

## BOARD OF HEALTH - MEETING AGENDA

Notice is hereby given that Eastern Idaho Public Health’s Board of Health will hold a meeting via conference on Thursday, April 1, 2021, at 7:00 a.m. at its Bonneville County office, 1250 Hollipark Drive, Idaho Falls, Idaho. The meeting room will accommodate seating for approximately 6 people. Social distancing will be required and masks must be worn. Any person who does not wish to social distance or wear a mask will not be allowed to enter and is invited to observe the meeting through live streaming. No outdoor viewing option will be available. No verbal public comments will be accepted during the meeting.

### AGENDA Thursday, April 1, 2021 7:00 a.m.

View Live on EIPH’s YouTube Channel:  
<https://www.youtube.com/channel/UCaiWpioiGwhF95yxXgM01VA>

1. Call to Order and Roll Call .....Chairman Reed
2. Approval of Consent Agenda (**Action**).....Chairman Reed
  - a. Approval of March 4, 2021 Meeting Minutes
  - b. FY21 Year-to-date Financial Report
  - c. Subgrant Ratification
3. Legislative Update ..... Chairman Reed, Bill Leake, & Geri Rackow
4. Fiscal Year 2022 Budget Planning.....Geri Rackow/Steven Thomas
5. COVID-19 Situational Report.....Geri Rackow, James Corbett & Amy Gamett
  - a. Regional Hospital Report ..... David Hoffenberg
  - b. COVID-19 Data Review
  - c. Vaccination Rollout Update

**BOARD OF HEALTH MEETING MINUTES**  
**March 4, 2021**  
**7:00 a.m.**

<b>PRESENT:</b>	<b><u>BOARD OF HEALTH MEMBERS</u></b>	<b><u>STAFF MEMBERS</u></b>
	Bryon Reed, Commissioner, Chairman	Gerri Rackow
	Bill Leake, Teton County, Trustee	James Corbett
	Blair Dance, Commissioner	Angy Harwood
	Leah Madsen, Commissioner	Cheryl O'Connell
	Shayne Young, Commissioner	Amy Gamett
	Barbara Nelson, MD, Vice Chair	Kellye Johnson
	Greg Shenton, Commissioner	Steve Thomas
	Brent Mendenhall, Commissioner	Mallory Johnson
	Wayne Butts, Commissioner	

**1. Call Board Meeting to Order**

Chairman Reed called the meeting order at 7:00 a.m. This meeting is being held virtually and it is being streamed live through EIPH's YouTube channel. EIPH staff is present at the Idaho Falls office where there is also a space for the public to view in person.

**MOTION:** Commissioner Mendenhall made a motion to amend the agenda to include Madison County in agenda item #7, Discussion and Vote regarding Rescinding Order of Restriction.

**SECOND:** Commissioner Dance

**ACTION:** MOTION CARRIED

Bill Leake requested agenda item #7, Discussion and Vote regarding Rescinding Order of Restriction, be discussed prior to agenda item #6, Discussion and Vote Regarding Revising the EIPH COVID-19 Regional Response Plan.

Chairman Reed requested agenda item #11, Division Reports/Presentations, be move ahead on the agenda and follow item #3, Reports from Regional Healthcare Partners.

**2. Approval of the February 4, 2021 Board of Health Minutes**

**MOTION:** Commissioner Young made a motion to approve the February 4, 2021 meeting minutes.

**SECOND:** Dr. Nelson

**ACTION:** MOTION CARRIED UNANIMOUSLY

**3. Reports from Regional Healthcare Partners**

a. Eastern Idaho Regional Medical Center (EIRMC)

David Hoffenberg, Chief Operating Officer, reports an uptick in COVID cases, which had been as low as 6 but are now up to 20 with 4 in the ICU. COVID cases from outside our area are from Wyoming, Teton Valley, and Lost River. They are seeing a much lighter flu and RSV season and feel masking has been a factor in this. They are in a good position with staffing.

b. Idaho Falls Community Hospital (IFCH)

Casey Jackman, Chief Operating Officer, reports they have also seen an increase in COVID cases. They currently have 14 COVID patients with 1 in the ICU; all the patients are from our health district's region. Of the 14 patients they have 2 that have been vaccinated with two doses of the COVID-19 vaccine. While the number of patients has increased, the acuity is down. They are doing well with supplies and staffing; they did have contract staff through February.

c. Madison Memorial Hospital

Dr. Rachel Gonzales, Chief Executive Officer, reports an uptick in cases as well, but also reports the severity is less. They have seen no flu or RSV this year. Since the employees have been vaccinated their employee absences have gone down.

4. COVID-19 Situational Report

a. COVID-19 Data Review

Mr. Corbett reviewed the active case rates and hospitalizations by county. There has been an increase in cases over the past couple of weeks with multiple factors contributing to this, including individuals who are not isolating when they are ill or have been exposed and the schools being in full session (not necessarily due to students in the classrooms, but associated extracurricular activities).

b. Vaccination Rollout Update

- The state dashboard is down this morning, so Ms. Gamett was not able to review the numbers. Providers are working hard to get the 65+ population vaccinated. EIPH has administered 100% of their vaccine with no wasted doses.
- The next priority group, Idaho Subgroup 2.3, will be eligible to start receiving the vaccine on 3/15/2021. Ms. Rackow reviewed those professions included in this subgroup. She also reported that EIPH and the providers in our district are prepared to move forward with this group.
- The Johnson & Johnson vaccine was approved by the FDA for emergency use. EIPH received some of the vaccine this week and will have an additional clinic in Idaho Falls on March 6. At this time, clients are not able to choose which vaccine they receive. The national recommendation is that people take what vaccine they can get and not wait for their preferred brand.
- 260,000 people have been vaccinated in Idaho. EIPH has administered 20,000 vaccines.
- In the nation, there has been a reduction in cases for healthcare workers since they have been vaccinated.
- The COVID-19 Vaccine Advisory Committee (CVAC) will meet on 3/5/21 to discuss Idaho Subgroup 3.0, which includes people age 16-64 years with underlying health conditions and other essential workers.
- On 3/5/2021, the state will rollout a registration tool that will allow people to sign up to be connected to a provider for COVID-19 vaccination. EIPH currently has our own waiting list that people may register on via our website or by calling our office.
- A Spanish clinic was held last Saturday but participation was low. Ms. Rackow reports EIPH will continue efforts with outreach to this population.
- Mr. Corbett reports we are currently receiving vaccine based on the population of individuals aged the 65 and older; however, beginning next week, allocation will be based on total population numbers.

5. Division Reports/Presentations

a. Hepatitis C Treatment Program

This program implemented at EIPH helps individuals with Hepatitis C navigate treatment options, insurance and other funding options. Ms. Gamett reports the first client we served in this program has been declared cured. A second client is now being served in the program.

b. Drug Overdose Prevention Program

Mallory Johnson provided an update on the Drug Overdose Prevention Program (DOPP). DOPP focuses on opioid prevention work through public safety partnerships, public and prescriber education, local capacity building, and the social determinants of health. They are currently providing Drug Overdose Prevention and Response Training to participating organizations, distributing Narcan boxes, and Deterra bags.

c. WIC Food Package Update

Ms. Harwood provided an update on WIC (Women, Infants, and Children Program) and reported that EIPH currently serves over 6,000 participants. She also provided information on remote WIC, curbside assistance, breastfeeding support, online application, and national legislation on increasing fresh fruits and vegetables for participants.

d. **Environmental Health**

- i. **Septic Program:** Ms. Johnson provided information on findings during an audit done last fall, with overall good results. She is working with our Environmental Health software vendor, Paragon, to make changes to the septic permitting program, including changes to the septic permit language.
- ii. **Childcare Inspection Program:** Ms. Johnson reviewed the checklist for childcare inspections that includes new requirements that went into effect in October of 2020.

6. **Discussion and Vote regarding Rescinding Order of Restriction in Teton and Madison Counties**

- We currently have Public Health Orders that require face coverings in Teton and Madison Counties. Teton County has met the metric of an active rate under 15/10,000 for more than 14 consecutive days; however, for the past two days, the active rate has been above 15/10,000. Madison County has not yet met the metric for rescinding its Order.
- Mr. Leake has discussed the lifting of the order with Teton County elected officials on Monday. They would prefer a transition period prior to lifting EIPH's Public Health Order which would allow them to educate community members and businesses on the importance of continuing to follow mitigation strategies and the local mask orders in place in the County.
- Discussion followed.

**MOTION:** Commissioner Mendenhall made a motion to lift the Order of Restriction in Teton and Madison County effective March 18, 2021.

**SECOND:** Mr. Leake

**ACTION:** Roll Call Vote: Bill Leake, yes; Commissioner Dance, yes; Commissioner Madsen, yes; Commissioner Young, yes; Commissioner Shenton, yes; Commissioner Mendenhall, yes; Commissioner Butts, yes; Dr. Nelson, no.  
**MOTION CARRIED**

7. **Discussion and Vote Regarding Revising the EIPH COVID-19 Regional Response Plan**

Ms. Rackow provided an overview of EIPH's response to the COVID-19 pandemic over the last year. The Regional Response Plan was devised to help slow the spread of the virus and assist in not overwhelming hospitals with COVID patients so hospital capacity could be maintained for all people needing hospital care. With a reduction in COVID cases and hospitalizations since December (until the past two weeks); reports from hospitals that they have been able to better manage COVID patients; some effective COVID treatments now available; healthcare staff as well as staff and resident of long term facilities now being vaccinated; 50% of those aged 65+ years being vaccinated; and the general public being educated on the measures to take to protect themselves and slow the spread of the virus, the imminent threat of COVID-19 has subsided and Ms. Rackow feels that public health orders are no longer justified. However, this does not mean that EIPH does not still strongly recommend that everyone continue to follow the mitigation strategies that we have been promoting and providing education to the public over the past year. Ms. Rackow reviewed proposed changes to the EIPH COVID-19 Regional Response Plan. Discussion followed.

**MOTION:** Commissioner Young made a motion to approve changes to the Regional Response Plan as presented.

**SECOND:** Commissioner Shenton

**ACTION:** Roll Call Vote: Bill Leake, yes; Commissioner Dance, yes; Commissioner Madsen, yes; Commissioner Young, yes; Commissioner Shenton, yes; Commissioner Mendenhall, yes; Commissioner Butts, yes; Dr. Nelson, no.  
**MOTION CARRIED**

Ms. Rackow will draft and distribute a Public Health Notice that will provide recommendations for everyone to continue following until the pandemic is over.

**8. Discussion and Vote Regarding Potential Actions to Protect Life, Health, and Safety Within the District as to the COVID-19 Pandemic, to Include Consideration of Orders that Include, but are not Limited to, Mandating Face Coverings in Bonneville, Fremont, and Jefferson Counties**

In light of the action taken to revise EIPH's COVID-19 Regional Response Plan, no action taken on this agenda item.

**9. Legislative Update**

Mr. Leake and Ms. Rackow provided an update on current legislation affecting Public Health. SB1060 is legislation that would require that any Public Health Orders issued by a Board of Health that is applicable to an entire county be approved by the respective Board of County Commissioners. There have also been a number of bills introduced limiting prohibiting limitations on gathering sizes and mask requirements as well as. Public Health has been working with the Idaho Association of Counties on some draft legislation involving the public health districts; however, it has not yet been introduced so details cannot be shared at this time.

**10. Ratification of Subgrants/Contracts**

Ms. Rackow and the Division Administrators provided information on new, renewed, and amended subgrants.

**MOTION: Commissioner Dance made a motion to ratify the new, renewed, and amended subgrants as presented.**

**SECOND: Mr. Leake**

**ACTION: MOTION CARRIED**

**11. FY21 YTD Financial Report**

- Mr. Thomas provided a FY 2021 YTD financial report.
- For the 7 months ended January 31, 2021, EIPH's total expenditures for the year were 7.72% below the approved budget. This is based on the amended budget including new COVID-19 related funding.
- For the 7 months ended January 31, 2021, EIPH's total revenues were 4.6% above approved budget. Revenue will rise as we receive funds requested from CARE Act reimbursements for COVID-19 response expenses. \$381,888 was received from CARE Act in February.
- In the Environmental Health Division, fees in the Septic Program have increased significantly.
- In October of 2020 the budget was increased by \$1.6 million for the COVID-19 emergency response; we are spending that faster than anticipated but may have to adjust the budget in April.
- Ms. Rackow feels we will be able to cover the costs of administering the vaccine with insurance reimbursement and grant funding for the time being.

Chairman Reed adjourned the meeting at 10:07 a.m. The next meeting will be held on April 1, 2021 at 7:00 a.m. The FY2022 Budget will be presented at the April 29, 2021 meeting.

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Commissioner Bryon Reed, Chairman

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Gerri L. Rackow, Secretary

Board Fiscal Notes  
For the 8 Months Ended February 28, 2021  
Board Meeting April 1, 2021

General Notes

- 1 For the 8 months ended February 28, 2021, EIPH's total expenditures for the year were 8.36% below the approved budget. This is based on the amended budget including new COVID amounts. COVID response is now 7.83% above budget but some of that is staff being moved out of other programs into COVID response support. Effect is to leave other divisions well under budget.
  
- 2 For the 8 months ended February 28, 2021, EIPH's total revenues were 7.51% above approved budget. Revenue now coming in related to the COVID response has pushed us well above original planned revenue year-to-date.

Month	Operating Account Balance	Operating Reserve Account Balance	Capital Reserve Account Balance	Total General Fund Cash Available	Millennium Fund Balance	Total Cash Available
Jul-20	366,590.24	4,601,414.16	1,731,382.32	6,699,386.72	98,349.29	6,797,736.01
Aug-20	432,984.31	4,606,179.18	1,731,382.32	6,770,545.81	96,930.24	6,867,476.05
Sep-20	543,176.21	4,360,096.17	1,731,382.32	6,634,654.70	84,841.51	6,719,496.21
Oct-20	347,272.11	4,363,523.62	1,731,382.32	6,442,178.05	84,025.61	6,526,203.66
Nov-20	550,266.00	4,366,752.51	1,731,382.32	6,648,400.83	80,585.99	6,728,986.82
Dec-20	409,835.16	4,369,911.98	1,731,382.32	6,511,129.46	77,119.88	6,588,249.34
Jan-21	976,779.52	4,372,655.41	1,731,382.32	7,080,817.25	76,401.27	7,157,218.52
Feb-21	1,116,285.36	4,374,600.81	1,731,382.32	7,222,268.49	75,906.29	7,298,174.78
Mar-21				-		-
Apr-21				-		-
May-21				-		-
Jun-21			-	-	-	-
<b>Capital Reserve Detail</b>						
	Restricted for Future Building Needs		787,022.93			
	Future Personnel Costs		107,173.00			
	IT enhancements		150,000.00			
	Community Needs		172,478.32			
	Future 27th Payperiod		240,000.00			
	Future Operating Stabilization		274,708.07			
			<b>1,731,382.32</b>			
<b>Designated and Authorized out of Operating Reserve</b>						
	Future Vehicle Purchases		171,829.41			
	Public Health Emergency		500,000.00			
	Building Maintenance		250,000.00			
	Legal Defense		100,000.00			
			<b>1,021,829.41</b>			
<b>Cash Restricted by Grant or Donor.</b>						
	Restricted for Mammograms		<b>18,340.01</b>			
	Regional Behavior Health Board		<b>48,013.69</b>			
	Citizen Review Pannel		<b>42,710.78</b>			
	State Home Visit		<b>46,498.00</b>			
	Millennium Fund		<b>74,531.95</b>			
	FY21 State hold back		<b>60,500.00</b>			
	COVID Donations		<b>217,744.24</b>			
			<b>508,338.67</b>			

**Board Summary Report  
Eastern Idaho Public Health  
Expenditure Summary**

FY 2021

Last Updated 3/31/21 2:52 PM

DIVISION	Budget	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD	Percent used	remaining
BOARD OF HEALTH	23,295	3,047.32	4,091.66	3,991.62	3,656.88	1,596.81	3,655.52	798.43	2,972.26	-	-	-	-	23,810.50	102.21%	-2.21%
EMERGENCY RESPONSE	1,644,100.00	44,346.44	101,800.56	104,434.29	155,330.76	134,297.30	182,743.15	201,755.37	300,143.02	-	-	-	-	1,224,850.89	74.50%	25.50%
COMMUNITY HEALTH	1,572,008	84,764.95	100,721.48	96,134.52	94,322.23	66,499.29	83,759.78	63,729.43	61,692.29	-	-	-	-	651,623.97	41.45%	58.55%
HEALTHCARE TRANSFORMATION	61,369	2,606.19	2,122.37	2,242.66	3,709.26	2,118.00	2,176.42	2,055.77	2,056.96	-	-	-	-	19,087.63	31.10%	68.90%
CLINICAL SERVICES	3,085,207	146,767.70	192,716.94	257,250.37	242,748.32	163,799.04	345,803.19	142,075.33	129,876.90	-	-	-	-	1,621,037.79	52.54%	47.46%
NUTRITION	1,065,124	69,351.24	117,669.92	119,894.75	108,228.80	76,910.97	79,943.99	74,519.54	78,186.31	-	-	-	-	724,705.52	68.04%	31.96%
ENVIRONMENTAL	1,108,697	72,435.87	105,230.53	90,093.75	111,972.92	82,894.93	96,745.47	86,830.54	83,248.47	-	-	-	-	729,452.48	65.79%	34.21%
GENERAL SUPPORT	1,156,724	153,629.83	(11,688.24)	95,248.35	103,838.38	71,340.99	72,058.48	62,868.32	94,983.04	-	-	-	-	642,279.15	55.53%	44.47%
<b>SUBTOTAL</b>	<b>9,716,524</b>	<b>576,949.54</b>	<b>612,665.22</b>	<b>769,290.31</b>	<b>823,807.55</b>	<b>599,457.33</b>	<b>866,886.00</b>	<b>634,632.73</b>	<b>753,159.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,636,847.93</b>	<b>58.01%</b>	<b>41.99%</b>
BUILDING PROJECT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A	N/A
COMMUNICATIONS EQUIP	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	N/A	N/A
COMPUTERS	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	N/A	N/A
VEHICLES	68,171	-	-	22,723.53	-	-	45,447.06	-	-	-	-	-	-	68,170.59	100.00%	0.00%
EQUIPMENT	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	N/A
LOAN PAYMENT	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00	#DIV/0!	#DIV/0!
<b>CAPITAL OUTLAY TOTAL</b>	<b>68,171</b>	<b>-</b>	<b>-</b>	<b>22,723.53</b>	<b>-</b>	<b>-</b>	<b>45,447.06</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>68,170.59</b>	<b>100.00%</b>	<b>0.00%</b>
<b>TOTAL</b>	<b>9,784,695</b>	<b>576,949.54</b>	<b>612,665.22</b>	<b>792,013.84</b>	<b>823,807.55</b>	<b>599,457.33</b>	<b>912,333.06</b>	<b>634,632.73</b>	<b>753,159.25</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,705,018.52</b>	<b>58.31%</b>	<b>41.69%</b>

**PERCENTAGE OF TIME ELAPSED AND TIME REMAINING** 66.67% 33.33%

Operating Cash Inflow	1,465,853.52	664,891.87	569,549.66	709,578.81	868,059.17	659,715.34	1,266,798.74	866,802.62	-	-	-	-	-	7,071,249.73
Operating Cash Outflow	565,371.92	595,151.83	694,805.97	902,871.36	665,276.01	755,005.76	697,829.56	725,864.36	-	-	-	-	-	5,602,176.77
Cash Provided (Used) by Operations	900,481.60	69,740.04	(125,256.31)	(193,292.55)	202,783.16	(95,290.42)	568,969.18	140,938.26	-	-	-	-	-	1,469,072.96
Cash used for Capital Expenditures	-	-	22,723.53	-	-	45,447.06	-	-	-	-	-	-	-	68,170.59
Cash to (from) Reserve	900,481.60	69,740.04	(147,979.84)	(193,292.55)	202,783.16	(140,737.48)	568,969.18	140,938.26	-	-	-	-	-	1,400,902.37
														1,400,902.37



**BOARD SUMMARY REPORT**  
**Eastern Idaho Public Health District**  
**Revenue and Cash Flow**

FY 2021

Last Updated 3/31/21 2:07 PM

CONTRACT REVENUE	BUDGET	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD	Percent of Budget
Clinical Services Contract Total	695,700	43,717	15,430	66,284	66,739	85,637	56,156	79,430	53,298	-	-	-	-	466,691.33	67.08%
Nutrition Contract Total	1,157,278	87,591	82,311	131,731	134,337	130,197	91,631	95,097	88,308	-	-	-	-	841,202.17	72.69%
Environmental Health Contract Total	236,688	15,112	13,852	18,607	20,022	21,827	16,953	16,707	19,029	-	-	-	-	142,108.59	60.04%
Public Health Disaster	1,863,495	40,432	37,617	63,908	39,506	13,415	42,134	26,814	586,315	-	-	-	-	850,141.45	45.62%
Healthcare Transformation	69,500	24,349	4,167	10,897	4,928	5,272	738	(15,737)	653	-	-	-	-	35,266.06	50.74%
Community Health Contract Total	1,657,504	336,580	78,854	108,568	67,889	97,865	64,320	80,422	64,529	-	-	-	-	899,028.28	54.24%
<b>TOTAL CONTRACTS</b>	<b>5,680,165</b>	<b>547,781</b>	<b>232,230</b>	<b>399,995</b>	<b>333,422</b>	<b>354,212</b>	<b>271,932</b>	<b>282,733</b>	<b>812,132</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,234,437.88</b>	<b>56.94%</b>

FEE REVENUE	BUDGET	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD	Percent of Budget
Clinical Services Fees Total	1,104,000	113,310	79,845	107,795	155,615	229,197	177,934	83,055	177,018	-	-	-	-	1,123,768.09	101.79%
Community Health Fees Total	0	-	194,409	878	205	1,215	668	-	506	-	-	-	-	197,881.20	#DIV/0!
Environmental Health Fees Total	688,550	80,861	87,605	74,942	88,107	150,512	91,911	68,979	46,450	-	-	-	-	689,367.00	100.12%
<b>TOTAL FEES</b>	<b>1,792,550</b>	<b>194,171</b>	<b>361,860</b>	<b>183,615</b>	<b>243,927</b>	<b>380,924</b>	<b>270,513</b>	<b>152,034</b>	<b>223,974</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,011,016.29</b>	<b>112.19%</b>

<b>SUB-TOTAL FEES &amp; CONTRACTS</b>	<b>7,472,715</b>	<b>741,952</b>	<b>594,090</b>	<b>583,609</b>	<b>577,349</b>	<b>735,136</b>	<b>542,445</b>	<b>434,767</b>	<b>1,036,105</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,245,454.17</b>	<b>70.19%</b>
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GENERAL RECEIPTS	BUDGET	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD	Percent of Budget
County Appropriations	1,120,703	145,960	-	134,246	69,118	117,902	72,657	158,951	65,125	-	-	-	-	763,958.35	68.17%
INTEREST	20,000	5,296	4,765	3,912	3,432	3,229	3,159	2,743	1,945	-	-	-	-	28,482.35	142.41%
STATE APPROPRIATIONS	1,191,400	585,950	-	-	-	-	-	605,450	-	-	-	-	-	1,191,400.00	100.00%
SURPLUS PROPERTY	0	-	-	700	-	-	-	-	-	-	-	-	-	700.00	N/A
REFUNDS	0	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A
Miscellaneous	0	5	-	1,179	3,286	57	38,601	80	-	-	-	-	-	43,207.82	N/A
<b>TOTAL GENERAL REVENUE</b>	<b>2,332,103</b>	<b>737,210</b>	<b>4,765</b>	<b>140,037</b>	<b>75,837</b>	<b>121,187</b>	<b>114,417</b>	<b>767,225</b>	<b>67,070</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,027,748.52</b>	<b>86.95%</b>

<b>GRAND TOTAL</b>	<b>9,804,818</b>	<b>1,479,163</b>	<b>598,855</b>	<b>723,647</b>	<b>653,186</b>	<b>856,324</b>	<b>656,862</b>	<b>1,201,991</b>	<b>1,103,176</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,273,202.69</b>	<b>74.18%</b>
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	BUDGET	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD	Percent of Budget
Total Clinical Services	1,799,700	157,027	95,275	174,078	222,354	314,834	234,090	162,485	230,316	-	-	-	-	1,590,459.42	88.37%
Total Nutrition Revenue	1,157,278	87,591	82,311	131,731	134,337	130,197	91,631	95,097	88,308	-	-	-	-	841,202.17	72.69%
Total Environmental Revenue	925,238	95,973	101,457	93,549	108,129	172,339	108,864	85,686	65,479	-	-	-	-	831,475.59	89.87%
Total Healthcare Transformation	69,500	24,349	4,167	10,897	4,928	5,272	738	(15,737)	653	-	-	-	-	35,266.06	50.74%
Total Community Health	1,657,504	336,580	273,264	109,446	68,094	99,081	64,988	80,422	65,034	-	-	-	-	1,096,909.48	66.18%

CASH FLOW SUMMARY	BUDGET	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD	Percent of Budget
Total Revenue and Appropriations	9,804,818	1,479,163	598,855	723,647	653,186	856,324	656,862	1,201,991	1,103,176	-	-	-	-	7,273,202.69	74.18%
Decrease (Increase) Accounts Receivable		(13,309)	66,037	(154,097)	56,393	11,735	2,854	64,807	(236,373)					(201,952.96)	
Change in Accrued Exp/Revenue		11,578	17,513	74,484	(79,064)	(65,819)	111,880	(63,197)	27,295					34,671.16	
Total Expenditures	9,784,695	576,950	612,665	792,014	823,808	599,457	912,333	634,633	753,159	-	-	-	-	5,705,018.52	58.20%
Change in Cash		900,482	69,740	(147,980)	(193,293)	202,783	(140,737)	568,969	140,938	-	-	-	-	1,400,902.37	14.30%
Cash Balance Beginning of period		5,897,254	6,797,736	6,867,476	6,719,496	6,526,204	6,728,987	6,588,249	7,157,219	7,298,157	7,298,157	7,298,157	7,298,157	5,897,254.41	
Cash Balance End of Current Period		6,797,736	6,867,476	6,719,496	6,526,204	6,728,987	6,588,249	7,157,219	7,298,157	7,298,157	7,298,157	7,298,157	7,298,157	7,298,156.78	

Cash Balance Reserved by Board for Capital Projects	1,731,382	1,731,382	1,731,382	1,731,382	1,731,382	1,731,382	1,731,382	1,731,382	1,731,382	-	-	-	-	-	
Unrestricted Cash Balance		5,066,354	5,136,094	4,988,114	4,794,821	4,997,605	4,856,867	5,425,836	5,566,774	7,298,157	7,298,157	7,298,157	7,298,157	7,298,156.78	

**EASTERN IDAHO PUBLIC HEALTH**

**SUBGRANT SUMMARY**

4/01/2021

**NEW, RENEWED, & AMENDED SUBGRANTS**

<b>Subgrant/Contract Title</b>	<b>Grantor/Contractor</b>	<b>N (New) R(Renew) A(Amend)</b>	<b>Start Date</b>	<b>End Date</b>	<b>Last Funding Amount</b>	<b>New Funding Amount</b>	<b>Comments</b>
Epidemiology & Laboratory Capacity Enhanced	IDHW	A1	8/4/2020	11/19/2022		\$1,764,431.00	Funds to support COVID response
		N	8/4/2020	4/23/2022		\$1,471,751.00	
STD & HIV Prevention	IDHW	R	1/1/2021	12/31/2021		\$106,635.00	Annual Renewal



GOVERNOR'S COPY

Received by E. Fogue

Date 3/22/21 Time 10:15am

BRAD LITTLE  
GOVERNOR

March 22, 2021

The Honorable Lawrence Denney  
Secretary of State  
Idaho State Capitol  
Statehouse Mail

Dear Mr. Secretary:

I have the honor to advise you that I have signed on March 19, 2021 and am transmitting to you the following legislative bills to wit:

SENATE BILL 1060

I signed this legislation with reluctance. I agree that we can all use our experience from the COVID-19 pandemic as an opportunity to learn how we can strengthen our state's public health system and improve a statute that is fifty years old. However, I fear this legislation creates potential barriers for local public health and could impede their ability to quickly and appropriately act in the case of a public health emergency. Once this pandemic has ended, I respectfully request the legislature, public health district representatives, state public health officials, and representatives from the medical community to revisit this issue and examine any unintended consequences this legislation may create.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brad Little".

Brad Little  
Governor of Idaho

IN THE SENATE

SENATE BILL NO. 1060

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1  
2 RELATING TO PUBLIC HEALTH DISTRICTS; AMENDING SECTION 39-414, IDAHO CODE,  
3 TO PROVIDE FOR THE APPROVAL AND EXTENSION OF CERTAIN ORDERS AND TO MAKE  
4 TECHNICAL CORRECTIONS; AND AMENDING SECTION 39-419, IDAHO CODE, TO PRO-  
5 VIDE FOR AN INFRACTION, TO REMOVE PROVISIONS REGARDING ASSOCIATIONS AND  
6 CORPORATIONS, AND TO MAKE TECHNICAL CORRECTIONS; AND DECLARING AN EMER-  
7 GENCY.

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

9 SECTION 1. That Section 39-414, Idaho Code, be, and the same is hereby  
10 amended to read as follows:

11 39-414. POWERS AND DUTIES OF DISTRICT BOARD. The district board of  
12 health shall have and may exercise the following powers and duties:

13 (1) To administer and enforce all state and district health laws, regu-  
14 lations, and standards.

15 (2) To do all things required for the preservation and protection of the  
16 public health and preventive health, and such other things delegated by the  
17 director of the state department of health and welfare or the director of the  
18 department of environmental quality, and this shall be authority for the di-  
19 rector(s) to so delegate. An order of a district board of health will take  
20 effect immediately. However, notwithstanding the provisions of this sub-  
21 section, if an order applies to all persons in a county or a public health  
22 district, the board of county commissioners within each affected county, af-  
23 ter consulting with the district board of health, will determine by resolu-  
24 tion whether or not to approve the order within county limits within seven  
25 (7) days of the date of the order. If the board of county commissioners ap-  
26 proves the order, then the order will take effect immediately for a period of  
27 thirty (30) days. Thereafter, the order may be extended, amended, or mod-  
28 ified and reimposed for thirty (30) day periods, subject to approval by the  
29 board of county commissioners.

30 (3) To determine the location of its main office and to determine the  
31 location, if any, of branch offices.

32 (4) To enter into contracts with any other governmental or public  
33 agency whereby the district board agrees to render services to or for such  
34 agency in exchange for a charge reasonably calculated to cover the cost of  
35 rendering such service. This authority is to be limited to services vol-  
36 untarily rendered and voluntarily received and shall not apply to services  
37 required by statute, rule, and regulations, or standards promulgated pur-  
38 suant to this ~~act~~ chapter or chapter 1, title 39, Idaho Code.

39 (5) To deposit aAll moneys or payment received or collected by gift,  
40 grant, devise, or any other way ~~shall be deposited~~ to the respective divi-  
41 sion or subaccount of the public health district in the public health dis-  
42 trict fund authorized by section 39-422, Idaho Code.

1 (6) To establish a fiscal control policy required by the state con-  
2 troller.

3 (7) To cooperate with the state board of health and welfare, the depart-  
4 ment of health and welfare, the board of environmental quality and the de-  
5 partment of environmental quality.

6 (8) To enter into contracts with other governmental agencies, and this  
7 ~~act~~ chapter hereby authorizes such other agencies to enter into contracts  
8 with the health district, as may be deemed necessary to fulfill the duties  
9 imposed upon the district in providing for the health of the citizens within  
10 the district.

11 (9) To purchase, exchange or sell real property and construct, rent, or  
12 lease such buildings as may be required for the accomplishment of the duties  
13 imposed upon the district and to further obtain such other personal property  
14 as may be necessary to its functions.

15 (10) To accept, receive and utilize any gifts, grants, or funds and per-  
16 sonal and real property that may be donated to it for the fulfillment of the  
17 purposes outlined in this ~~act~~ chapter.

18 (11) To establish a charge whereby the board agrees to render services  
19 to or for entities other than governmental or public agencies for an amount  
20 reasonably calculated to cover the cost of rendering such service.

21 (12) To enter into a lease of real or personal property as lessor or  
22 lessee, or other transaction, with the Idaho health facilities authority for  
23 a term not to exceed ninety-nine (99) years upon a determination by the dis-  
24 trict board that the real or personal property to be leased is necessary for  
25 the purposes of the district, and to pledge nontax revenues of the district  
26 to secure the district's obligations under such leases. For the purposes of  
27 this chapter, a public health district is not a subdivision of the state and  
28 shall be considered an independent body corporate and politic pursuant to  
29 section 1, article VIII, of the constitution of the state of Idaho, and is not  
30 authorized hereby to levy taxes nor to obligate the state of Idaho concerning  
31 such financing.

32 (13) To administer and certify solid waste disposal site operations,  
33 closure, and post-closure procedures established by statute or regulation  
34 in accordance with provisions of chapter 74, title 39, Idaho Code, in a  
35 manner equivalent to the site certification process set forth in section  
36 39-7408, Idaho Code.

37 (14) To select a board member to serve as trustee on the board of  
38 trustees of the Idaho district boards of health.

39 SECTION 2. That Section 39-419, Idaho Code, be, and the same is hereby  
40 amended to read as follows:

41 39-419. VIOLATION OF PUBLIC HEALTH LAWS -- MISDEMEANOR -- CIVIL LIA-  
42 BILITY FOR EXPENSE -- INFRACTION. (1) It shall be unlawful for any person,  
43 ~~association, or corporation, and the officers thereof~~ to willfully violate,  
44 disobey, or disregard the provisions of the public health laws or the terms  
45 of any lawful notice, order, standard, rule, regulation, or ordinance issued  
46 pursuant thereto, ~~or.~~

47 (2) Any person, ~~association, or corporation, or the officers thereof,~~  
48 violating any of the provisions of this chapter shall be deemed guilty of a  
49 misdemeanor, and upon conviction thereof shall be punished by a fine not ex-

1 ceeding three hundred dollars (\$300), or by imprisonment in the county jail  
2 for a term not exceeding six (6) months, or by both such fine and impris-  
3 onment. In addition to fine and imprisonment, any person, ~~association or~~  
4 ~~corporation, or the officers thereof,~~ found to be in violation of this ~~act~~  
5 chapter or the rules promulgated thereunder shall be liable for any expense  
6 incurred by the district board of health in enforcing this ~~act~~ chapter, or in  
7 removing or terminating any nuisance, source of filth, cause of sickness, or  
8 health hazard. Conviction under the penalty provisions of this ~~act~~ chapter  
9 or any other health law or rules promulgated thereunder shall not relieve any  
10 person from any civil action in damages that may exist for any injury result-  
11 ing from any violation of the public health laws or rules promulgated by the  
12 district board of health.

13 (3) A violator of any law or rule within the jurisdiction of the dis-  
14 trict shall be liable in an amount not in excess of the limits prescribed in  
15 section 39-108, Idaho Code. The district board may seek recovery by commenc-  
16 ing an action in the district court of the county wherein the violation oc-  
17 curred. Amounts recovered shall be deposited as required by the provisions  
18 of section 39-414(5), Idaho Code.

19 (4) Notwithstanding the provisions of subsection (2) of this section,  
20 if an order is applicable to all persons in a county or a public health dis-  
21 trict, then a person who willfully violates such order is guilty of an in-  
22 fraction punishable by a fine of fifty dollars (\$50.00). No court costs or  
23 fees apply to such infraction.

24 SECTION 3. An emergency existing therefor, which emergency is hereby  
25 declared to exist, this act shall be in full force and effect on and after its  
26 passage and approval.

## STATEMENT OF PURPOSE

RS28767 / H0316

This legislation limits eligibility for the county medically indigent program and state Catastrophic Health Care fund by preventing anyone who qualifies for Medicaid or insurance from receiving assistance through the programs. Additionally, the legislation eliminates state aid for public health districts. State aid to health districts will be replaced by new county aid which will be funded from savings accruing to the county medically indigent program. Lastly, the legislation amends state statute regarding public health districts to ensure that health districts can continue with existing administrative relationships with state agencies if desired as well as language clarifying that local health district boards are responsible for setting salaries of local health district officials.

### FISCAL NOTE

For fiscal year 2022, there will be a savings to the state general fund of \$4.9 million as a result of the state no longer providing state aid to public health districts. For fiscal year 2023 and each year thereafter, savings to the general fund increases to \$9.8 million due to no longer providing state aid to public health districts and \$8.5 million due to savings to the CAT fund.

For fiscal year 2022, counties will save an estimated \$6 million in indigent fund expenses. The savings will be used to provide additional funding to public health districts, estimated to be \$4.9 million. For fiscal year 2023 and each year thereafter, counties will save an estimated \$12 million in indigent fund expenses. The savings will be used to provide additional funding to public health districts, estimated to be \$9.8 million.

**Contact:**

Representative John Vander Woude  
(208) 332-1000

**DISCLAIMER:** This statement of purpose and fiscal note are a mere attachment to this bill and prepared by a proponent of the bill. It is neither intended as an expression of legislative intent nor intended for any use outside of the legislative process, including judicial review (Joint Rule 18).

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 316

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO PUBLIC HEALTH DISTRICTS; AMENDING CHAPTER 35, TITLE 31, IDAHO  
2 CODE, BY THE ADDITION OF A NEW SECTION 31-3505H, IDAHO CODE, TO PROVIDE  
3 THAT CERTAIN PERSONS SHALL NOT BE ELIGIBLE FOR COUNTY MEDICAL ASSIS-  
4 TANCE OR ASSISTANCE UNDER THE CATASTROPHIC HEALTH CARE COST PROGRAM AND  
5 TO PROVIDE LEGISLATIVE INTENT; AMENDING SECTION 39-401, IDAHO CODE,  
6 TO PROVIDE THAT PUBLIC HEALTH DISTRICTS ARE NOT DEPARTMENTS OR AGEN-  
7 CIES OF A COUNTY GOVERNMENT, TO PROVIDE FOR THE CONTINUANCE OF CERTAIN  
8 AGREEMENTS OR SERVICE ARRANGEMENTS, TO PROVIDE AN EXCEPTION, AND TO  
9 MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 39-411, IDAHO CODE, TO  
10 REMOVE A PROVISION THAT NO MORE THAN ONE MEMBER OF A DISTRICT BOARD OF  
11 HEALTH SHALL BE APPOINTED FROM CERTAIN GROUPS; AMENDING SECTION 39-413,  
12 IDAHO CODE, TO PROVIDE THAT THE DISTRICT BOARD OF HEALTH SHALL DETER-  
13 MINE COMPENSATION FOR THE DISTRICT HEALTH DIRECTOR AND TO PROVIDE THAT  
14 CERTAIN DUTIES SHALL BE THE EXCLUSIVE RESPONSIBILITY OF THE DISTRICT  
15 HEALTH DIRECTOR; AMENDING SECTION 39-414, IDAHO CODE, TO REVISE PRO-  
16 VISIONS REGARDING POWERS AND DUTIES OF THE DISTRICT BOARD OF HEALTH;  
17 AMENDING SECTION 39-414A, IDAHO CODE, TO REMOVE A REFERENCE TO THE  
18 LEGISLATIVE COUNCIL; AMENDING SECTION 39-423, IDAHO CODE, TO PROVIDE  
19 FOR THE APPOINTMENT OF A DESIGNEE TO THE BUDGET COMMITTEE OF A PUBLIC  
20 HEALTH DISTRICT AND TO MAKE A TECHNICAL CORRECTION; AMENDING CHAPTER  
21 4, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-424A, IDAHO  
22 CODE, TO ESTABLISH PROVISIONS REGARDING ADDITIONAL COUNTY AID TO PUBLIC  
23 HEALTH DISTRICTS AND PROCEDURES; AMENDING SECTION 39-425, IDAHO CODE,  
24 TO REVISE PROVISIONS REGARDING STATE AID TO PUBLIC HEALTH DISTRICTS;  
25 DECLARING AN EMERGENCY; AND PROVIDING EFFECTIVE DATES.  
26

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

28 SECTION 1. That Chapter 35, Title 31, Idaho Code, be, and the same is  
29 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
30 ignated as Section 31-3505H, Idaho Code, and to read as follows:

31 31-3505H. ELIGIBILITY FOR FINANCIAL ASSISTANCE. (1) Notwithstanding  
32 any provision of law or rule to the contrary, no person eligible for medicaid  
33 pursuant to section 56-254 or 56-267, Idaho Code, shall be eligible for fi-  
34 nancial assistance pursuant to this chapter.

35 (2) Notwithstanding any provision of law or rule to the contrary, no  
36 person eligible for health insurance shall be eligible for financial assis-  
37 tance pursuant to this chapter.

38 (3) Notwithstanding any provision of law or rule to the contrary, no  
39 person in a commitment proceeding pursuant to chapter 3, title 66, Idaho  
40 Code, who is eligible for medicaid or eligible for health insurance shall be  
41 eligible for financial assistance pursuant to this chapter.



1 (4) It is the intent of the legislature that moneys saved by counties  
 2 pursuant to this section may be used for additional county aid to public  
 3 health districts as required by section 39-424A, Idaho Code.

4 SECTION 2. That Section 39-401, Idaho Code, be, and the same is hereby  
 5 amended to read as follows:

6 39-401. LEGISLATIVE INTENT. (1) The various health districts, as pro-  
 7 vided for in this chapter, are not:

8 (a) A a single department of state government unto themselves, nor are  
 9 they a;

10 (b) A part of any of the twenty (20) departments of state government au-  
 11 thorized by section 20, article IV, Idaho constitution, or;

12 (c) A part of the departments prescribed in section 67-2402, Idaho  
 13 Code; or

14 (d) A department or an agency of county government.

15 (2) It is legislative intent that health districts operate and be  
 16 recognized not as state or county agencies or departments, but as govern-  
 17 mental entities whose creation has been authorized by the state, much in  
 18 the manner as other single purpose districts. Pursuant to this intent, and  
 19 because health districts are not state or county departments or agencies,  
 20 health districts are exempt from the required participation in the services  
 21 of the purchasing agent or employee liability coverage, as rendered by the  
 22 department of administration. However, nothing shall prohibit the health  
 23 districts from entering into contractual contractual arrangements with the  
 24 department of administration, or any other department of state government or  
 25 an elected constitutional officer, for these or any other services.

26 (3) It is legislative intent to affirm the provisions of section  
 27 39-413, Idaho Code, requiring compliance with the state merit system, and  
 28 to affirm the participation of the health districts in the public employee  
 29 retirement system, pursuant to section 39-426, Idaho Code, chapter 13, title  
 30 59, Idaho Code, and chapter 53, title 67, Idaho Code.

31 (4) It is also legislative intent that the matters of location of de-  
 32 posit of health district funds, or the instruments or documents of payment  
 33 from those funds shall be construed as no more than items of convenience for  
 34 the conduct of business, and in no way reflect upon the nature or status of  
 35 the health districts as entities of government.

36 (5) This section merely affirms that health districts created under  
 37 this chapter are not state or county agencies, and in no way changes the char-  
 38 acter of those agencies as they existed prior to this act.

39 (6) Public health districts will have the option to continue with  
 40 agreements and service arrangements, including insurance arrangements,  
 41 with state agencies that were effective prior to January 1, 2022, unless an  
 42 agreement or service arrangement is expressly nullified by statute.

43 SECTION 3. That Section 39-411, Idaho Code, be, and the same is hereby  
 44 amended to read as follows:

45 39-411. COMPOSITION OF DISTRICT BOARD -- QUALIFICATIONS OF MEMBERS  
 46 -- APPOINTMENT AND REMOVAL -- TERMS -- SELECTION OF OFFICERS -- BOARD OF  
 47 TRUSTEES OF DISTRICT BOARDS OF HEALTH. (1) For those districts comprised of:

1 (a) Fewer than eight (8) counties, the district board of health shall  
2 consist of seven (7) members to be appointed by the boards of county  
3 commissioners within each district acting jointly, and each board of  
4 county commissioners may appoint a board member.

5 (b) Eight (8) counties, the district board of health shall consist of  
6 not fewer than eight (8) members nor more than nine (9) members, and each  
7 board of county commissioners may appoint a board member.

8 (2) Each member of the district board of health shall be a citizen of the  
9 United States, a resident of the state of Idaho and the public health dis-  
10 trict for one (1) year immediately last past, and a qualified elector. One  
11 (1) member of the district board, if available to serve, shall be a physician  
12 licensed by the Idaho state board of medicine, ~~and no more than one (1) mem-  
13 ber shall be appointed from any professional or special interest group.~~ All  
14 members shall be chosen with due regard to their knowledge and interest in  
15 public health and in promoting the health of the citizens of the state and the  
16 public health district. Representation shall be assured from rural as well  
17 as urban population groups.

18 (3) All appointments to the district board shall be confirmed by a  
19 majority vote of all the county commissioners of all the counties located  
20 within the public health district. Any member of the district board may be  
21 removed by majority vote of all the county commissioners of all the counties  
22 located within the district.

23 (4) The members of the district board of health shall be appointed for a  
24 term of five (5) years, subject to reappointment; and vacancies on the board  
25 for an unexpired term shall be filled for the balance of the unexpired term.  
26 Notwithstanding any provision of this section as to term of appointment, if  
27 a board member is an appointee for a board of county commissioners, and if  
28 that board member is an elected county commissioner and leaves office prior  
29 to the expiration of the term on the district board of health, the board of  
30 county commissioners may declare the position vacant and may appoint another  
31 currently elected county commissioner to fill the unexpired portion of the  
32 term of that board member.

33 (5) The members of the district board, each year, shall select a chair-  
34 man, a vice chairman and a trustee. The trustee shall represent the district  
35 board as a member of the board of trustees of the Idaho district boards of  
36 health.

37 (6) The board of trustees of the Idaho district boards of health shall  
38 have authority to allocate appropriations from the legislature to the health  
39 districts. Such authority is limited to the development and administration  
40 of formulas for the allocation of legislative appropriations. Any formula  
41 adopted by the board of trustees must be in use, without alteration, for at  
42 least two (2) years; provided that during the two (2) year period, the for-  
43 mula may be changed if an emergency occurs, the emergency is declared and  
44 there is a unanimous vote of the board of trustees to make the emergency for-  
45 mula change. All proceedings of the board of trustees shall be subject to the  
46 provisions of chapter 2, title 74, Idaho Code.

47 SECTION 4. That Section 39-413, Idaho Code, be, and the same is hereby  
48 amended to read as follows:

1 39-413. DISTRICT HEALTH DIRECTOR -- APPOINTMENT -- POWERS AND DU-  
 2 TIES. A district health director shall be appointed by the district board and  
 3 shall receive compensation as determined by the district board. The direc-  
 4 tor shall have and exercise the following powers and duties in addition to  
 5 all other powers and duties inherent in the position or delegated to him or  
 6 imposed upon him by law or rule, regulation, or ordinance:

7 (1) To be secretary and administrative officer of the district board of  
 8 health;

9 (2) To prescribe such rules and regulations, consistent with the re-  
 10 quirements of this chapter, as may be necessary for the government of the  
 11 district, the conduct and duties of the district employees, the orderly and  
 12 efficient handling of business and the custody, use and preservation of the  
 13 records, papers, books and property belonging to the public health district;

14 (3) To administer oaths for all purposes required in the discharge of  
 15 his duties;

16 (4) With the approval of the district board to:

17 (a) Prescribe the positions and the qualifications of all personnel un-  
 18 der the district health director on a nonpartisan merit basis in accor-  
 19 dance with the objective standards approved by the district board. This  
 20 shall be the exclusive responsibility of the district health director,  
 21 with the approval of the board, and no state official, elected or other-  
 22 wise, or agency shall have any power to disapprove or interfere with the  
 23 performance by the director and the board of this duty or to delay such  
 24 performance in any way.

25 (b) Fix the rate of pay and appoint, promote, demote, and separate such  
 26 employees and to perform such other personnel actions as are needed from  
 27 time to time in conformance with the requirements of chapter 53, title  
 28 67, Idaho Code. This shall be the exclusive responsibility of the dis-  
 29 trict health director, with the approval of the board, and no state of-  
 30 ficial, elected or otherwise, or agency shall have any power to disap-  
 31 prove or interfere with the performance by the director and the board of  
 32 this duty or to delay such performance in any way.

33 (c) Create such units and sections as are or may be necessary for the  
 34 proper and efficient functioning of the duties herein imposed.

35 SECTION 5. That Section 39-414, Idaho Code, be, and the same is hereby  
 36 amended to read as follows:

37 39-414. POWERS AND DUTIES OF DISTRICT BOARD. The district board of  
 38 health shall have and may exercise the following powers and duties:

39 (1) To administer and enforce all state and district health laws, regu-  
 40 lations, and standards.

41 (2) To do all things required for the preservation and protection of  
 42 the public health and preventive health, and to enter into agreements with  
 43 the director of the state department of health and welfare or the director  
 44 of the department of environmental quality to provide services or do such  
 45 other things delegated by the director of the state department of health and  
 46 welfare or the director of the department of environmental quality and this  
 47 shall be authority for the director(s) to so delegate as specified in the  
 48 agreement. An agreement entered pursuant to this subsection may be between  
 49 either such director and one (1) district or multiple districts.

1 (3) To determine the location of its main office and to determine the  
2 location, if any, of branch offices.

3 (4) To enter into contracts with any other governmental or public  
4 agency whereby the district board agrees to render services to or for such  
5 agency in exchange for a charge reasonably calculated to cover the cost of  
6 rendering such service. This authority is to be limited to services vol-  
7 untarily rendered and voluntarily received and shall not apply to services  
8 required by statute, rule, and regulations, or standards promulgated pur-  
9 suant to this act or chapter 1, title 39, Idaho Code.

10 (5) All moneys or payment received or collected by gift, grant, devise,  
11 or any other way shall be deposited to the respective division or subaccount  
12 of the public health district in the public health district fund authorized  
13 by section 39-422, Idaho Code.

14 (6) To establish a fiscal control policy ~~required by the state con-~~  
15 ~~troller.~~

16 (7) To cooperate with the state board of health and welfare, the depart-  
17 ment of health and welfare, the board of environmental quality and the de-  
18 partment of environmental quality.

19 (8) To enter into contracts with other governmental agencies, and this  
20 act hereby authorizes such other agencies to enter into contracts with the  
21 health district, as may be deemed necessary to fulfill the duties imposed  
22 upon the district in providing for the health of the citizens within the dis-  
23 trict.

24 (9) To purchase, exchange or sell real property and construct, rent, or  
25 lease such buildings as may be required for the accomplishment of the duties  
26 imposed upon the district and to further obtain such other personal property  
27 as may be necessary to its functions.

28 (10) To accept, receive and utilize any gifts, grants, or funds and per-  
29 sonal and real property that may be donated to it for the fulfillment of the  
30 purposes outlined in this act.

31 (11) To establish a charge whereby the board agrees to render services  
32 to or for entities other than governmental or public agencies for an amount  
33 reasonably calculated to cover the cost of rendering such service.

34 (12) To enter into a lease of real or personal property as lessor or  
35 lessee, or other transaction with the Idaho health facilities authority for  
36 a term not to exceed ninety-nine (99) years upon a determination by the dis-  
37 trict board that the real or personal property to be leased is necessary for  
38 the purposes of the district, and to pledge nontax revenues of the district  
39 to secure the district's obligations under such leases. For the purposes of  
40 this chapter, a public health district is not a subdivision of the state and  
41 shall be considered an independent body corporate and politic pursuant to  
42 section 1, article VIII, of the constitution of the state of Idaho, and is not  
43 authorized hereby to levy taxes nor to obligate the state of Idaho concerning  
44 such financing.

45 (13) To administer and certify solid waste disposal site operations,  
46 closure, and post-closure procedures established by statute or regulation  
47 in accordance with provisions of chapter 74, title 39, Idaho Code, in a  
48 manner equivalent to the site certification process set forth in section  
49 39-7408, Idaho Code.

1 (14) To select a board member to serve as trustee on the board of  
2 trustees of the Idaho district boards of health.

3 SECTION 6. That Section 39-414A, Idaho Code, be, and the same is hereby  
4 amended to read as follows:

5 39-414A. AUDIT OF HEALTH DISTRICT FINANCES. It shall be the duty of  
6 each district board of health to cause to be made a full and complete audit  
7 of all the financial transactions of the health district no less frequently  
8 than every two (2) years. Such audit shall be ~~made by or under the direction~~  
9 ~~of the legislative council,~~ in accordance with generally accepted auditing  
10 standards and procedures. The district board of health shall include all  
11 necessary expenses for such audit in its budget.

12 SECTION 7. That Section 39-423, Idaho Code, be, and the same is hereby  
13 amended to read as follows:

14 39-423. BUDGET COMMITTEE OF PUBLIC HEALTH DISTRICT. The chairmen of  
15 the boards of county commissioners located within the public health dis-  
16 trict are hereby constituted as the budget committee of the public health  
17 district.

18 The district board will submit to the budget committee by the first Mon-  
19 day in June of each year the preliminary budget for the public health dis-  
20 trict and the estimated cost to each county, as determined by the provisions  
21 of section 39-424, Idaho Code.

22 On or before the first Monday in July, there will be held at a time and  
23 place determined by the budget committee a budget committee meeting and pub-  
24 lic hearing upon the proposed budget of the district. Notice of the bud-  
25 get committee meeting and public hearing shall be posted at least ten (10)  
26 full days prior to the date of said meeting in at least one (1) conspicuous  
27 place in each public health district to be determined by the district board  
28 of health. A copy of such notice shall also be published in the official  
29 newspaper or a generally circulated newspaper of each county of such public  
30 health district, in one (1) issue thereof, during such ten (10) day period.  
31 The place, hour and day of such hearing shall be specified in said notice, as  
32 well as the place where such budget may be examined prior to such hearing. A  
33 summary of such proposed budget shall be published with and as a part of the  
34 publication of such notice of hearing in substantially the form required by  
35 section 31-1604, Idaho Code.

36 On or before the first Monday in July, a budget for the public health  
37 district shall be agreed upon and approved by a majority of the budget com-  
38 mittee. Such determination shall be binding upon all counties within the  
39 district and the district itself.

40 Nothing in this section shall prevent the chairman of a board of county  
41 commissioners from appointing a designee to represent him on the budget com-  
42 mittee if the chairman is unable to attend the budget committee meeting, pro-  
43 vided that the designee must be an elected county commissioner from the same  
44 county as the chairman of the board of county commissioners.

1 SECTION 8. That Chapter 4, Title 39, Idaho Code, be, and the same is  
 2 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 3 ignated as Section 39-424A, Idaho Code, and to read as follows:

4 39-424A. ADDITIONAL COUNTY AID TO DISTRICTS -- PROCEDURES. (1) Be-  
 5 ginning on January 1, 2022, and each year thereafter, the various boards of  
 6 county commissioners shall be responsible for providing additional annual  
 7 aid to the public health districts. The amount of such additional county aid  
 8 shall not be less than the amount appropriated to the various public health  
 9 districts by the legislature for state fiscal year 2021.

10 (2) The manner of apportioning the additional aid from the various  
 11 counties shall be calculated pursuant to section 39-424, Idaho Code, unless  
 12 an alternative manner of apportioning the additional aid is agreed to by the  
 13 budget committees of the various public health districts.

14 (3) Notwithstanding the provisions of section 31-863, Idaho Code, a  
 15 county may use any fund balance accruing pursuant to chapter 35, title 31,  
 16 Idaho Code, to fund the annual aid provided for in this section.

17 SECTION 9. That Section 39-425, Idaho Code, be, and the same is hereby  
 18 amended to read as follows:

19 39-425. ~~GENERAL STATE AID TO DISTRICTS -- PROCEDURES. (1) Every year,~~  
 20 ~~the districts shall submit a request to the legislature for money to be used~~  
 21 ~~to match funds contributed by the counties pursuant to section 31-862, Idaho~~  
 22 ~~Code, for the maintenance and operation of district health departments.~~  
 23 ~~The matching amount to be included in the request shall be a minimum of~~  
 24 ~~sixty seven percent (67%) of the amounts pledged by each county, as adopted~~  
 25 ~~as part of the budget for the health districts during the budget formula-~~  
 26 ~~tions, as provided for in section 39-423, Idaho Code. If the determined~~  
 27 ~~amount of participation by a county would exceed the amount which could be~~  
 28 ~~raised applying the maximum levy prescribed in section 31-862, Idaho Code,~~  
 29 ~~that county's participation shall be reduced to the maximum amount which can~~  
 30 ~~be raised thereby.~~

31 ~~(2) The foregoing provision shall not limit the legislature from autho-~~  
 32 ~~rizing or granting additional funds for selected projects in excess of the~~  
 33 ~~percentage of participation of general aid granted all health districts.~~

34 ~~(3) General state aid to the various health districts shall be made~~  
 35 ~~available from state appropriations, and shall be distributed in the follow-~~  
 36 ~~ing manner:~~

37 ~~(a) The amount appropriated to the health districts shall be divided~~  
 38 ~~based upon the formula developed and administered by the board of~~  
 39 ~~trustees of the Idaho district boards of health.~~

40 ~~(b) One half (1/2) of the amount appropriated shall be remitted to the~~  
 41 ~~public health trust fund on or before July 15, and~~

42 ~~(c) The remaining one half (1/2) of the amount appropriated shall be~~  
 43 ~~remitted to the public health trust fund on or before January 15. The~~  
 44 ~~legislature may authorize or grant additional funds to the various pub-~~  
 45 ~~lic health districts for selected projects.~~

46 (42) The liability of the state of Idaho to the public health districts  
 47 and the public health district fund and its divisions is limited to:

1       (a) ~~The funds actually authorized and granted to the various public~~  
2 ~~health districts as provided in subsection (1) of this section; and~~

3 ~~(b) The funds actually authorized or granted to the various public~~  
4 ~~health districts as provided for in subsection (21) of this section; and~~

5 ~~(e) The funds due the various health districts in payment of legally~~  
6 ~~authorized contracts and agreements entered into between the depart-~~  
7 ~~ments of the state of Idaho and the various public health districts.~~

8 ~~(5) If revenues to the state treasury are insufficient to fully meet ap-~~  
9 ~~propriations, and reductions in spending authority have been ordered pur-~~  
10 ~~suant to law, the amount of moneys to match revenues contributed by the coun-~~  
11 ~~ties, pursuant to section 39-423, Idaho Code, which has been appropriated~~  
12 ~~pursuant to this section, shall be reduced by the same percentage rate as~~  
13 ~~other general account appropriations.~~

14       SECTION 10. An emergency existing therefor, which emergency is hereby  
15 declared to exist, Section 1 of this act shall be in full force and effect on  
16 and after passage and approval.

17       SECTION 11. Sections 2 through 9 of this act shall be in full force and  
18 effect on and after January 1, 2022.