9,866	105,690	119,333	81,059	96,645	99,062	-	-	-	908,201.91	76.37%
Total Environmental Revenue	817,822	79,618	77,807	75,455	69,619	129,037	86,357	46,836	46,190	67,359	-	-	-	678,277.62	82.94%
Total Healthcare Transformation	270,644	41,018	30,758	25,733	26,790	26,754	31,610	22,693	35,692	4,166	-	-	-	245,212.36	90.60%
Total Health Ed. Epi & Preparedness	1,064,050	183,360	71,423	59,734	66,744	60,023	78,574	53,838	104,280	111,146	-	-	-	789,120.66	74.16%
CASH FLOW SUMMARY															
Total Revenue and Appropriations	8,001,696	1,380,939	607,442	566,681	553,816	745,478	781,783	1,180,487	539,473	520,787	-	-	-	6,876,887.31	
Decrease (Increase) Accounts Receivable		21,531	77,135	(137,737)	115,663	(168,338)	70,818	31,080	3,782	(43,723)				(29,789.47)	
Change in Accrued Exp/Revenue		15,088	17,818	(23,230)	9,217	(11,175)	6,309	312	6,129	3,265				23,732.13	
Total Expenditures	8,155,496	662,766	625,692	589,404	640,620	698,338	475,872	560,236	553,280	643,179	-	-	-	5,449,386.71	
Change in Cash		754,792	76,702	(183,690)	38,077	(132,374)	383,037	651,644	(3,896)	(162,849)	-	-	-	1,421,443.26	
Cash Balance Beginning of period		4,178,160	4,932,952	5,009,654	4,825,964	4,864,041	4,731,668	5,114,705	5,766,349	5,762,453	5,599,603	5,599,603	5,599,603	4,178,160.21	
Cash Balance End of Current Period		4,932,952	5,009,654	4,825,964	4,864,041	4,731,668	5,114,705	5,766,349	5,762,453	5,599,603	5,599,603	5,599,603	5,599,603	5,599,603.47	
Cash Balance Reserved by Board for Capital Projects		720,196	720,196	720,196	1,408,904	1,408,904	1,408,904	1,408,904	1,408,904	1,408,904	-	-	-	-	
Unrestricted Cash Balance		4,212,756	4,289,458	4,105,768	3,455,137	3,322,764	3,705,801	4,357,445	4,353,549	4,190,699	5,599,603	5,599,603	5,599,603	5,599,603.47	

LEGISLATURE OF THE STATE OF IDAHO
Sixty-fifth Legislature First Regular Session - 2019

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 151

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO FOOD ESTABLISHMENTS; AMENDING SECTION 39-1607, IDAHO CODE, TO REVISE PROVISIONS REGARDING CERTAIN FEES; AND DECLARING AN EMERGENCY.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 39-1607, Idaho Code, be, and the same is hereby amended to read as follows:

39-1607. LICENSE AND OTHER FEES -- PROHIBITION ON ADDITIONAL FEES. (1) A fee may be charged by the department of health and welfare's regulatory authority for licensing a food establishment.

~~(a) The fee per food establishment for licenses issued from July 1, 2009, through June 30, 2010, shall be:~~

~~(i) Sixty-five dollars ($65.00) for temporary food establishments, intermittent food establishments and mobile food establishments without a commissary;~~

~~(ii) Seventy-five dollars ($75.00) for mobile food establishments with a commissary;~~

~~(iii) Ninety-five dollars ($95.00) for all other food establishments, except for food establishments with more than two (2) licenses on one (1) premises under common ownership; and~~

~~(iv) One hundred seven dollars and fifty cents ($107.50) for food establishments with more than two (2) licenses on one (1) premises under common ownership.~~

~~(b)~~ The fee per food establishment per year for licenses ~~issued on and after July 1, 2010,~~ shall be:

(a) Thirty-five dollars ($35.00) for a temporary food establishment operating for one (1) day, forty-five dollars ($45.00) for a temporary food establishment operating for two (2) or three (3) days, and seventy-two dollars ($72.00) for a temporary food establishment operating for four (4) or more days or at multiple events;

(~~i~~b) Sixty-five dollars ($65.00) for ~~temporary food establishments,~~ intermittent food establishments and mobile food establishments without a commissary;

(~~ii~~c) Eighty-five dollars ($85.00) for mobile food establishments with a commissary;

(~~iii~~d) One hundred twenty-five dollars ($125) for all other food establishments, except for food establishments with more than two (2) licenses on one (1) premises under common ownership; and

(~~iv~~e) One hundred fifty dollars ($150) for food establishments with more than two (2) licenses on one (1) premises under common ownership.

(2) ~~A license issued to a temporary or intermittent food establishment by a regulatory authority shall be valid only for the celebration or event for which the license was issued; however, no additional license fee will be~~

~~charged by a regulatory authority to a temporary or intermittent food establishment for other celebrations or events within the same calendar year and with the same menu.~~ Effective January 1, 2020, the fee per food establishment per year for licenses shall be:

(a) Thirty-five dollars ($35.00) for a temporary food establishment operating for one (1) day, forty-five dollars ($45.00) for a temporary food establishment operating for two (2) or three (3) days, and seventy-two dollars ($72.00) for a temporary food establishment operating for four (4) or more days or at multiple events;

(b) Seventy-two dollars ($72.00) for intermittent food establishments;

(c) Seventy-two dollars ($72.00) for mobile food establishments without a commissary;

(d) Ninety-two dollars ($92.00) for mobile food establishments with a commissary;

(e) One hundred sixty dollars ($160) for all other food establishments, except for food establishments with more than two (2) licenses on one (1) premises under common ownership; and

(f) Two hundred dollars ($200) for food establishments with more than two (2) licenses on one (1) premises under common ownership.

(3) Effective January 1, 2022, the fee per food establishment per year for licenses shall be:

(a) Thirty-five dollars ($35.00) for a temporary food establishment operating for one (1) day, forty-five dollars ($45.00) for a temporary food establishment operating for two (2) or three (3) days, and eighty dollars ($80.00) for a temporary food establishment operating for four (4) or more days or at multiple events;

(b) Eighty dollars ($80.00) for intermittent food establishments;

(c) Eighty dollars ($80.00) for mobile food establishments without a commissary;

(d) One hundred dollars ($100) for mobile food establishments with a commissary;

(e) Two hundred dollars ($200) for all other food establishments, except for food establishments with more than two (2) licenses on one (1) premises under common ownership; and

(f) Two hundred fifty dollars ($250) for food establishments with more than two (2) licenses on one (1) premises under common ownership.

(4) Effective July 1, 2019, in addition to other fees assessed by this section, the designated regulatory authority may assess:

(a) A plan review and preoperational inspection fee of one hundred dollars ($100);

(b) A late fee for any fees paid past the applicable deadline;

(c) A license reinstatement fee of eighteen dollars ($18.00);

(d) A request for variance fee of fifty dollars ($50.00) per hour;

(e) A compliance conference fee of one hundred dollars ($100) per hour;

(f) Enforcement and legal fees of one hundred fifty dollars ($150) per hour; and

(g) Fees covering operational costs for inspections conducted pursuant to federal law or regulation.

(~~3~~5) Fees collected for licensing a food establishment shall be used by the designated regulatory authority for funding a portion of the food safety inspection program. The designated regulatory authority may not impose fees on food establishments in addition to those provided by this section or specifically authorized by other applicable law.

(~~4~~6) ~~On and after January 1, 2010, t~~The regulatory authority shall review at three (3) year intervals the cost data associated with the operation of the food safety inspection program as well as actions taken to increase the efficiency of such program and provide a report on ~~same~~ such review to the health and welfare committees of the Idaho legislature.

SECTION 2. An emergency existing therefor, which emergency is hereby declared to exist, this act shall be in full force and effect on and after its passage and approval.

STATEMENT OF PURPOSE

RS26712C1

This bill makes changes and clarifications to the licensing and fees of food establishments by creating a more equitable system for temporary and intermittent food licenses, by gradually increasing the food licensing fees on all licenses in 2020 and 2022, by allowing late fees, plan review and pre-operational inspection fees to be charged, and by clarifying that Public Health Districts cannot implement or charge any additional fees or licenses for this program outside of this statute, and provides legislative oversight.

FISCAL NOTE

There is no negative fiscal effect on the general fund. The reduced state and county funds needed for this program due to the increased fees will allow the Public Health Districts to reallocate the money to be used towards other programs within the Districts that benefit the public health of Idahoans.

Contact:

Representative Megan Blanksma
Senator Jim Guthrie
(208) 332-1000

2019 Legislation

HOUSE BILL 151

The status of each bill, resolution, proclamation, and memorial is updated when the offices of the Secretary of the Senate and the Chief Clerk of the House publish the un-official daily journals and should not be deemed official. The official bill actions are located in the final journal, which are maintained by the offices of the Secretary of the Senate and the Chief Clerk of the House. **The daily journals are published at the end of each legislative day.**

Full Bill Information

Individual Links:

Bill Text
Statement of Purpose / Fiscal Note

H0151 by HEALTH AND WELFARE COMMITTEE

FOOD ESTABLISHMENTS – Amends existing law to revise provisions regarding licensing and other fees for food establishments.

02/13 Introduced, read first time, referred to JRA for Printing

02/14 Reported Printed and Referred to Health & Welfare

02/22 Reported out of Committee with Do Pass Recommendation, Filed for Second Reading

02/25 Read second time; Filed for Third Reading

02/26 U.C. to hold place on third reading calendar one legislative day

02/27 U.C. to hold place on third reading calendar one legislative day

02/28 Read Third Time in Full – **PASSED - 35-27-8**
AYES – Abernathy(Nye), Amador, Anderson, Anderst, Andrus, Armstrong, Berch, Blanksma, Davis, Dayley, Ellis, Erpelding, Furniss, Gannon, Gibbs, Goesling, Green(18), Hartgen, Holtzclaw, Horman, Kauffman, Kingsley, Lickley, Marshall, Mason, McCrostie(Nash), Raybould, Raymond, Smith, Syme, Toone, Troy(Maurin), Wintrow, Wood, Youngblood
NAYS – Addis, Boyle, Chaney, Christensen, Collins, Crane, DeMordaunt, Gestrin, Giddings, Harris, Kerby, Mendive, Monks, Moon, Moyle, Nichols, Palmer, Ricks, Scott, Shepherd, Stevenson, Vander Woude, Wagoner, Wisniewski, Young, Zito, Zollinger
Absent – Barbieri, Chew, Clow, Dixon, Ehardt, Green(2), Rubel, Mr. Speaker
Floor Sponsor - Blanksma
Title apvd - to Senate

03/01 Received from the House passed; filed for first reading
Introduced, read first time; referred to: Health & Welfare

03/05 Reported out of Committee with Do Pass Recommendation; Filed for second reading

03/06 Read second time; filed for Third Reading

03/12 Read third time in full – **PASSED - 32-1-2**

AYES – Agenbroad, Bair, Bayer, Brackett, Buckner-Webb, Burgoyne, Cheatham, Den Hartog, Grow, Guthrie, Harris, Heider, Hill, Johnson, Jordan, Lakey, Lee, Lent, Lodge, Martin, Mortimer, Nelson, Nye, Patrick, Rice, Souza, Stennett, Thayn, Vick, Ward-Engelking, Winder, Woodward

NAYS – Crabtree

Absent and excused – Anthon, Burtenshaw

Floor Sponsor - Guthrie

Title apvd - to House

03/13 Returned from Senate Passed; to JRA for Enrolling

03/14 Reported Enrolled; Signed by Speaker; Transmitted to Senate

03/15 Received from the House enrolled/signed by Speaker

Signed by President; returned to House

03/18 Returned Signed by the President; Ordered Transmitted to Governor

03/19 Delivered to Governor at 10:10 a.m. on March 18, 2019

03/18 Reported Signed by Governor on March 18, 2019

Session Law Chapter 95

Effective: 03/18/2019

A RESOLUTION OF TO OPPOSING THE LEGALIZATION OF RECREATIONAL (NON-MEDICAL) MARIJUANA

WHEREAS, the Idaho Association of District Boards of Health is committed to the health and welfare of its citizens; and

WHEREAS, the Idaho Association of District Boards of Health strongly supports the success and positive future of the State's youth; and

WHEREAS, the sale, distribution, and possession of marijuana remains illegal under State and federal law; and

WHEREAS, studies from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, establishes that marijuana, like cigarettes, is addictive[1]; and

WHEREAS, recent analysis from the National Institute on Drug Abuse reveals the potency of marijuana has reached the highest level since scientific analysis of the drug began, with tetrahydrocannabinol (THC) [the principal psychoactive constituent of the cannabis plant] amounts rising from 4 percent in 1980s to 15 percent in 2012[2]; and

WHEREAS, marijuana concentrates, with potencies of 90 percent THC and above, [3] are becoming more and more common in states that have legalized marijuana, sold on their own or as part of kid-friendly edible products like candy, lollipops, and gummy bears indistinguishable from non-pot-laced products; and

WHEREAS, the higher potency of today's marijuana may be contributing to the substantial increase in the number of teenagers and adults in treatment for marijuana dependence[4]; and

[1] "Is marijuana addictive?" *National Institute on Drug Abuse (NIDA).* Web. 24 May 2016. Available at http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive.

[2] "Marijuana: Facts Parents Need to Know," *National Institute on Drug Abuse (NIDA).* Web. 24 May 2016. Available at https://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/want-to-know-more-some-faqs-about-marijuana.

[3] "Concentrates 101: What's on the market, from kief and CO2 oil to BHO." *The Cannabist.* Web. 24 May 2016. Available at http://www.thecannabist.co/2015/06/19/marijuana-concentrates-kief-bho-water-hash-co2-oil-wax-shatter/36386/.

[4] *See, e.g.*, van der Pol, et al. (2014), Cross-sectional and prospective relation of cannabis potency, dosing and smoking behaviour with cannabis dependence: an ecological study. Addiction, 109: 1101–1109.

WHEREAS, in the first two years of legalization in Colorado, arrests of Hispanic and African-American minors rose 29 percent and 58 percent, respectively[6]; and

WHEREAS, marijuana shops in our neighborhoods that sell kid-friendly pot products like candy, lollipops, and gummy bears near where our children live, are a risk to public health and safety; and

WHEREAS, Colorado, one of the first states to legalize marijuana, is now ranks first in the nation for marijuana use among 12 to 17 year-olds, according to SAMHSA[7]; and

WHEREAS, marijuana use by minors is strongly associated with other illicit drug use and abuse/dependence,[8] as well as dependence on tobacco[9]; and

WHEREAS, adults who use marijuana are five times more likely to develop an alcohol problem[10]; and

WHEREAS, scientific research establishes that marijuana use is harmful to the adolescent brain, affecting memory, thinking, pleasure, concentration, learning, sensory and time perception, and coordinated movement[11]; and

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[6] Colorado Department of Public Safety. *Marijuana Legalization in Colorado, Early Findings: A Report Pursuant to Senate Bill 13-283.* N.p.: n.p., n.d. Mar. 2016. Web. 25 May 2016. Available at http://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf.

[7] "National Survey on Drug Use and Health: Comparison of 2012-2013 and 2013-2014 Population Percentages (50 States and the District of Columbia)." 2013-2014 *National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia).* SAMHSA, n.d. Web. 25 May 2016. Available at: http://www.samhsa.gov/data/sites/default/files/NSDUHsaeShortTermCHG2014/NSDUHsaeShortTermCHG2014.htm.

[8] Agrawal A, Neale MC, Prescott CA, Kendler KS. A twin study of early cannabis use and subsequent use and abuse/dependence of other illicit drugs. *Psychol Med.* 2004;34(7):1227-1237.

[9] Panlilio LV, Zanettini C, Barnes C, Solinas M, Goldberg SR. Prior exposure to THC increases the addictive effects of nicotine in rats. *Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol.* 2013;38(7):1198-1208.

[10] Weinberger, Andrea H., Jonathan Platt, and Renee D. Goodwin. "Is Cannabis Use Associated With An Increased Risk Of Onset And Persistence Of Alcohol Use Disorders? A Three-Year Prospective Study Among Adults In The United States". *Drug and Alcohol Dependence* 161 (2016): 363-367. Web. 25 May 2016.

[11] *See, e.g.*, "DrugFacts: Marijuana." *DrugFacts*. *National Institute on Drug Abuse (NIDA),* Mar. 2016. Web. 24 May 2016. Available at https://www.drugabuse.gov/publications/drugfacts/marijuana; Medina et al. "Neuropsychological Functioning in Adolescent Marijuana Users: Subtle Deficits Detectable after a Month of Abstinence." *Journal of the International Neuropsychological Society : JINS*13.5 (2007): 807–820. *PMC*. Web. 24 May 2016, available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2269704/.

WHEREAS, primary marijuana abuse accounted for 56 percent of all substance abuse treatment admissions for youth between 15-19 years of age, compared to 24 percent for alcohol, according to SAMHSA 2007 National Treatment Episode Data Set[12]; and

WHEREAS, the American Medical Association (AMA), the largest national physician organization in the country, pursuant to H-95.998 AMA Policy Statement on Cannabis, believes that (1) cannabis is a dangerous drug and as such is a public health concern; (2) sale of cannabis should not be legalized; (3) public health based strategies, rather than incarceration, should be utilized in the handling of individuals possessing cannabis for personal use; and (4) additional research should be encouraged[13]; and

WHEREAS, research by J. Jacobus and S. Bava on the functional consequences of marijuana use by adolescents establishes that marijuana use reduces inhibitions and can lead to risky behaviors, distorted perception, impaired coordination, and can cause difficulty with thinking, problem solving and difficulty with learning and memory[14]; and

WHEREAS, the threat to public safety caused by use of drugs, including marijuana, in terms of highway safety, criminal activity and domestic violence are well-documented; and

WHEREAS, according to the AAA Foundation for Traffic Safety, marijuana-related traffic fatalities in Washington state doubled from 2012, the year it legalized recreational (non-medical) marijuana, to 2014[15];

WHEREAS, according to the office of the Rocky Mountain High-Intensity Drug Trafficking Area, traffic fatalities in Colorado in which a driver tested positive for marijuana increased an average of 15 percent per year from 2009 (when medical marijuana became widely commercialized) to 2014[16];

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[12] "Treatment Episode Data Set (TEDS) 1997-2007." *Substance Abuse and Mental Health Services Administration, Office of Applied Studies.* August 2009. Web. 24 May 2016. Available at http://wwwdasis.samhsa.gov/teds07/TEDS2k7A508Web.pdf.

[13] "H-95.998 AMA Policy Statement on Cannabis." *American Medical Association.* Web. Available at http://www.ama-assn.org/ssl3/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=/resources/html/PolicyFinder/policyfiles/HnE/H-95.998.HTM.

[14] Jacobus, J., S. Bava, M. Cohen-Zion, O. Mahmood, and S.f. Tapert. "Functional Consequences of Marijuana Use in Adolescents." *Pharmacology Biochemistry and Behavior* 92.4 (2009): 559-65. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697065/.

[15] "Prevalence of Marijuana Use Among Drivers in Fatal Crashes: Washington, 2010-2014." *AAA Foundation for Traffic Safety*. N.p., May 2016. Web. 23 May 2016. Available at https://www.aaafoundation.org/prevalence-marijuana-use-among-drivers-fatal-crashes-washington-2010-2014.

[16] "The Legalization of Marijuana in Colorado: The Impact, vol. 3," *Rocky Mountain High-Intensity Drug Trafficking Area* (Sep. 2015) (citing data from National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2013 and CDOT/RMHIDTA 2014). Available at http://www.rmhidta.org/html/2015%20final%20legalization%20of%20marijuana%20in%20colorado%20the%20impact.pdf.

WHEREAS, according to Quest Diagnostics, employers in the states of Colorado and Washington have rates of positive workplace marijuana tests well above the national average, and that rate is growing faster in both states than in the United States as a whole[17]; and

WHEREAS, the Idaho Association of District Boards of Health believes the effort to legalize marijuana is contrary to the interests of the public health, safety and welfare of its citizens, and desires to preserve the rights of citizens to live, work and play in communities where drug abuse is not accepted and citizens are not subjected to the adverse effects of drug abuse; and

NOW, THEREFORE, be it RESOLVED, that the Idaho Association of District Boards of Health opposes legalizing the production, sale, distribution and possession of recreational (non-medical) marijuana, hashish, marijuana concentrates, and products made from marijuana concentrates.

Adopted by the Idaho Association of District Boards of Health
Date
Updated Resolution 17-03, Date

[17] "Press Releases." *Quest Diagnostics Newsroom*. Quest Diagnostics, 11 Sept. 2014. Web. 24 May 2016. Available at http://newsroom.questdiagnostics.com/2014-09-11-Workforce-Drug-Test-Positivity-Rate-Increases-for-the-First-Time-in-10-Years-Driven-by-Marijuana-and-Amphetamines-Finds-Quest-Diagnostics-Drug-Testing-Index-Analysis-of-Employment-Drug-Tests.

EASTERN IDAHO PUBLIC HEALTH

SUBGRANT SUMMARY

4/18/19

RENEWED OR AMENDED SUBGRANTS

Subgrant/Contract Title	Grantor/Contractor	R(Renew)/ A(Amend)	Start Date	End Date	Last Funding Amount	New Funding Amount	Comments
Family Planning - Title X	IDHW	A1	9/12/2019	3/31/2019	$188,620.00	$7,332.00	Added funding
HIV/AIDS Surveillance	IDHW	A3	5/18/2019	6/30/2019	$1,494.00	$1,494.00	Added funding
HOPWA - HIV Case Management	Idaho Housing & Finance Association	A2	2/1/2018	1/31/2021	$66,725.00	$29,000.00	Added funding
Hypertension, Diabetes, Stroke Prevention	IDHW	A1	9/30/2018	6/29/2019	$38,180.00	($3,500.00)	Reduced funding (not able to spend out)
Oral Health	IDHW	A1	10/1/2018	6/30/2019	$69,504.00	($11,869.10)	reduced term/funding by 3 months
Seat Belt Observations	Idaho Department of Transportation, Office of Highway Safety	R	6/3/2019	8/16/2019	$6,000.00	Actual Costs Incurred	Annual Renewal
STD/HIV Prevention	IDHW	A1	1/1/2019	12/31/2019	$72,055.00	$5,500.00	Added funding for jail testing/treatment
TB Control	IDHW	A3	1/1/2018	12/31/2019	$3,156.00	$1,758.00	Added funding
		A4	1/1/2018	12/31/2019		$1,758.00	Added fudning
Tobacco Education & Prevention	IDHW	R	3/29/2019	4/28/2020	$54,735.00	$61,590.00	Annual Renewal

RESOLUTION TO SUPPORT AWARENESS, EDUCATION AND PREVENTION OF SUICIDE

WHEREAS, suicide is the 10th leading cause of death in the US[1]; and

WHEREAS, in 2017, 47,173 Americans died by suicide and an estimated 1,400,000 attempted suicide[1]; and

WHEREAS, in 2015, suicide and self-injury cost the US $69 billion[2]; and

WHEREAS, per 100,000 Idaho ranks 5th in the nation for deaths by suicide[2]; and

WHEREAS, more than 12 times as many people die by suicide in Idaho annually than by homicide making suicide the 2nd leading cause of death for ages 15-44[2]; and

WHEREAS, evidence indicates that suicide can be prevented by coverage of mental health conditions in health insurance policies and reduce provider shortages in underserved areas[4]; and

WHEREAS, educating the public on the primary methods and warning signs of suicide, promoting gatekeeper training, and providing access in local communities to treatment for people at risk of suicide are best practices[4]; and

WHEREAS, Idaho Public Health Districts are responsible to promote and protect the health of Idaho citizens; and

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support promoting strategies and the best available evidence recommendations in all 44 counties to create awareness and educate our population on suicide prevention.

THEREFORE, BE IT FURTHER RESOLVED, that Idaho Public Health Districts seek opportunities to collaborate with stakeholders to help communities improve their focus on prevention activities with the greatest potential to prevent suicide.

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1. Centers for Disease Control and Prevention: Data & Statistics Fatal Injury Report (2017)
2. Centers for Disease Control and Prevention: Data & Statistics Fatal Injury Report (2016)
3. American Foundation for Suicide Prevention (2019)
4. National Center for Injury Prevention and Control, Division of Violence Prevention, Preventing Suicide: A Technical Package of Policy, Programs and Practices (2017) https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf

RESOLUTION TO SUPPORT RAISING THE MINIMUM AGE OF LEGAL ACCESS AND USE OF TOBACCO PRODUCTS IN IDAHO TO AGE 21

WHEREAS, Tobacco remains the leading cause of preventable disease and premature death in the U.S., and one of the largest drivers of health care costs[1], and

WHEREAS, Each year approximately 1,800 Idahoans die from tobacco use with 600 Idaho youth becoming new regular, daily smokers[2], and.

WHEREAS, 95% of current adult smokers began using tobacco before age 21, and the ages of 18 to 21 are a critical period when many experimental smokers transition to regular, daily use[3], and

WHEREAS, nearly all smokers start as kids or young adults, and these age groups are heavily targeted by the tobacco industry[3], and

WHEREAS, Adolescents are more likely to obtain cigarettes from social sources than through commercial transactions, and youth who reported receiving offers of cigarettes from friends were more likely to initiate smoking and progress to experimentation[3], and

WHEREAS, In Idaho, e-cigarettes are the most commonly used "tobacco" product among Idaho students as 14.3% of students used an electronic vapor product in the past 30 days and nearly half of all Idaho high school students have used an electronic vapor product at least once during their lifetime[4], and

WHEREAS, the American Academy of Pediatrics now strongly recommends the minimum age to purchase tobacco products, including e-cigarettes, should be increased to age 21 nationwide[5], and

WHEREAS, the U.S. Army Public Health Command says soldiers who smoke are less combat ready and take longer to heal and the U.S. Department of Defense is taking steps to ban all tobacco sales on military bases[6], and

WHEREAS, As of March 2019, nine states – California, Hawaii, Massachusetts, Maine, New Jersey, Oregon, Virginia, Utah and Washington – have raised the tobacco age to 21, along with at least 440 localities, including New York City, Chicago, San Antonio, Boston, Washington, DC, Cleveland, Minneapolis, and both Kansas Cities[3]

WHEREAS, Smoking-caused health costs in Idaho total more than $508 million per year, including more than $100.5 million in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs[3], and

WHEREAS, The tobacco industry aggressively markets and promotes its products to continue recruiting young adults as new consumers. Despite legal settlements and laws, the tobacco companies still spend $9.5 billion per year to market their deadly and

addictive products, and they continue to entice and addict America's youth[7], and

WHEREAS, The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults and predicted that raising the age now to 21 nationwide would result in approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019[8], and

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health supports raising the minimum age of legal access and use of tobacco products, including electronic vapor products, in Idaho to 21 years of age. District public health staff will actively engage in local and statewide efforts to support this public health policy.

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