

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 29, 2015  
**TIME:** 9:00 A.M.  
**PLACE:** Room EW20  
**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew  
**ABSENT/  
EXCUSED:** Representative(s) Rusche, Vander Woude  
**GUESTS:** James Aydelotte, IDHW/Vital Stats; Elke Shaw-Tulloch, IDHW Public Health; Jeni Griffin, SPAN Idaho; John Reusser, Idaho Suicide Hotline; Bev Barr, IDHW/Rules; Norm Varin, Pacific Source Health Plans; Dennis Stevenson, Rules Coordinator.

**Chairman Wood** called the meeting to order at 9:01 a.m.

**DOCKET NO. 16-0208-1401:** **James Aydelotte**, Bureau Chief, State Registrar, Bureau of Vital Statistics, Department of Health and Welfare (DHW), Division of Public Health, presented **Docket No. 16-0208-1401**, a Pending Fee Rule for certificates and verifications issued by the Bureau.

The Bureau's goal is to be self sustaining. They do not receive General Fund support. In the past few years, they have reached their budget through fee receipts, one-time federal funding, other DHW Department fund transfers, and vacant staff positions. Their current computer system is beyond its technical life span.

The Bureau's ongoing shortfall precipitates the need for fee increases. The additional funds will provide a fully functional computer system and fill open staff positions. The staff impact has been increased workloads, lower morale, and vital task delays that impact citizens, leading to increased call volumes.

The current shortfall is \$235,000. The fee increases are expected to generate \$344,900. This will result in an additional \$110,000 to be applied to data base system updates and upgrades, including the electronic birth and death systems, which must meet statutory obligations to maintain state records system.

The last fee increase was thirteen years ago. In determining the new fee amounts, inflation was a consideration, as were certificate prices in surrounding states. The new fees will still be less than those in Nevada, Washington, and Utah.

Answering questions, **Mr. Aydelotte** said updated technology may lead to a drop in costs and an opportunity to decrease fees. Any electronic system has implementation, update, and maintenance costs, with a natural life span that must be anticipated. The \$344,900 is an estimate that could fluctuate, depending on the number of requests received.

The Bureau is not statutorily required to be self sustaining. With no savings account, expenditures occur whether or not collected funds are available. This requires additional funding in order to balance.

**Jared Tatro**, Legislative Services, Budget and Policy Analysis, was invited to answer a question. He said acquiring information beyond the past three years will require data transfer from the previous to the current accounting system and Department analysis. Three years' worth of information has been provided, indicating in-kind support to vital statistics, which receives no direct General Funds.

Answering a question, **Mr. Tatro** explained the proposed \$100M State Controller system will be applied to the entire state government, except one system in the State Transportation Department. If approved entirely, it will cover their needs. The number of full time employees (FTE) within the Bureau has remained constant over the last ten years.

Responding to the same question, **Mr. Aydelotte** said their staff consists of 41 FTEs and one state temporary employee. They have lost one FTE due to funding cuts.

**MOTION:** **Vice Chairman Packer** made a motion to approve **Docket No. 16-0208-1401**.

**Mr. Tatro**, answering another question, said \$6M to \$7M in DHW personnel costs was reverted back to the General Fund, with a comparable amount reverted from Medicaid.

**SUBSTITUTE MOTION:** **Rep. Hixon** made a substitute motion to reject **Docket No. 16-0208-1401**.

**Vice Chairman Packer**, commenting on the original motion, said the Department has the opportunity to manage their own needs, regardless of the dollars reverted to the General Fund. She would like to see users, rather than taxpayers, cover the Department's needs and expenses.

**Rep. Redman** stated his agreement with fees maintaining services that are not used by all Idahoans every day.

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

**Rep. Perry** stated her support of the substitute motion. Since the Bureau is not statutorily required to be self sustaining, federal funding makes sense because they are under the DHW umbrella, which needs to support them. The DHW reverted funds could support the Bureau, with fees as a supplement.

In support of the original motion, **Chairman Wood** said the government, as a general rule of principle, should operate on fees rather than taxes. A mortician in his district said the fee increase was reasonable and he would actually pay more for a good electronic system. The DHW reverted funds run other government agencies, such as education. No one likes increased fees and costs, but expecting the Bureau to go for thirteen years and not be affected by inflation is unreasonable.

**ROLL CALL VOTE ON SUBSTITUTE MOTION:** **Rep. Hixon** requested a roll call vote on the substitute motion to reject **Docket No. 16-0208-1401**. **Motion failed by a vote of 2 AYE, 7 NAY, and 2 Absent/Excused.** **Voting in favor** of the motion: **Reps. Hixon and Perry.** **Voting in opposition** to the motion: **Reps. Wood, Packer, Romrell, Beyeler, Redman, Troy, and Chew.** **Absent/Excused: Reps. Vander Woude and Rusche.**

**VOTE ON ORIGINAL MOTION:** **Chairman Wood** called for a vote on the original motion to approve **Docket No. 16-0208-1401**. **Motion carried by voice vote.** **Reps. Hixon and Perry** asked to be recorded as voting **NAY**.

**Linda Hatzenbuehler**, Chairman, Idaho Council on Suicide Prevention, presented their annual report. She described the Council, which includes persons who have attempted suicide and family members of those who have attempted or completed suicide. The Council was developed by Executive Order in 2006. They oversee The Idaho Suicide Prevention Plan, a proponent of suicide prevention efforts, and annually report to both the Legislature and Governor.

The Idaho Suicide Prevention Plan has ten goals: public awareness; anti-stigma; gatekeeper education; behavioral health (BH) professional readiness; community involvement; access to care; survivor support; suicide prevention hotline; leadership; and, data.

In 2013, Idaho was ranked as having the seventh highest suicide rate in the nation, 47% higher than the national average. Suicide is the second leading cause of death for Idahoans age 15 to 34 and for males age 10 to 14. One in seven Idaho youth attending schools reported seriously considering suicide and one in fourteen reported making at least one attempt. Between 2009 and 2013, 85 Idaho school children age 18 and under died by suicide. Fifteen of those were under the age of 14. Suicide attempts result in \$36M in annual costs. Suicide completions cost over \$850,000 in annual medical care alone and much more in total life time productivity lost. And the rates are increasing.

**Jenny Griffen**, Executive Director, Suicide Prevention, and Program Director, Suicide Prevention Action Network (SPAN) of Idaho, described the Idaho Lives Project, a partnership between SPAN and the State Department of Education. Their core program, Sources of Strength, acknowledges young people turn to their peers during emotional or suicidal distress. They train young people in suicide prevention with messages of hope, help, and strength. They also train the adults around the youth, including school staff. Last year they trained over five hundred BH providers by bringing the leading expert to Boise. The same expert will hold another training session with video conferencing at three Boise locations next year. Another suicide prevention best practice program, Shield of Care, is being brought to the Idaho juvenile justice facilities.

Sources of Strength is in its fifth quarter. Training has included fourteen schools, and 2,500 youth and professionals, including school staff, medical and mental health providers, law enforcement, and clergy.

**John Reusser**, Director, Idaho Suicide Prevention Hotline, explained their commitment to the prevention of suicide in Idaho, noting their achievement of a 24/7 phone response in November, 2014.

Over two hundred of their calls have been rescue calls and count as lives saved. Follow-up calls are an integral way to reduce attempts and avoid psychiatric readmissions. They have forty-seven trained volunteer phone workers who receive fifty training hours before their first call. These volunteers have a supervisor silent monitoring each call to help them handle situations as needed.

The program has also provided the State Tax Commission with training, including video training to field offices, because their workers encounter emotionally distressed taxpayer phone calls.

The program has distributed 60,000 wallet cards statewide. They have begun recruiting a separate cohort of non-phone worker volunteers called Hotline Ambassadors to assist with statewide community outreach and support tasks. This program is in partnership with the National Alliance of Mental Illness (NAMI) and SPAN.

Answering questions, **John Reusser** said they have a vibrant social media presence, partnering with school districts to get their information to staff members. iPhones have the national suicide hotline number preloaded. They are adding a 208 area code number to bring into the center. As part of the lifeline network, calls are forwarded based on the caller's area code.

In closing, **Linda Hatzenbuehler** said the trend data shows something must be done. There is a need to increase affordable and available mental health care, provide a place for persons in crisis to go, and a decrease in the mental health stigma.

Responding to questions, **Linda Hatzenbuehler** stated Idaho needs to move forward in developing better access to affordable mental health care. Changes can include training primary care providers, increasing mental health services available at primary care centers, and implementing the patient-centered medical home concept. We have to decrease the number of people without financial access to services. By funding the hotline and developing more crisis centers, individuals have options beyond going to a hospital, which is very costly, especially for the uninsured.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:02 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary