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## Health districts under scrutiny?

*Legislators point to possible cuts to the state's health services*

People walking through the doors of South Central Public Health District facilities can do so in a variety of places. The district has offices not just in Twin Falls, but also surrounding communities such as Jerome, Bellevue, Burley and Rupert so users can get services like immunizations in their communities.

As the state budget crisis deepens, the scope of public health in Idaho is falling under scrutiny as lawmakers look for areas where savings can be carved out in the budget. “As we’re going to evaluate state government, I think it’s something that warrants a closer look,” said Rep. Stephen Hartgen, R-Twin Falls.

Hartgen said he has no legislation planned and is not leading an effort to change health districts. Instead, he said, there’s simply a need to ask questions, get answers, and make budget decisions. “It’s always appropriate for legislators to examine agencies where there appears to be some functions that overlap with other agencies,” he said.

For example, perhaps the work of health districts and the Department of Environmental Quality on septic systems merits scrutiny for potential overlap, Hartgen said, adding that the same is true for health districts and the Idaho Department of Health and Welfare. He said it’s also worth a look at how many offices a health district has. “Do we really need a public health office in every county in the district or could some be combined like Minidoka and Cassia County?” Hartgen said. “I don’t think it’s too much that we look at those types of questions.”

Rene LeBlanc, director of the South Central Public Health District, said the district’s role is to provide access, not duplicate services.

At the same time, LeBlanc stressed the district is closely looking at all its programs and looking for ways to save money. One long-term prospect that will be discussed next year is whether the Burley and Rupert clinics should merge into a facility that’s an equal distance between both communities, LeBlanc said.

Health districts are funded through a combination of state funding, federal grants, fees and county funding. Sen. Charles Coiner, R-Twin Falls, said everything is on the table in the current budget situation, not just health districts.

As for clinics in different counties, that should depend on factors like how isolated the areas are and how long the commute elsewhere for service would be, Coiner said, adding that the state’s low immunization rate makes him reluctant to have fewer clinics. “I think that’s very important to make it as readily available as we can,” said Coiner, also a member of the House Health and Welfare Committee.

Rep. Jim Patrick, R-Twin Falls, said it’s too soon to say for sure what may happen. “They do a lot of good,” Patrick said of health districts. “It’s just a matter of how they fit into our budget with the cuts.”

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Rep. Leon Smith, R-Twin Falls, said it would be crucial to make sure any cuts don't lead to worse health problems that would increase costs in health care.

Barry Burnell, water quality division administrator for DEQ, said health districts and the DEQ have had a memorandum of understanding dating back to the 1970s about their roles.

In general, the DEQ provides engineering and administrative guidance with septic system regulations, while health districts do inspections.

“That really guides us and keeps us separate so we're not overlapping,” he said.

Emily Simnitt, spokeswoman for Health and Welfare, said the state agency's role is to provide oversight and bring in federal grant dollars, while the health districts do work in the field.

For example, the state agency ordered H1N1 vaccine supplies, while health districts gave the doses to residents, she said.