



BONNEVILLE COUNTY
1250 Hollipark Drive
Idaho Falls, ID 83401
OFFICE (208) 522-0310
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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 29, 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 29, 2021
7:00 a.m.

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

- 1. Call to Order and Roll CallChairman Reed
2. COVID-19 Situational Report.....Geri Rackow, James Corbett & Amy Gamett
a. Regional Hospital Report..... Dr. Rachel Gonzales, Madison Memorial Hospital
b. COVID-19 Data Review
c. Vaccination Update
3. Approval of Consent Agenda (Action).....Chairman Reed
a. Approval of April 1, 2021 Meeting Minutes
b. FY21 Year-to-date Financial Report
c. Subgrant Ratification
4. Legislative UpdateBill Leake & Geri Rackow
5. FY2021 Budget Adjustments (Action).....Steven Thomas
6. Review/Approval of FY2020/2021 Capital Budget Allocations (Action)Steven Thomas
7. Review/Approval of FY2022 Compensation Plan (Action) Geri Rackow
8. Review/Approval of Fiscal Year 2022 Budget Proposal (Action)Geri Rackow/Steven Thomas
9. Revised 2021 Board of Health Meeting Schedule (Action)..... Geri Rackow

BOARD OF HEALTH MEETING MINUTES
April 1, 2021
7:00 a.m.

PRESENT:

BOARD OF HEALTH MEMBERS

Bryon Reed, Commissioner, Chairman
 Bill Leake, Teton County, Trustee
 Blair Dance, Commissioner
 Leah Madsen, Commissioner
 Shayne Young, Commissioner
 Barbara Nelson, MD, Vice Chair
 Greg Shenton, Commissioner
 Brent Mendenhall, Commissioner
 Wayne Butts, Commissioner

STAFF MEMBERS

Gerri Rackow
 James Corbett
 Angy Harwood
 Kellye Johnson
 Amy Gamett

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.

2. Approval of the Consent Agenda

MOTION: Commissioner Mendenhall made a motion to approve the April 1, 2021 Consent Agenda.

SECOND: Commissioner Shenton

ACTION: MOTION CARRIED UNANIMOUSLY

3. Legislative Update

Chairman Reed, Mr. Leake and Ms. Rackow provided information on Senate Bill 1060 and House Bill 316.

4. Fiscal Year 2022 Budget Planning

- Ms. Rackow reports EIPH is moving forward with budget planning. They are also reviewing the state Change in Employee Compensation (CEC) guidance and developing a plan.
- The draft budget will be presented at the Board of Health meeting on April 29, 2021.

5. COVID-19 Situational Report

a. Regional Hospital Report

- David Hoffenberg provided an update for Eastern Idaho Regional Medical Center, Idaho Falls Community Hospital, and Madison Memorial Hospital. All the hospitals have seen an uptick in COVID admissions in the last month.
- EIRMC is averaging 35-40 COVID patients, with 25 admitted at the present time. Of these, 13 are in the ICU on ventilators. Patients are from all over the region including Bear Lake, Caribou, and Teton Counties as well as Teton County, Wyoming.
- Madison Memorial is averaging 2-3 COVID patients. They currently have 4 on their Medical/Surgical floor and 1 in ICU.
- Idaho Falls Community Hospital currently has 18 COVID patients; 5 are in the ICU and 3 are on ventilators. Mr. Jackman reported to Mr. Hoffenberg that IFCH has had 5 COVID patients who have had at least one dose of vaccine within 14 days of being diagnosed.
- Mr. Hoffenberg stated that the hospitals anticipate an increase of case due to the recent Spring Break and expressed the need for everyone to remain diligent with mitigation strategies until herd immunity is reached.
- Ms. Rackow noted that our regional hospitals are experiencing a higher number of admissions than hospitals in other districts.

- Mr. Hoffenberg explained EIRMC's process of accepting patients from other areas. As a regional trauma center, they will always treat the patients when they have the ability and capacity before diverting them to other hospitals.
- Hospitalizations include individuals of all ages.

b. COVID-19 Data Review

- Mr. Corbett reviewed EIPH's COVID Data Dashboard.
- We have seen increased cases in Bonneville, Madison, and Jefferson counties, which can be attributed to a variety of reasons: fewer people wearing masks (potentially due to the mask orders being lifted); people who are ill and not isolating themselves from others in the household or workplace; small family/friend gatherings; as well as large activities such as sporting events and tournaments.
- We have had reports of two positive variant cases in our health district. Variant cases are being tracked by the state and reported on their dashboard at coronavirus.idaho.gov.

c. Vaccination Rollout Update

- Ms. Gamett reviewed Idaho's Vaccination dashboard. Over 447,000 vaccines have been administered in the state with 84,000 in District 7. Idaho's supply of vaccine is increasing each week.
- Everyone aged 16 years and older is eligible to receive the vaccine.
- Ms. Gamett reviewed the V-Safe and Vaccine Adverse Event Reporting System (VAERS) which are used to report adverse reactions to the COVID-19 (and other) vaccines and provided information on the safety of the vaccine.
- Ms. Gamett reviewed information on Idaho's vaccine breakthrough cases. A breakthrough case is a person who tests positive for COVID-19 at least 14 days following completion of the vaccination series.

In response to a question about mental health concerns, Ms. Rackow acknowledged that mental health issues people may be experiencing due to the pandemic are certainly a concern and that we've had mental health professionals present to the board over the past year. Free resources are available at www.ioem.idaho.gov/covidhelpnow.

Announcement:

Ms. Rackow reported that the Idaho Association of District Boards of Health (IAB) Annual Meeting will be held on June 17, 2021. The event is being hosted by South Central Health District in Twin Falls. Board members may attend virtually or in-person. More information will be shared as it becomes available.

Chairman Reed adjourned the meeting at 8:35 a.m. The next meeting will be held on April 29, 2021 at 7:00 a.m.

Commissioner Bryon Reed, Chairman

Gerri L. Rackow, Secretary

Board Fiscal Notes

For the 9 Months Ended March 31, 2021

Board Meeting April 29, 2021

General Notes

- 1 For the 9 months ended March 31, 2021, EIPH's total expenditures for the year were 8.63% below the approved budget. This is based on the amended budget including new COVID amounts. COVID response is now 19.4% 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 9 months ended March 31, 2021, EIPH's total revenues were 14.34% 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	1,138,335.04	5,276,115.86	1,731,382.32	8,145,833.22	74,501.56	8,220,334.78
Apr-21				-		-
May-21				-		-
Jun-21			-	-	-	-
Capital Reserve Detail						
	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			
			1,731,382.32			
Designated and Authorized out of Operating Reserve						
	Future Vehicle Purchases		171,829.41			
	Public Health Emergency		500,000.00			
	Building Maintenance		250,000.00			
	Legal Defense		100,000.00			
			1,021,829.41			
Cash Restricted by Grant or Donor.						
	Restricted for Mammograms		17,654.20			
	Regional Behavior Health Board		79,425.99			
	Citizen Review Pannel		41,773.99			
	State Home Visit		27,937.19			
	Millennium Fund		74,531.95			
	COVID Vaccine FEMA payments		362,685.00			
	FY21 State hold back		60,500.00			
	COVID Donations		217,744.24			
			882,252.56			

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

FY 2021

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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	2,222.24	-	-	-	26,032.74	111.75%	-11.75%
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	327,196.00	-	-	-	1,552,046.89	94.40%	5.60%
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	75,716.44	-	-	-	727,340.41	46.27%	53.73%
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	2,981.96	-	-	-	22,069.59	35.96%	64.04%
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	153,028.04	-	-	-	1,774,065.83	57.50%	42.50%
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	76,014.32	-	-	-	800,719.84	75.18%	24.82%
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	88,319.38	-	-	-	817,771.86	73.76%	26.24%
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	63,530.02	-	-	-	705,809.17	61.02%	38.98%
SUBTOTAL	9,716,524	576,949.54	612,665.22	769,290.31	823,807.55	599,457.33	866,886.00	634,632.73	753,159.25	789,008.40	0.00	0.00	0.00	6,425,856.33	66.13%	33.87%
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!
CAPITAL OUTLAY TOTAL	68,171	-	-	22,723.53	-	-	45,447.06	-	-	-	-	-	-	68,170.59	100.00%	0.00%
TOTAL	9,784,695	576,949.54	612,665.22	792,013.84	823,807.55	599,457.33	912,333.06	634,632.73	753,159.25	789,008.40	-	-	-	6,494,026.92	66.37%	33.63%

PERCENTAGE OF TIME ELAPSED AND TIME REMAINING														75.00%	25.00%
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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	1,653,472.00	-	-	-	-	8,724,721.73
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	731,311.73	-	-	-	-	6,333,488.50
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	922,160.27	-	-	-	-	2,391,233.23
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	922,160.27	-	-	-	-	2,323,062.64
														2,323,062.64

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

FY 2021

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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	47,398	-	-	-	514,089.74	73.90%
Nutrition Contract Total	1,157,278	87,591	82,311	131,731	134,337	130,197	91,631	95,097	88,308	93,457	-	-	-	934,658.81	80.76%
Environmental Health Contract Total	236,688	15,112	13,852	18,607	20,022	21,827	16,953	16,707	19,029	20,356	-	-	-	162,464.22	68.64%
Public Health Disaster	1,863,495	40,432	37,617	63,908	39,506	13,415	42,134	26,814	586,315	707,552	-	-	-	1,557,693.64	83.59%
Healthcare Transformation	69,500	24,349	4,167	10,897	4,928	5,272	738	(15,737)	653	34,063	-	-	-	69,329.14	99.75%
Community Health Contract Total	1,657,504	336,580	78,854	108,568	67,889	97,865	64,320	80,422	64,529	39,185	-	-	-	938,213.06	56.60%
TOTAL CONTRACTS	5,680,165	547,781	232,230	399,995	333,422	354,212	271,932	282,733	812,132	942,011	-	-	-	4,176,448.61	73.53%

FEE REVENUE		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	367,182	-	-	-	1,490,949.83	135.05%
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	95,158	-	-	-	784,525.00	113.94%
TOTAL FEES	1,792,550	194,171	361,860	183,615	243,927	380,924	270,513	152,034	223,974	462,340	-	-	-	2,473,356.03	137.98%

SUB-TOTAL FEES & CONTRACTS	7,472,715	741,952	594,090	583,609	577,349	735,136	542,445	434,767	1,036,105	1,404,350	-	-	-	6,649,804.64	88.99%
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GENERAL RECEIPTS		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	76,549	-	-	-	840,507.76	75.00%
INTEREST	20,000	5,296	4,765	3,912	3,432	3,229	3,159	2,743	1,945	1,515	-	-	-	29,997.40	149.99%
STATE APPROPRIATIONS	1,191,400	585,950	-	-	-	-	-	605,450	-	-	-	-	-	1,191,400.00	100.00%
SURPLUS PROPERTY	0	-	-	700	-	-	-	-	-	500	-	-	-	1,200.00	N/A
REFUNDS	0	-	-	-	-	-	-	-	-	-	-	-	-	-	N/A
Miscellaneous	0	5	-	1,179	3,286	57	38,601	80	-	3,609	-	-	-	46,816.85	N/A
TOTAL GENERAL REVENUE	2,332,103	737,210	4,765	140,037	75,837	121,187	114,417	767,225	67,070	82,173	-	-	-	2,109,922.01	90.47%

GRAND TOTAL	9,804,818	1,479,163	598,855	723,647	653,186	856,324	656,862	1,201,991	1,103,176	1,486,524	-	-	-	8,759,726.65	89.34%
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		AMOUNT OF YEAR ELAPSED											75.00%		
Total Clinical Services	1,799,700	157,027	95,275	174,078	222,354	314,834	234,090	162,485	230,316	414,580	-	-	-	2,005,039.57	111.41%
Total Nutrition Revenue	1,157,278	87,591	82,311	131,731	134,337	130,197	91,631	95,097	88,308	93,457	-	-	-	934,658.81	80.76%
Total Environmental Revenue	925,238	95,973	101,457	93,549	108,129	172,339	108,864	85,686	65,479	115,514	-	-	-	946,989.22	102.35%
Total Healthcare Transformation	69,500	24,349	4,167	10,897	4,928	5,272	738	(15,737)	653	34,063	-	-	-	69,329.14	99.75%
Total Community Health	1,657,504	336,580	273,264	109,446	68,094	99,081	64,988	80,422	65,034	39,185	-	-	-	1,136,094.26	68.54%

CASH FLOW SUMMARY		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
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	1,486,524	-	-	-	8,759,726.65
Decrease (Increase) Accounts Receivable		(13,309)	66,037	(154,097)	56,393	11,735	2,854	64,807	(236,373)	166,948				(35,004.92)
Change in Accrued Exp/Revenue		11,578	17,513	74,484	(79,064)	(65,819)	111,880	(63,197)	27,295	57,697				92,367.83
Total Expenditures	9,784,695	576,950	612,665	792,014	823,808	599,457	912,333	634,633	753,159	789,008	-	-	-	6,494,026.92
Change in Cash		900,482	69,740	(147,980)	(193,293)	202,783	(140,737)	568,969	140,938	922,160	-	-	-	2,323,062.64
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	8,220,317	8,220,317	8,220,317	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	8,220,317	8,220,317	8,220,317	8,220,317	8,220,317.05

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	6,488,935	8,220,317	8,220,317	8,220,317	8,220,317.05

**EASTERN IDAHO PUBLIC HEALTH
SUBGRANT SUMMARY**

4/29/2021

NEW, RENEWED, & AMENDED SUBGRANTS

Subgrant/Contract Title	Grantor/Contractor	N (New) R(Renew) A(Amend)	Start Date	End Date	Last Funding Amount	New Funding Amount	Comments
COVID Immunizations	IDHW	A1	12/22/2020	6/30/2021		\$77,230.13	Added funding
Family Planning - Title X	IDHW	R	4/15/2021	3/31/2022	\$297,403.00	\$281,655.00	Annual Renewal
Oral Health	IDHW	A2	6/1/2020	5/31/2021	\$48,150.00	(\$29,501.00)	Reduced funding due to COVID-19 and loss of staff (unable to accomplish deliverables)
Oral Health - CDC	IDHW	A2	9/1/2020	8/31/2021	\$18,500.00	(\$10,578.04)	Reduced funding due to COVID-19 and loss of staff (unable to accomplish deliverables)
Tobacco Education & Prevention	IDHW	A1	6/29/2020	4/28/2021	\$84,000.00	(\$21,690.00)	Reduced funding due to COVID-19 (unable to accomplish deliverables)
		R	4/29/2021	4/28/2022	\$84,000.00	\$82,810.00	Annual Renewal

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 316, As Amended in the Senate

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 LEG-
18 ISLATIVE COUNCIL; AMENDING SECTION 39-423, IDAHO CODE, TO PROVIDE FOR
19 THE APPOINTMENT OF A DESIGNEE TO THE BUDGET COMMITTEE OF A PUBLIC HEALTH
20 DISTRICT AND TO MAKE A TECHNICAL CORRECTION; AMENDING CHAPTER 4, TITLE
21 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-424A, IDAHO CODE, TO
22 ESTABLISH PROVISIONS REGARDING ADDITIONAL COUNTY AID TO PUBLIC HEALTH
23 DISTRICTS AND PROCEDURES; AMENDING SECTION 39-425, IDAHO CODE, TO RE-
24 VISE PROVISIONS REGARDING STATE AID TO PUBLIC HEALTH DISTRICTS; AND
25 PROVIDING AN EFFECTIVE DATE.
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. An order of

1 a district board of health will take effect immediately. However, notwith-
2 standing the provisions of this subsection, if an order applies to all per-
3 sons in a county or a public health district, the board of county commission-
4 ers within each affected county, after consulting with the district board
5 of health, will determine by resolution whether or not to approve the order
6 within county limits within seven (7) days of the date of the order. If the
7 board of county commissioners approves the order, then the order will take
8 effect immediately for a period of thirty (30) days. Thereafter, the order
9 may be extended, amended, or modified and reimposed for thirty (30) day peri-
10 ods, subject to approval by the board of county commissioners.

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

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

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

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

26 (7) To cooperate with the state board of health and welfare, the depart-
27 ment of health and welfare, the board of environmental quality and the de-
28 partment of environmental quality.

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

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

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

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

44 (12) To enter into a lease of real or personal property as lessor or
45 lessee, or other transaction with the Idaho health facilities authority for
46 a term not to exceed ninety-nine (99) years upon a determination by the dis-
47 trict board that the real or personal property to be leased is necessary for
48 the purposes of the district, and to pledge nontax revenues of the district
49 to secure the district's obligations under such leases. For the purposes of
50 this chapter, a public health district is not a subdivision of the state and

1 shall be considered an independent body corporate and politic pursuant to
2 section 1, article VIII, of the constitution of the state of Idaho, and is not
3 authorized hereby to levy taxes nor to obligate the state of Idaho concerning
4 such financing.

5 (13) To administer and certify solid waste disposal site operations,
6 closure, and post-closure procedures established by statute or regulation
7 in accordance with provisions of chapter 74, title 39, Idaho Code, in a
8 manner equivalent to the site certification process set forth in section
9 39-7408, Idaho Code.

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

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

14 39-414A. AUDIT OF HEALTH DISTRICT FINANCES. It shall be the duty of
15 each district board of health to cause to be made a full and complete audit
16 of all the financial transactions of the health district no less frequently
17 than every two (2) years. Such audit shall be ~~made by or under the direction~~
18 ~~of the legislative council,~~ in accordance with generally accepted auditing
19 standards and procedures. The district board of health shall include all
20 necessary expenses for such audit in its budget.

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

23 39-423. BUDGET COMMITTEE OF PUBLIC HEALTH DISTRICT. The chairmen of
24 the boards of county commissioners located within the public health dis-
25 trict are hereby constituted as the budget committee of the public health
26 district.

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

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

45 On or before the first Monday in July, a budget for the public health
46 district shall be agreed upon and approved by a majority of the budget com-

1 mittee. Such determination shall be binding upon all counties within the
2 district and the district itself.

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

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

11 39-424A. ADDITIONAL COUNTY AID TO DISTRICTS -- PROCEDURES. (1) Be-
12 ginning on January 1, 2022, and each year thereafter, the various boards of
13 county commissioners shall be responsible for providing additional annual
14 aid to the public health districts. The amount of such additional county aid
15 shall not be less than the amount appropriated to the various public health
16 districts by the legislature for state fiscal year 2021.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 SECTION 10. This act shall be in full force and effect on and after March
23 1, 2022.

FY21 Proposed Budget Adjustment
WIC Subgrant Expansion
4/29/2021

	Personnel	Operating	Total	Funding
WIC	20,000.00	5,000.00	25,000.00	25,000.00
Peer Counseling	20,000.00		20,000.00	20,000.00
Total budget expansion	40,000.00	5,000.00	45,000.00	45,000.00

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PROPOSED EIPH CAPITAL & OPERATING RESERVE ACCOUNT DESIGNATIONS

Thursday, April 29, 2021

	Balances		Designated
	March 31, 2021	Change	April 29, 2021
CAPITAL RESERVE DETAIL			
Future Building Needs	787,022.93	599,977.07	1,387,000.00
Future Personnel Costs	107,173.00	(107,173.00)	-
IT Enhancements	150,000.00	(150,000.00)	
Community Needs	172,478.32	21.68	172,500.00
Future 27th Payperiod	240,000.00	10,000.00	250,000.00
Future Challis Building Replacement		600,000.00	600,000.00
Future Operating Stabilization	274,708.07	325,291.93	600,000.00
	<u>1,731,382.32</u>	<u>1,278,117.68</u>	<u>3,009,500.00</u>
OPERATING RESERVE DETAIL - DESIGNATED & AUTHORIZED FOR SPENDING			
Future Vehicle Purchases	171,829.41	68,170.59	240,000.00
Public Health Emergency Response	500,000.00	500,000.00	1,000,000.00
Building Maintenance	250,000.00		250,000.00
Legal Defense	100,000.00		100,000.00
IT Enhancements		150,000.00	150,000.00
	<u>1,021,829.41</u>	<u>718,170.59</u>	<u>1,740,000.00</u>
GRAND TOTAL	<u>2,753,211.73</u>	<u>1,996,288.27</u>	<u>4,749,500.00</u>

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Eastern Idaho Public Health Employee Compensation Plan

Fiscal Year 2022

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 FY2022, a 2% 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 2%. The result is that with no other changes in compensation, employees' current compa-ratios will decline.
- 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).
- 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. 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 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 an 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, employees 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.

Other Salary Adjustments

EIPH may consider other pay delivery options as outlined in IC 67-5309D as appropriate.

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 29, 2021.

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.

<u>Education</u>	<u>% Allowed</u>
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.	

<u>Experience</u>	<u>% Allowed</u>
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.	

<u>Bilingual</u>	<u>% Allowed</u>
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.	

<u>Certificate or Professional License</u>	<u>% Allowed</u>
Related Professional License or Related Certification Only	2 Maximum of 2%

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

APPENDIX B

FY2022 Change in Employee Compensation (CEC) Distribution Matrix Eastern Idaho Public Health

As Eastern Idaho Public Health (EIPH) is not a state agency, but an independent governmental agency as set forth in Idaho Code 39-401 governed by an independent district board of health, EIPH’s Board of Health has authorized the following CEC Matrix for FY2022.

Merit increases will be issued in accordance with the following matrix:

		PERFORMANCE			
		Does not Achieve	Achieves	Solid	Exemplary
COMPA-RATIO DISTRIBUTION	100%+	0%	5.25%	5.75%	6.25%
	90-99%	0%	5.50%	6.00%	6.50%
	70-89%	0%	5.75%	6.25%	6.75%

1. EIPH employees hired on or before May 14, 2021, will be eligible for the FY2022 CEC.
2. Due to salary savings in FY2021, the FY2022 CEC will be implemented four weeks early on May 16, 2022. It will be reflected on employees’ June 11, 2022 paycheck.
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.



Eastern Idaho Public Health

Fiscal Year 2022 Budget

Draft: April 29, 2021

WHAT'S INSIDE

FY 2022 Budget Highlights	2
District Operating Budget.....	3
Funding Sources	4
County Contributions (Idaho Code 39-424).....	5
County Contribution Resulting from House Bill 316	6
Potential Change to Public Health Budget Hearing.....	7

Fiscal Year 2022 Budget Summary

Fiscal Years 2021 and 2022 have been out of the ordinary for Eastern Idaho Public Health (EIPH) due to the COVID-19 pandemic. Federal funds have been infused into public health across the state to assist with our COVID-19 pandemic response—first with epidemiological investigations and contact tracing, and now more recently with COVID-19 vaccination efforts. As a result, EIPH's proposed budget for Fiscal Year (FY) 2022 is \$9,497,157 which is a 17.65% increase from FY2021. It is anticipated that our FY2023 budget will normalize back to pre-pandemic levels.

Revenue Highlights

State Appropriations

At the time of the writing of this draft budget proposal, the future of State General Fund appropriations to Idaho's local public health districts is uncertain. If passed during the 2021 Legislative Session, House Bill 316 would eliminate State General Fund appropriations to local public health and require counties to contribute more to support the health districts, beginning March 1, 2022. In FY2023, State General Fund appropriations would be eliminated completely, leaving the counties to fully fund that which was previously funded by the State. If House Bill 316 does not pass, it is anticipated that State General Fund dollars would be appropriated in accordance with the Trustee-approved funding distribution formula to the health districts and will be different than what is currently included in this budget proposal.

County Appropriations

EIPH is not requesting an increase in County Appropriations for FY2022; however due to increases in population and property market values, both Bonneville and Jefferson Counties will experience an increase in their respective contributions, while the remaining counties within the health district will see a decrease in their contributions. However, as noted above, if House Bill 316 passes, the Counties will be required to contribute additional funding to support local public health. The anticipated impact of House Bill 316 for FY2022 is included on page 6 of this budget proposal.

Fees

For FY2022, we are budgeting a 17% increase in fee revenue due to higher activity in several programs, including Subsurface Sewage Disposal, Land Development, Food Protection, and Immunizations.

Subgrants

This year's budget reflects an overall increase of 30.29% in subgrant funding over FY2021. Approximately 70% (\$808,000) of this increase is due to continued funding related to epidemiology activities related to COVID-19. Included in this budget is funding of \$30,000 for continued work related to Suicide Prevention activities that began in FY2021, but that was not included in the budget, as well as increased funding for WIC and Tobacco Education and Prevention. Furthermore, there are minor fluctuations being experienced in several other programs. At this time, the decision has been made to discontinue two subgrants—Oral Health and Hospital Preparedness programs—with the Idaho Department of Health and Welfare.

Expense Highlights

Salaries

Last year, EIPH was prohibited from providing Board-approved salary increases to staff even though funding was budgeted to support it. Historically, EIPH's salaries have been at or near the bottom compared to the rest of Idaho's public health districts, which continues to be a significant concern of EIPH's Administration. EIPH has been on the front lines of the COVID-19 Pandemic response for the last year and every employee's works has been impacted in one way or another. We could not have managed as well as we have the past year without the dedicated and committed staff at EIPH. To address lagging salaries and the hard work of EIPH staff, included in this budget is a 6% salary increase which will be distributed to employees based on performance and compa-ratio.

Employee Benefits

All employer benefit costs have remained relatively unchanged from FY2021. Of note, however, for FY2022, the cost to employees for medical and dental insurance is increasing an average of 8.7% (medical) and 4.2% (dental) for full time employees and an average of 3.15% (medical) and 3% (dental) for part time employees.

Operating Expenses

Overall, budgeted operating expenses have increased by 7.28% as the volume and purchase price of many needed supplies and fuel have increased.

Summary

EIPH's FY2022 budget is inflated compared to historical budgets due to our continued response to the COVID-19 Pandemic. It is anticipated that our response efforts will conclude at some point during the fiscal year and appropriate adjustments will be made. EIPH appreciates the support we receive from our Counties and look forward to an even closer working relationship in the years to come as we work hard to support the health and wellbeing of the residents in our communities.

REVENUE

Division	Subgrants	Fees
Board of Health	\$0	\$0
Clinical Services	723,700	1,235,000
Community Health	1,864,267	0
COVID Emergency Response	808,000	0
Environmental Health	233,786	862,550
Healthcare Transformation	105,500	0
Nutrition	1,237,332	0
FY2022 Total Revenue	\$4,972,585	\$2,097,550
FY2021 Budget	\$3,816,670	\$1,792,550
Change from FY2021 to FY2022	\$1,155,915	\$305,000
% Change	30.29%	17.01%

EXPENSES

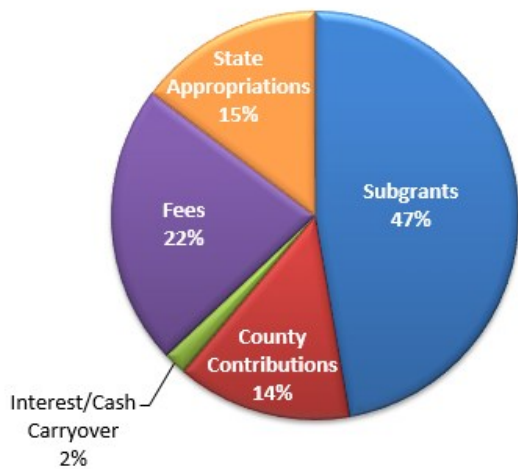
Division	Salaries	Benefits	Operating Expenses	FY2022 Proposed Budget	FY2021 Budget
Board of Health	\$10,950	\$952	\$12,000	\$23,902	\$23,295
Clinical Services	1,516,923	673,726	1,222,000	3,412,649	3,085,207
Community Health	910,978	386,692	331,830	1,629,500	1,572,008
COVID Emergency Response	451,219	206,758	11,000	668,977	0
Environmental Health	780,535	348,949	131,000	1,260,484	\$1,108,697
General Support	503,093	208,778	433,950	1,145,821	1,156,724
Healthcare Transformation	37,587	15,261	41,000	93,848	61,369
Nutrition	790,308	365,468	106,200	1,261,976	1,065,124
FY2022 Total Expenses	\$5,001,593	\$2,206,584	\$2,288,980	\$9,497,157	\$8,072,423
FY2021 Budget	\$4,104,402	\$1,834,471	\$2,133,551		
Change	897,192	372,113	155,429		
% Change	21.86%	20.28%	7.28%		

SOURCE OF FUNDS	FY2021 Budget	FY2022 Proposed Budget	Change	% Change
Subgrants	\$3,816,670	\$4,972,585	\$1,155,915	30.29%
Fees	1,792,550	2,097,550	305,000	17.01%
County Contributions (39-425)	1,120,703	1,120,703	0	0.00%
State Appropriations	1,191,400	741,064	(450,336)	(37.80)%
Interest	20,000	30,000	10,000	50.00%
COVID Capacity-Building Carryover	0	400,000	400,000	
County Contributions—State General Fund Replacement (HB316)	0	379,636	379,636	
Designated Carryover—State Home Visiting Funds	131,100	0	(131,100)	(100.00)%
TOTAL	\$8,072,423	\$9,741,538	\$1,669,115	20.68%

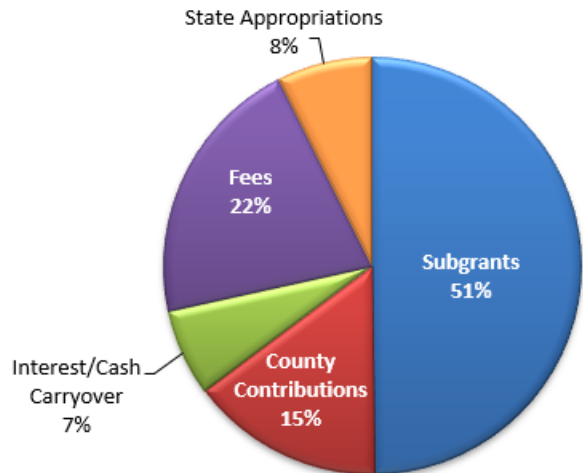
Potential Carryover		\$244,381		
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Request for Approval of FY2022 Operating Budget—\$9,741,157

Revenue Projection Summary - FY21



Revenue Projection Summary - FY22



COUNTY APPROPRIATION FORMULA (Idaho Code 39-425)

County Contribution = 70% Population Distribution + 30% Taxable Market Value
 (Based on 2020 Population Estimate) (Based on 2020 Taxable Market Value)

Proposed FY 2022 County Appropriations

County	2020 Population Estimate ¹	% Population of District	Population 70% Distribution	2020 Taxable Market Value ²	% Valuation of District	Valuation 30% Distribution	FY2022 Budget County Cost Pop. + Eval.
Bonneville	120,505	52.55%	\$412,250	\$9,181,208,276	47.27%	\$158,926	\$571,176
Clark	839	0.37%	2,903	150,628,850	0.78%	2,622	5,525
Custer	4,246	1.86%	14,592	776,459,674	4.00%	13,448	28,040
Fremont	13,256	5.78%	45,344	2,001,237,955	10.30%	34,630	79,974
Jefferson	30,435	13.27%	104,102	2,055,447,496	10.58%	35,571	139,673
Lemhi	7,983	3.48%	27,300	840,355,268	4.33%	14,558	41,858
Madison	39,905	17.40%	136,502	2,216,171,945	11.41%	38,362	174,864
Teton	12,126	5.29%	41,500	2,200,841,015	11.33%	38,093	79,593
TOTAL	229,295	100.00%	\$784,493	\$19,422,350,479	100.00%	\$336,210	\$1,120,703

¹ Idaho Department of Commerce due to the U.S. Census Bureau's 2020 Census not being published.

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	FY2021 Contribution	FY2022 Proposed Contribution	\$ Change	% Change
Bonneville	\$565,415	\$571,176	\$5,761	1.02%
Clark	5,593	5,525	(68)	(1.22)%
Custer	28,870	28,040	(830)	(2.87)%
Fremont	82,406	79,974	(2,432)	(2.95)%
Jefferson	136,602	139,673	3,071	2.25%
Lemhi	43,293	41,858	(1,435)	(3.31)%
Madison	176,589	174,864	(1,725)	(0.98)%
Teton	81,935	79,593	(2,342)	(2.86)%
TOTAL	\$1,120,703	\$1,120,703	\$0	

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

HB 316—REPLACEMENT OF STATE GENERAL FUNDS BY COUNTIES

During the 2021 Legislative Session, [House Bill 316](#) was introduced and is making its way through the legislative process. 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.

The new proposed section of code regarding additional county funding to the health districts is below:

39-424A. ADDITIONAL COUNTY AID TO DISTRICTS -- PROCEDURES.

- (1) Beginning on March 1, 2022, and each year thereafter, the various boards of county commissioners shall be responsible for providing additional annual aid to the public health districts. The amount of such additional county aid shall not be less than the amount appropriated to the various public health districts by the legislature for state fiscal year 2021.
- (2) The manner of apportioning the additional aid from the various counties shall be calculated pursuant to section 39-424, Idaho Code, unless an alternative manner of apportioning the additional aid is agreed to by the budget committees of the various public health districts.
- (3) Notwithstanding the provisions of section 31-863, Idaho Code, a county may use any fund balance accruing pursuant to chapter 35, title 31, Idaho Code, to fund the annual aid provided for in this section.

For FY2021, EIPH's State General Fund appropriation was \$1,191,400 (distributed in accordance with Idaho Code 39-425) plus \$19,500 designated for Citizen Review Panels for a total of \$1,210,900. However, there was also a 5% State General Fund holdback of \$60,500, resulting in a net State General Fund appropriation of \$1,150,400. Implementation of House Bill 316 on March 1, 2022 would equate to additional county contributions of \$379,632. Allocation of this amount between the counties is outlined below.

Proposed FY 2022 County Appropriations Replacing State General Funds

County	2020 Population Estimate ¹	% Population of District	Population 70% Distribution	2020 Taxable Market Value ²	% Valuation of District	Valuation 30% Distribution	FY2022 Budget County Cost Pop. + Eval.
Bonneville	120,505	52.55%	\$139,649	\$9,181,208,276	47.27%	\$53,837	\$193,486
Clark	839	0.37%	983	150,628,850	0.78%	888	1,871
Custer	4,246	1.86%	4,943	776,459,674	4.00%	4,556	9,499
Fremont	13,256	5.87%	15,360	2,001,237,955	10.30%	11,731	27,091
Jefferson	30,435	13.27%	35,264	2,055,447,496	10.58%	12,050	47,314
Lemhi	7,983	3.48%	9,248	840,355,268	4.33%	4,931	14,179
Madison	39,905	17.40%	46,239	2,216,171,945	11.41%	12,995	59,234
Teton	12,126	5.29%	14,058	2,200,841,015	11.33%	12,904	26,962
TOTAL	229,295	100.00%	\$265,744	\$19,422,350,479	100.00%	\$113,892	\$379,636

Request for Approval of Additional County Appropriations—\$379,636

County Population

County	County Population				County's % of Health District Population		
	FY2021	FY2022	Change	% Change	FY2021	FY2022	Change
Bonneville	119,062	120,505	1,443	1.21%	52.39%	52.55%	0.17%
Clark	845	839	(6)	(0.71)%	0.37%	0.37%	(0.01)%
Custer	4,315	4,246	(69)	(1.60)%	1.90%	1.85%	(0.05)%
Fremont	13,099	13,256	157	1.20%	5.76%	5.78%	0.02%
Jefferson	29,871	30,435	564	1.89%	13.14%	13.27%	0.13%
Lemhi	8,027	7,983	(44)	(0.55)%	3.53%	3.48%	(0.05)%
Madison	39,907	39,905	(2)	(0.01)%	17.56%	17.40%	(0.16)%
Teton	12,142	12,126	(16)	(0.13)%	5.34%	5.29%	(0.05)%
Total	227,268	229,295	2,027	0.89%	100.00%	100.00%	

County Property Values

County	County Valuation				County's % of Health District Total		
	FY2021	FY2022	Change	% Change	FY2021	FY2022	Change
Bonneville	\$8,117,142,778	\$9,181,208,276	\$1,064,065,498	13.11%	45.93%	47.27	1.34%
Clark	141,421,402	150,628,850	9,207,448	6.51%	0.80%	0.78%	(0.02)%
Custer	731,376,803	776,459,674	45,082,871	6.16%	4.14%	4.00%	(0.14)%
Fremont	1,955,855,635	2,001,237,955	45,382,320	2.32%	11.07%	10.30%	(0.76)%
Jefferson	1,762,390,140	2,055,447,496	293,057,356	16.63%	9.97%	10.58%	0.61%
Lemhi	820,147,435	840,355,268	20,207,833	2.46%	4.64%	4.33%	(0.31)%
Madison	2,040,649,185	2,216,171,945	175,522,760	8.60%	11.55%	11.41%	(0.14)%
Teton	2,104,322,143	2,200,841,015	96,518,872	4.59%	11.91%	11.33%	(0.58)%
Total	\$17,673,305,521	\$19,422,350,479	\$1,749,044,958	9.90%	100.00%	100.00%	

Assuming House Bill 316 is passed into law during the 2021 Legislative session, it incorporates a change to the Health District's Budget Committee as noted below.

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

The district board will submit to the budget committee by the first Monday in June of each year the preliminary budget for the public health district and the estimated cost to each county, as determined by the provisions of section 39-424, Idaho Code.

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

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

Nothing in this section shall prevent the chairman of a board of county commissioners from appointing a designee to represent him on the budget committee if the chairman is unable to attend the budget committee meeting, provided that the designee must be an elected county commissioner from the same county as the chairman of the board of county commissioners.

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Bonneville County Office
1250 Hollipark Drive
Idaho Falls, ID 83401
(208) 522-0310

Eastern Idaho Public Health's Board of Health

Commissioner Bryon Reed, Chairman ~ Bonneville County
Dr. Barbara Nelson, Vice Chairman ~ Physician Representative
Commissioner Greg Shenton ~ Clark County
Commissioner Wayne Butts ~ Custer County
Commissioner Blair Dance ~ Fremont County
Commissioner Shayne Young ~ Jefferson County
Commissioner Leah Madsen ~ Lemhi County
Commissioner Brent Mendenhall ~ Madison County
Bill Leake ~ Teton County

Visit us on the web at www.EIPH.Idaho.gov

and on Facebook at 

Eastern Idaho Public Health

BOARD OF HEALTH 2021 Meeting Schedule

Revised: 4/29/21

Unless otherwise noted below, all Board of Health meetings will be held at Eastern Idaho Public Health's office located at 1250 Hollipark Drive in Idaho Falls, Idaho. Limited seating is available for in-person attendance by the public. 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.

All Board of Health meetings will be streamed live on EIPH's [YouTube](#) page.

Date / Time	MEETING AGENDA
January 14 7:00 a.m.	General Board Meeting
February 4 7:00 a.m.	General Board Meeting
March 4 7:00 a.m.	General Board Meeting
April 1 7:00 a.m.	General Board Meeting
April 29 7:00 a.m.	General Board Meeting & Budget Presentation
June 3 9:00 a.m.	Public Budget Hearing & General Board Meeting
June 17 1:30 p.m.	<i>Idaho Association of District Boards of Health - Business Meeting hosted by South Central Public Health District (Twin Falls)</i>
July	NO MEETING
August	NO MEETING
September 17 9:00 a.m.	General Board Meeting
October	NO MEETING
November 19 9:00 a.m.	General Board Meeting & Legislative Reception
December	NO MEETING