

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, January 26, 2021
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Vander Woude, Representatives Gibbs, Blanksma, Kingsley, Christensen, Lickley, Erickson, Ferch, Mitchell, Chew (Hoy), Rubel, Davis (Burns)
**ABSENT/
EXCUSED:** Representative(s) Blanksma, Christensen
GUESTS: Mike Kane, Health D's; Carson Tester, Westerberg & Assoc.
Chairman Wood called the meeting to order at 9:00 a.m.
MOTION: **Rep. Lickley** made a motion to approve the minutes of the January 25, 2021, meeting. **Motion carried by voice vote.**

Michael Kane, Attorney, representing the Idaho Health Districts, presented the Local Public Health Legislative Update. Each independent health district has multiple counties and at least one urban center anchor for the necessary infrastructure.

In the late 1800's health districts in other states began as a response to various contagious diseases common for that era. In 1907 IDAPA 39-409 established the Idaho Health Districts. There have been no substantive legislative changes since 1970.

The original legislative intent was to recognize the districts as governmental entities with state-authorized creation. The districts' structure and authority differ from other single-purpose districts.

The district organizational structure begins with county commissioners who appoint the Health District Boards. The boards then appoint a director to run the programs. The board membership may include individual county commissioners who are approved by the Board of County Commissioners. By statute, at least one member must be a licensed physician, if available. This member is also appointed by the county commissioners and approved by the district Board of County Commissioners.

District health programs include epidemiology, immunizations, suicide prevention, Regional Behavioral Health Boards, prescription opioid solutions, oral health, nurse home visiting, fit and fall, tobacco cessation, septic permits, public pools, solid waste, childcare inspections, land development, food safety, citizen review panels, preparedness, women, infants and children, medical reserve corps, and crisis centers.

State law directs the independent district boards to administer and enforce all state and district health laws, regulations, and standards. They are also charged to do all things required for public health preservation and protection. Their actions are delegated, since 1970, by the Directors of the Department of Health and Welfare (DHW) or the Department of Environmental Quality (DEQ). Health districts also contract with the federal government for a large array of public services.

The DHW reportable diseases list does not include COVID-19. Because of this, it falls under the DHW rules for "extraordinary occurrences of illness, including clusters and unusual outbreaks which may involve a large number of persons and may be a new entity." This definition provides extra protection tools which include personal isolation, building quarantines, and personal activity restriction. These are delegated DHW rules and must be followed by the districts.

To address the immediate danger in 1907, violations were set as a misdemeanor penalty with a fine not exceeding \$300. A discrepancy exists today between the severity of this penalty and the type of violations occurring. The districts are working on legislation to address this issue.

Varying district requirements are determined by each board based on the needs of their counties. The districts have not closed churches or schools. One district temporarily closed bars while a protective plan was being developed. No other businesses have closed. The gathering restrictive orders apply only to social gatherings, which are considered to be the illness' source.

As an example of a health district's response, **Elting Hasbrouck**, Health District 4, Valley County Commissioner, related the health district's decision, as a recreational area, to mandate masks in conjunction with Central District Health. The goal to slow down the virus spread worked well and helped the district hospitals, who were struggling to handle the demand.

Responding to questions, **Mr. Hasbrouck** said two mandate violations, which included other criminal activity, were issued in McCall. Instead of issuing violations, the local sheriff participated in educating people about the disease and wearing a mask. Ninety-five percent of the people, especially the businesses, appreciated the protective restrictions.

Bryon Reed, Bonneville County Commissioner, Chairman, Eastern Regional Health Board, said the Public Health Directors have had a tremendous amount of work, which has included a large educational component, to protect the public's overall health. Public meetings have addressed personal health, supplements, nutrition, and exercise.

Answering committee questions, **Mr. Kane** said each health district has a website and dashboard which contains an abundance of educational material and mirrors the Centers for Disease Control (CDC) information. The DHW uses 1970 delegatory documents and the DEQ delegates through a memorandum of understanding.

Chairman Wood thanked the presenters and encouraged the committee to meet with the Health District Board members to discuss upcoming legislation.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 9:49 a.m.

Representative Wood
Chair

Irene Moore
Secretary