

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 26, 2019

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/  
EXCUSED:** Representative(s) Vander Woude, Christensen

**GUESTS:** Remina Moro and Laura Gallo, BSU-Counseling; Brian Whitlock, IHA; Robert Smith and Joe Masti, ID Army Nat'l Guard; Jackie Mayorga, ID Army National Guard Suicide Prevention; Connor Reakes, Natalie Perry, Gabriella Szuch, McKenna Fost, Myale Schwarz, Alissa Sprute, Nirvana MVHS S.O.S.; Jessica Crocker-Oswalk, NNU-MSW; Bella Fudoli, Chancey Deem, and Ireland Russell, MVHS; Debbie Wilder, Live Wilder; Joey Perry and Wendy Wilson (nothing listed)

**Chairman Wood** called the meeting to order at 9:02 a.m.

**MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 18, 19, and 20, 2019, meetings. **Motion carried by voice vote.**

**H 172:** **Rep. Heather Scott**, District 1, presented **H 172**, an amendment to hospital taxing district trustee requirements to prevent taxing district trustees from simultaneously serving on the board of a hospital within the taxing district. This addresses a potential conflict of interest between the entity distributing funds and the entity receiving funds. Both taxpayer interests and transparency are better served with this change. Exemption is made to allow persons already serving in both capacities to serve out their term. An emergency clause is added to capture the May 2019 elections. Similar rules exist in urban renewal districts. Answering questions, she stated in one situation six members of a taxing district are also on the board of a recipient hospital.

**Chairman Wood** put the committee at ease at 9:13 a.m. **Chairman Wood** called the meeting to order at 9:16 a.m.

**Ford Elsessor**, Attorney, Chairman, Bonner General Health (BGH), testified via phone **in opposition to H 172**. This legislation targets Bonner County, disrupting and impairing health care to Idahoans living north of Coeur d'Alene. The board members are community members who, except for the administrator, receive no benefit from the hospital. The financial operations of the hospital have been completely transparent.

**Chairman Wood** put the committee at ease at 9:20 a.m. **Chairman Wood** called the meeting to order at 9:21 a.m.

**Brian Whitlock**, Idaho Hospital Association, testified **in opposition to H 172**. This legislation would restrict the availability of qualified board candidates. Last election day there were only five eligible candidates for five positions. Many community-minded people serve on multiple boards of all types. Recent adjustments based on the Attorney General's (AG) letter (See attachment 1) have met with his approval, making this legislation unnecessary.

Answering questions, **Mr. Whitlock** said he was not aware of any funding hospitals outside of the district, although hospitals do have management and working agreements with hospitals outside their districts. The hospital boards make operational governance and budgetary decisions. Taxing district members raise and pay expenses for the works of the district.

**Shawn Keough**, Private Citizen, Taxpayer, Resident of Bonner County, testified **in opposition** to **H 172**. Transparency already exists with both the taxing district and the hospital. Without the hospital, healthcare is several hours away. This bill is in search of a problem which has already been resolved and has received the AG's clearance.

For the record, no one else indicated their desire to testify.

In closing remarks, **Rep. Scott**, stated a new member on the hospital board alerted the AG's office to transfers by the other members, including one done after the AG's letter. In this instance the monies were used to benefit the organization of which they were on the board. This legislation stops the potential conflict and will affect 200 people statewide who are sitting as elected trustees on taxing districts.

**MOTION:** **Rep. Zollinger** made a motion to send **H 172** to the floor with a **DO PASS** recommendation. **Motion failed by voice vote.**

**SUBSTITUTE MOTION:** **Rep. Blanksma** made a substitute motion to **HOLD H 172** in committee. **Motion carried by voice vote.**

**Dr. Linda Hatzenbuehler**, Idaho Council on Suicide Prevention, described the 2006 Council formation, the history of Idaho suicide prevention, and the 2018 plan, follows the national 2012 suicide prevention strategies, and emphasizes public, private, state, and local partnerships in a comprehensive prevention system.

**Stewart Wilder**, President, Idaho Suicide Prevention Coalition, Live Wilder Foundation, Member, Governor's Council on Suicide, said a facilitator has been hired and administrative support has been obtained from the Department of Health and Welfare (DHW). The five-year 2019 Idaho Suicide Prevention System Action Plan has been developed. The Idaho Suicide Prevention Action Collective (ISPAC) has presented and requests funding, with the commitment to continue working together. The multi-year collaborative project is imperative to continue the plan to reduce suicides by 2025.

**Denise Jensen**, Department of Health and Welfare (DHW), Division of Public Health, Program Manager, Center for Drug Overdose and Suicide Prevention, explained Idaho has the opportunity to change the current trajectory, build an infrastructure, and use a multi-faceted approach so Idahoans can thrive. The ingredients for suicide prevention include training, assessment, community resources, infrastructure, and time. The five-year plan, if fully implemented, will yield a 20% suicide rate decrease by 2025.

**Dr. Bob Polk**, on behalf of the ISPAC, a new group created out of the strategic five-year plan. To function, the ISPAC will become a collective impact model of collaboration. Once funded, they will delineate the structure of the collective model and hire an executive director to keep the ISPAC and sub teams on track.

As a result of the Gatekeeper training in schools, over 200 students did not make a suicide attempt who otherwise would have done so. If there is no attempt, then no death can happen.

The plan's first year is heavy on infrastructure and capacities. Without infrastructure the processes have no framework within which to operate. The Joint Finance and Appropriations Committee (JFAC) intent was fulfilled and they now ask JFAC to fulfill their side of the bargain and fund the plan. ISPAC has gone beyond the intent language and created a way forward for a sustainable and accountable collaboration of the private and public sector for suicide elimination.

**Connor Timothy Reakes**, Nirvana Union, Mountain View High School Sources of Strength (SOS), shared the Warmline concept. This non-emergency talk line would limit traffic on the Hotline, allow continued contact with one person, be used during recovery, create a separation between an emergency and a place to talk, and has been a successful part of the New Jersey Suicide Prevention Plan. This is not a 24/7 line and not a first responder call center. Calls are, typically, late at night. There can never be enough effort to prevent suicides.

**Alissa Sprute**, Nirvana Union, Mountain View High School, suggested a more in-depth questionnaire be provided for students. The current questionnaires has only two questions with a neurological subject. Mandated student mental health exams will inform students of available resources, recognize the youth population, acknowledge chronic traumatic encephalopathy (CTE) is not limited to sports injuries, and reduce hospital visits.

**Chancey Deem**, Boise, presented a proposal for additional psychiatric and suicide prevention training for physicians. This will enable them to ask more appropriate questions and have discussions with teens during office visits. Idaho could adopt the "All Patients Safe" training system used in Washington. This is a program designed by doctors and could be applied to online and classroom training.

**Nataillie Perry**, Mountain View High SOS, shared the impact of multiple suicides on her life and family. There are stigmas surrounding persons who commit suicide which must be addressed through education. Public school mental health services require additional funding to help teenagers understand, process, and deal with the care and reality of their illness, rather than romanticize it. They need help and a platform to convey what they are experiencing.

**Chairman Wood** encouraged **Ms. Sprute** to take her idea to school boards, district superintendents, etc. He thanked **Mr. Reakes, Ms. Sprute, Ms. Deem, and Ms. Perry** for their ideas and work, stating the committee takes the issue very seriously and is open to pursuit of the topics.

**ADJOURN:** There being no further business to come before the committee, the meeting adjourned at 10:34 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary