

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

- DATE:** Thursday, January 31, 2013
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood(27), Vice Chairman Perry, Representatives Hancey, Henderson, Hixon, Malek, Morse, Romrell, Vander Woude, Rusche, Chew
- ABSENT/  
EXCUSED:** None.
- GUESTS:** The sign-in sheet will be retained in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.
- Chairman Wood(27)** called the meeting to order at 9:00 a.m.
- RS 21810:** **Nancy Kerr**, Executive Director, Board of Medicine, presented **RS 21810**, which changes the Board of Physician Assistants advisory committee members' compensation rate to an honorarium so they are not required to participate in the public employee retirement system program of Idaho (PERSI).
- MOTION:** **Rep. Hixon** made a motion to introduce **RS 21810**. **Motion carried by voice vote.**
- DOCKET NO.  
16-0202-1201:** **Dr. Murry Sturkie**, St. Luke's Emergency Medicine Physician, Chairman, Idaho Emergency Medical Services (EMS) Physician Commission, presented **Docket No. 16-0202-1201**, a Pending Rule that updates the EMS standards manual, effective date of July 1, 2013, to reflect the current best practices. The Advanced Emergency Medical Technician (EMT) description now offers Advanced EMTs the option of staying at their current scope, based on the Intermediate 85 curriculum, or transitioning to the new scope, with specific skill expectations if they choose not to transition. The finger sweep, modified chin lift and hemorrhage control skills have always been included in every EMS level and are now in the manual. Dr. Sturkie detailed changes within each level of licensed EMS provider, stating that there are also optional skills noted that can be performed with additional training and medical oversight, so agencies can tailor their services to meet local needs. Other changes are the EMS medical directors' medical supervision plan submission to within thirty days of a request, annual designated clinicians identification, and EMS Bureau notification upon occurrence of any medical director change.
- Responding to questions, **Dr. Sturkie** explained that it will take 80-200 hours of study and training to make the transition to the new scope, including both a national registry exam and a ten-station practical exam. Various aspects of additional training remain a challenge, although multiple computer based and remote site training opportunities are proving helpful, if they can be accessed. Rural providers, who are advanced EMT's, were considered for the scope of practice options and appropriate care levels. The intermediate 85 curriculum exemption addresses some concerns expressed during the rural EMS accessibility discussions. The Bureau will continue to explore options to provide the best service to rural and urban communities.
- For the record, no one indicated their desire to testify.
- MOTION:** **Rep. Romrell** made a motion to approve **Docket No. 16-0202-1201**. **Motion carried by voice vote.**

**Brent Reinke**, Director, Department of Corrections, presented an Idaho Criminal Justice Commission update. He gave a brief history of the commission, stating that county, city, and citizen representatives meet regularly to enhance and improve the criminal justice system.

**Dan Chadwick**, Executive Director, Idaho Association of Counties, reported that the Public Defense System Subcommittee has met monthly for the last three years. Their current recommendations are for uniformity in counsel appointment and juvenile right to counsel. Additionally, they are requesting the formation of an interim legislative committee to examine the creation of an independent commission and review the public defense system.

**Sara Thomas**, State Appellate Defender, reported that the Human Trafficking Subcommittee has identified this growing gang involvement problem in our state. A multi-state network circuit exists that brings girls into our state, posts available dates on the internet, and then moves the girls to another state. They have also discovered recruitment occurring at public locations, such as the Boise Town Square Mall. Current statutes are not adequate. Ms. Thomas shared two recent cases and how current legislation did or did not result in criminal prosecution. Proposed legislation requests a felony charge for anyone using an underage person for prostitution, required sex offender registration, and forfeiture of assets earned or used in human trafficking.

**Ross Mason**, Chairman, Children of Incarcerated Parents Subcommittee, described the program design for improving the lives of children whose parents are incarcerated for six months or longer. The pilot program, with twenty kids, gives additional counseling and guidance to put them on the right course. A recent survey found that the majority of children of incarcerated parents are in grade school, 6% are in adoptive or foster care, and the rest live with a family member. An outreach document that guides in answering questions, has been well received and distributed to schools, counselors, parents, and the general public.

**Sara Thomas**, stated that the Sexual Offender Management Board system tier has been eliminated and its reinstatement will be proposed in future legislation. The Gang Strategies Subcommittee uses prevention, intervention, and suppression programs to reduce the criminal activity of gangs in the state by a focused strategy that empowers and encourages youth to reject involvement in criminal gangs.

**Sharon Harringfeld**, Director, Department of Juvenile Corrections, described the Results First Program, which is being developed for Idaho and based on a Washington State cost-benefit analysis model. It uses a part-time economist for cost effectiveness, efficiency and collaboration with all parts of the government.

Responding to questions, **Brent Reinke** stated that **Shane Evans**, Chief of Education Treatment and Reentry, and Chairman of the Sex Management Board, will be spearheading the 2014 legislation for the Sexual Offender Management Board system tier reinstatement. **Sara Thomas** said that the human trafficking legislation is scheduled for presentation to the Senate Judiciary and Rules Committee on February 11, 2013. **Brent Reinke**, explained that the notable increase in the female population is due to substance abuse issues and three new sentencing options. He stated that there are over fourteen thousand incarcerated individuals, with a large portion on joint jurisdiction riders between the Department and the courts.

**Brent Reinke**, discussed the number of incarcerated individuals at the eleven Idaho prisons. He explained the difference between a probationer and a parolee, stating that a parole officer's load can be a mix of both. Improvements include the appointment of new commissioners and the review of every violation submitted to assure utilization of community efforts. Education treatment and reentry is critical and they hope to expand their vocational training program. The Management Services Division oversees the contracted prisons, including out of state, with a major focus on data quality and integrity to measure results and manage facilities and programs effectively. Mr. Reinke said that additional areas of focus are staffing, population, and resolution of a 31-year-old lawsuit (BALLA). The old bed driver had a 99% occupancy rate, while they currently maintain 98% with their focus on programs, which increases the inmate release success rate. Reentry requires a lot of work to allow an ex-inmate the ability to take care of his/her own family and be a product Idaho citizen.

**Patrick Guzzle**, Manager, Department of Health and Welfare (DHW), Food Protection Program, Division of Public Health, presented the triennial Food Protection Report, stating that Idaho food protection efforts are a partnership between the Food Protection Program, Public Health Districts, and the food industry. Idaho was the first state to have all public health jurisdictions participate in the National Voluntary Regulatory Food Program Standards and has just received confirmation that the 2016 National Conference for Food Protection will be hosted in Idaho. He described the status and rules that govern food safety.

**Russell Duke**, Director, Central District Health Department, on behalf of all seven local public health districts, shared that the Food Safety Program works with a variety of food providers, including those at temporary events, does one inspection per year, contracts with the U.S. Food and Drug Administration to inspect food processing facilities, and responds to public complaints and foodborne illness issues. He detailed the range of activities that include licenses, pre-openings, education, and data management. Funding comes from license fees and contributions by the state and counties. Mr. Duke described the license fee adjustment and implementation for the various establishment types, including supermarkets, who have several licenses for the different food sections. He summarized the impact of foodborne illnesses, including hospitalization and litigation costs, as well as the decline in food establishment complaint investigations. He concluded that food establishment staff turnover is frequent, so a good relationship with their management is critical.

Responding to questions, **Mr. Duke** said that they see the same array of pathogens. **Mr. Guzzle** stated that the norovirus becomes easily airborne and sheds up to ten days after any symptoms have been resolved, so they are asking for strict employee health policies and hand washing, but it is a difficult pathogen to control. Mr. Duke explained that an inspection report includes a findings review with the establishment's manager and a time frame to correct any violations. It is rare that they close an establishment; they would rather work with them over a period of weeks and follow up or reinspect them. He gave examples of common temperature and hygiene violations. The Food Safety Program's challenges are the annual inspection minimum and maintaining a relationship with the food industry, so they are comfortable contacting his group.

**Chairman Wood(27)** commented that with the U.S. food inspection programs we have experienced increased longevity through non-contaminated food, immunizations, clean water, and other modern miracles of medicine.

**Mr. Duke** responded in agreement, stating that we have the technology, capability and knowledge to prevent almost all foodborne illness, however it becomes a matter of securing all regulatory aspects of the global food supply chain, since any product has contact with a number of hands before the consumer. **Mr. Guzzle** said that there are 25 to 50 different organisms that can cause illness, but an increase of any specific pathogen is usually caused by human error.

**Dr. RoseAnna Holliday**, President, Idaho Academy of Nutrition and Dietetics, presented information on registered nutritionists and dietitians, and their impact on chronic disease health care savings in Idaho. She explained their educational requirements, and preventative nutritional services. She gave examples of the various ways they work with both public and private sectors to improve health with evidence-based scientific research and an emphasis on helpful eating habits that last a lifetime.

**Dr. SeAnne Safaii**, Incoming President, Idaho Academy of Nutrition and Dietetics, explained that most of their students remain in Idaho and advocate for health related issues from birth until death. She described the obesity epidemic as a result of poor nutrition and lack of physical activity. She summarized the ways a dietitian can bend the obesity cost curve through a body mass index (BMI) reduction of five percent, with a resulting one billion dollars in health care savings in ten years. An individual's genetic background, gut microflora, environment, resources, and bio markers are reviewed to inform and help with any diet improvements. They are health board members and a resource that would appreciate being an active part of health care advisory boards for the health of Idaho citizens.

In answer to questions, **Dr. Safaii** explained the plate method and said they would like to work in physician offices with families to provide early start training. They continue to be involved in school lunch programs and food bank educational programs for high risk children. **Dr. Holliday** stated that they are a part of the National Association of the American Academy of Nutrition and Dietetics. Medicare and Medicaid cover only renal disease and diabetes, which limits the nutritional services they can provide. They offer educational programs and classes through colleges and seminars, but need to become a stronger part of the community.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:37 a.m.

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Representative Wood(27)  
Chair

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Irene Moore  
Secretary