2025 Compendium of Resolutions & Position Statements

Idaho Association of District Boards of Health

This page is intentionally left blank.

RESOLUTIONS & POSITION STATEMENTS

Table of Contents

This page is intentionally left blank.

RESOLUTION 22-02R, FOOD ESTABLISHMENT LICENSE FEES

Back to Top

WHEREAS, protecting the public from the hazards of food borne illness and disease is a primary function of Idaho's Public Health Districts; and

WHEREAS, the Centers for Disease Control and Prevention estimates that one in six Americans, or 48 million people, get sick from foodborne illnesses every year. Approximately 229,000 of these are hospitalized and 3,000 die[1]; and

WHEREAS, foodborne illness poses a $77.7 billion economic burden in the United States annually[2], and

WHEREAS, it is well recognized that foodborne outbreaks can be devastating to a food establishment business; and

WHEREAS, the Public Health Districts are committed to providing an appropriate balance between code enforcement and education while maintaining a balanced budget; and

WHEREAS, the food protection system in Idaho presently meets state standards, but fails to meet the national standards for inspection frequency for establishments deemed to be high risk for foodborne illness; and

WHEREAS, the Public Health Districts are required by the Idaho Food Code to perform at least one food safety inspection per year for each licensed food establishment; and

WHEREAS, general state appropriation funding is no longer provided to the Public Health Districts to subsidize food establishment inspection fees for private businesses, placing the full burden on the county tax payers;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health requests removing food establishment license fees in Idaho Code and allowing the local boards of health to establish a fee based on the actual cost to deliver the food safety inspection program.

Section: Environmental Health
Adopted by the Idaho Association of District Boards of Health: June 9, 2016
Readopted June 9, 2017; Revised June 9, 2022, Revised October 2024

---

[1]Centers for Disease Control and Prevention. "Estimates of Foodborne Illness in the United States," pagelast updated November 5, 2018, accessed March 10, 2022, http://www.cdc.gov/foodborneburden/.

[2]Bottemiller, H. "Annual Foodborne Illnesses Cost $77 Billion, Study Finds, Food Safety News," (January 3,2012), accessed March 10, 2022. http://www.foodsafetynews.com/2012/01/foodborne-illness-costs-77-billion-annually-study- finds/#.Vum0BNIrKcN

RESOLUTION 25-01, CLARIFYING IDAHO CODE 39-3801

Resolution to Support Clarifying that Idaho Code Title 39-3801 allows Idaho Medical Professionals to Test and Treat Minors 14 years of age or older for infectious, contagious or communicable diseases without requiring parental consent

WHEREAS, in 2024 the Idaho Legislature passed a new law, Idaho Code 32-1015, through S1329 called PARENTAL RIGHTS IN MEDICAL DECISION-MAKING, that prohibits health care providers from providing most types of medical care to a minor with few exceptions without first obtaining parental consent; and

WHEREAS, Idaho Code 39-3801 allows licensed Idaho medical practitioners to test and treat minors 14 years of age or older for infectious, contagious or communicable diseases without parental consent; and

WHEREAS, parent, parents, or legal guardian are not responsible for payment for any care rendered pursuant to 38-3801; and

WHEREAS, Idaho Code allows parent access to medical records of their child; and

WHEREAS, it is apparent that the 2024 legislature did not intend to repeal Title 39-3801 since nothing in the new law indicates otherwise. Only in the statement of purpose of S1329 is there any mention of the law superseding all existing laws. As clearly stated on this bill, a statement of purpose is a mere attachment to this bill and prepared by a proponent of the bill. It is neither intended as an expression of legislative intent nor intended for any use outside of the legislative process, including judicial review (Joint Rule 18); and

WHEREAS, according to 39-4503, PERSONS WHO MAY CONSENT TO THEIR OWN CARE, any person, including one who is developmentally disabled and not a respondent as defined in section 66-402, Idaho Code, who comprehends the need for, the nature of, and the significant risks ordinarily inherent in any contemplated health care services is competent to consent thereto on his or her own behalf. Any health care provider may provide such health care services in reliance upon such a consent; and

WHEREAS, according to the most recent Youth Risk Behavior Survey published in 2021 by the Idaho Department of Education, 20.4% of 9th graders reported having had sexual intercourse, by 12th grade this percentage increased to 41.7%. Of those students who reported being sexually active (sexual intercourse with at least one person during the past three months) only slightly more than half reported using a condom and for 12th graders only 42.3% reported using a condom; and

WHEREAS, not wearing a condom or using other barrier protection during sexual activity greatly increases a person's risk for acquiring a communicable disease; and

WHEREAS, many STIs can be asymptomatic such as Chlamydia which has an asymptomatic rate of 70 percent in females and 50 percent in males and Gonorrhea which has an asymptomatic rate of 50 percent for females and 40 percent for males.

WHEREAS, communicable diseases not only harm an individual with the infectious disease, but they can also harm others without their knowledge, and without screening increase the spread and incidence of communicable disease; and

WHEREAS, untreated STIs can lead to serious complications including infertility, increased risk of certain cancers, pregnancy complications, and damage to the nervous system, heart and kidneys; increased risk for HIV and HPV infection, and drug resistance; and

WHEREAS, according to a recent report from the United States Department of Justice, child sex trafficking is a pervasive and underreported crime, and one of the most complex forms of child exploitation. Looking at federal trafficking cases prosecuted in 2020, just over half of the victims were children, with victims ranging from 4 to 17 years old when they were exploited, with an average age of 15 years old. 89% of child victims in active sex trafficking cases were between 14 and 17 years old and this is the age range for confidential STI care in Idaho Code 39-3801. Having confidential access to a provider for an STI check can be one of only a few opportunities to identify sex trafficking of minors; and

WHEREAS, to further emphasize the importance of allowing medical providers to use their professional judgement on involving a parent with STI testing and treatment of a minor between the ages of 14 and 17, the most recent comprehensive data from the Idaho Attorney General's FY2022 Child Sexual Abuse Statistics Annual Report indicates that there were **785 reported incidents** of child sexual abuse in Idaho during that fiscal year. Although Idaho's official statistics do not isolate family-perpetrated abuse, national data suggests that **a significant proportion of child sexual abuse is committed by family members or close acquaintances; and**

WHEREAS, Idaho medical providers are mandated reporters, meaning they are legally required to report suspected child abuse and neglect. This includes sexual abuse of a minor. The law mandates reporting within 24 hours to either law enforcement or the Idaho Department of Health and Welfare; and

WHEREAS, stopping the spread of communicable diseases is a core function of public health.

THEREFORE, BE IT RESOLVED, that the Idaho Association of Local Boards of Health seeks clarification for whether or not Idaho Code, 32-1015 supersedes Idaho Code 39-3801.

Position Statements

POSITION STATEMENT, CLINICAL SERVICES

Position
Local Public Health Districts (LPHDs) currently provide a range of Clinical Services, per Idaho Code 39-409. These services are high-quality, driven by community needs. It is the preference of the Association that LPHDs continue to provide these services.

Rationale
- Idaho continues to experience a critical shortage of healthcare providers, with 98.7% of Idaho being designated a Health Professional Shortage Area for primary care, 100% for Mental Health, and 95% for Dental Health, and Idaho ranks 50th in the United States for the number of active physicians, which results in significant challenges for Idaho residents in accessing preventive, acute, and chronic healthcare.[1]
- Rural communities are much more likely to experience challenges to access to care; LPHDs have the ability to deliver these needed services in all Idaho counties.
- Delaying preventive and chronic healthcare due to limited access may result in costly and debilitating outcomes for those individuals, and place undue stress on critical access hospital resources.[2]
- Federally Qualified Health Centers are an important piece of the healthcare landscape in Idaho, but do not have locations in all counties as local public health districts do.
- Public Health Districts (PHDs) operate at the county or multi-county level to tailor public health programs—such as immunizations, disease surveillance, health education, and environmental health—to the unique needs of their jurisdictions.
- Public Health Districts (PHDs) play a specialized and critical role in communicable disease control—providing services such as TB screening, treatment, and prophylaxis; animal bite and rabies exposure investigations and prophylaxis; and HIV-related prevention efforts including testing, PEP and PrEP navigation.
- These services address nuanced and time-sensitive public health needs that complement the comprehensive primary care provided by Federally Qualified Health Centers (FQHCs), ensuring residents have access to both preventive and highly targeted interventions without service overlap.
- 312,939 Idahoans are insured through Medicaid, with significant changes to Medicaid coverage anticipated in the coming months which will remove thousands of people from coverage.[3]
- County medical indigency funds and the State Catastrophic Health Fund were eliminated by H316, which passed the Idaho Legislature in 2021.
- It is a national and state safety and readiness issue to ensure that trained public health professionals are available and ready to respond to natural disasters, communicable disease outbreaks, and terrorist events.

References
1. Idaho Division of Public Health, Bureau of Rural Health & Primary Care Brief (January 2023). Rural_Health_&_Primary_Care_Brief_2023

2. Findling, M.G., Blendon, R.J., & Benson, J. M. Delayed care with harmful health consequences; reported experiences form national surveys during coronavirus disease 2019. *Journal of American Medical Association*, Vol. 1, No. 12 (December 14, 2020).
3. 2025 Idaho Medicaid Overview

POSITION STATEMENT, INCREASING WIC PARTICIPATION IN IDAHO

Position

The first years of life are critical for the growth and development of children. Healthy nutrition plays a foundational role in ensuring physical, cognitive, as well as establishing lifelong healthy eating habits. IADBH affirms the importance of access to nutritious foods for all individuals across these ages. To that end, IADBH supports having pregnant, postpartum, or children under the age of 5 referred to Women, Infant, and Children program (WIC) to help accomplish this goal. IADBH also supports having the Department of Health and Welfare create a database that cross references benefit enrollment for programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) with WIC enrollment and share contact information for WIC eligible individuals who are not participating with the public health districts.

Rationale

- WIC saves lives and improves the health of nutritionally at-risk women, infants and children.[1]
- A series of reports published by USDA based on WIC and Medicaid data on over 100,000 births found that every dollar spent on prenatal WIC participation for low-income Medicaid women in 5 states resulted in savings in health care costs from $1.77 to $3.13 within the first 60 days after birth.[1]
- WIC saves lives and improves the health of nutritionally at-risk women, infants and children.[2]
- WIC reduces fetal deaths and infant mortality.[1]
- WIC reduces low birthweight rates and increases the duration of pregnancy.[1]
- WIC improves the growth of nutritionally at-risk infants and children.[1]
- WIC decreases the incidence of iron deficiency anemia in children.[1]
- Pregnant women participating in WIC receive prenatal care earlier.[1]
- WIC helps get children ready to start school: children who receive WIC benefits demonstrate improved intellectual development.[1]
- WIC significantly improves children's diets.[1]

References

1. U.S. Department of Agriculture. (2023, May 23). Retrieved from About WIC: How WIC Helps: https://www.fns.usda.gov/wic/about-wic-how-wic-helps
2. https://www.fns.usda.gov/research/wic/eligibility-and-program-reach-estimates-2021

POSITION STATEMENT, IMMUNIZATION

Position

Idaho Association of District Boards of Health supports childhood immunizations and promotes immunizations through public information based on the most current available evidence and demographics. Immunization is one of the most effective public health interventions for preventing the spread of communicable diseases and associated morbidity and mortality. We affirm our commitment to promoting access, education, and ensuring community-wide protection against vaccine-preventable illness.

Rationale

- Immunizations are heralded as one of the 20th century's most cost-effective public health achievements.[1]
- Vaccines are a community's greatest line of defense to protect both individuals and the population, especially the most vulnerable among us including infants too young to get vaccinated and others with weakened immune systems such as the elderly, pregnant women, those with immunosuppressed or immunocompromised conditions.[2]
- Communicable disease outbreaks can be best mitigated when there is an appropriate level of population immunity.[3]
- Decades of research are the foundation for today's vaccines, which go through clinical trials and a thorough evaluation by scientific and medical experts at the U.S. Food and Drug Administration (FDA) before they are approved. And they are continuously monitored after they are approved for as long as they are on the market.[4]

References

1. Centers for Disease Control and Prevention. *How Vaccine Safety Monitoring Works*. (August 8, 2024). https://www.cdc.gov/vaccine-safety-systems/about/monitoring.html
2. Mallory, M. L., Lindesmith, L., & Baric, R. S. Vaccination-induced Herd Immunity: Successes and challenges. *J Allergy Clin Immunol.* 2018Jul; 142(1):64-66. doi: 10.1016/j/jaci.2018.05.007. Epub 2018May24. https://pmc.ncbi.nlm.nih.gov/articles/PMC6433118/
3. Scarbrough Lefebvre C.D., Terlinden A., Standaert B. Dissecting the indirect effects caused by vaccines into the basic elements. *Hum Vaccin Immunother*. 2015;11:2142–2157. doi: 10.1080/21645515.2015.1052196.
4. Immunize.org. (November 13, 2023). *Vaccinations are Safe: Explaining why*. https://www.immunize.org/wp-content/uploads/catg.d/p2073.pdf