

2024 Legislative Session – Week 2 Report

This week saw several new healthcare bills introduced, including bills on immunizations, health districts, mask mandates, COVID-19, abortion, contraception, and patient rights, among others. Of note, the House Health & Welfare Committee introduced H399, which would reinstate the maternal mortality review committee after letting the committee sunset last year. This bill has generated a great deal of discussion and feedback, and a new bill on this subject with added language will likely be introduced in the next week. The House and Senate Health & Welfare Committees also spent the week reviewing rules.

In the House State Affairs Committee, a new version of the “preborn children” bill, H400, was introduced to make a few technical corrections to the language in H381. This bill will receive a full hearing on Monday 1/22 despite concerns with replacing medical terminology in code, convoluting the laws around IVF, and possibly conferring new state and federal benefits on a “preborn child”.

JFAC continued their work this week with a few bumps along the way. They cancelled their Monday meeting to meet behind closed doors to sort out concerns raised by committee members regarding the new process. On Tuesday, they discussed some of those concerns in public, but moved on to consider and approve “maintenance of operations” FY25 budgets for about 90 state agencies under ten “budget umbrellas” totaling \$5.1 billion. These budgets are very similar to what was approved for each agency last year to keep the agencies operating, but represent a slight reduction from the FY24 budget, plus the removal of one-time funds spent last year. These budgets do not include new funding requests, line items, or replacement items requested by the state agencies, and these requests will need to be considered separately by the Committee. Next, the maintenance budgets go to the full House and Senate for their consideration.

On Monday 1/22, a comprehensive bill regarding Medicaid expansion will be introduced in House Health & Welfare. The bill imposes limitations on who would qualify for the Medicaid expansion program, requires the Idaho Department of Health & Welfare to apply for several federal waivers, and requires that the federal government approve waiver requests by July 1, 2025, or an automatic repeal of Medicaid expansion would be triggered. In recent years, CMS has declined to deal with many waiver requests submitted by states in favor of leaving them in a pending status. Given that this waiver approval timeline is unlikely, this bill essentially represents a repeal of Medicaid expansion. There will be more to come on this bill soon.

This week, legislators also introduced what are called “personal bills”. These bills circumvent the process of a print hearing and are instead read across the House or Senate desks on the floor and assigned a bill number. This often happens with bills that aren’t likely to get a hearing in the committees to which they would be assigned, but it does allow the bill to be published on the Legislature’s website for public viewing. Bills introduced in this matter aren’t likely to move forward, but allow the legislator(s) involved to make a statement by introducing them. Personal bills introduced this week included an abortion bill, a request for a COVID-19 study committee, and an “Add the Words” bill, among other topics.

Also of note, the library bill, H384, was also pulled back to Committee before it was to be voted on on the House floor, as work continues on that issue. A replacement bill, negotiated with a member of the Senate who has been working on a softer version of this bill, will be introduced in the next week or so.

2024 Legislative Session Bill Tracking

Bill Number	Bill Introduction	Description
H400	Introduced 1/16; Referred to House State Affairs; Hearing 1/22	Preborn children (Young, Skaug) Replaces the term 'fetus' or 'fetus and embryo' with the term 'preborn child' or 'child.'
H381	Introduced 1/9; Referred to House State Affairs	Preborn children (Young, Skaug) Amends existing law to redesignate the terms "fetus" and "stillborn fetus" to "preborn child" and "stillborn child."
H383	Introduced 1/10; Referred to House Business	Medical liens (Skaug, Gannon) Extending the time for filing a medical lien until after a citizen's health insurance has had the chance to process the medical costs ensuring that medical providers get paid a fair value for their services. This also modernizes the 1941 medical lien statute to make it consistent with recent Idaho medical billing statutes. This helps patients by making sure that those who have purchased medical insurance receive the benefits they have purchased while still protecting medical providers.
H392	Introduced 1/15; Referred to House Health & Welfare	Health districts, powers, duties (Gallagher, Lenney) Limits the powers and duties of the district boards of health. It narrows their scope to administer and enforce only necessary and reasonable health laws and regulations, eliminating the broader mandate to do "all things" for the preservation and protection of public health, including preventative health measures. This change reinforces the focused use of authority and resources to ensure the boards operate within a specified framework.
H396	Introduced 1/16; Referred to House State Affairs	Mask mandates, prohibition (Gallagher, Lenney) Prevents the State of Idaho, its political subdivisions, or any state officers from mandating the use of face masks, face shields, or other face coverings as a means to prevent or slow the spread of a contagious or infectious disease.
H397	Introduced 1/16; Referred to House Health & Welfare	Immunization registry, opt in (Blanksma) This legislation amends Section 39-4803, Idaho Code, pertaining to the voluntary registry of the immunization status of Idaho children, which is kept by the Department of Health and Welfare, to be an opt-in, rather than an opt-out, registry.

H398	Introduced 1/16; Referred to House Health & Welfare	Medicaid, legislative approval (Blanksma) Requires legislative approval of waivers and state plan amendments. This prohibits the state Department of Health and Welfare from seeking or implementing a Medicaid State Plan or a waiver pursuant to Section 1115 or 1915 of the Social Security Act without legislative approval provided in statute. This legislation does not affect pre-existing state plan amendment or waiver programs implemented prior to this legislation taking effect.
H399	Introduced 1/16; Referred to House Health & Welfare; New bill coming.	Maternal mortality, board, report (Blanksma) This legislation amends Section 54-2806, Idaho Code, to authorize the Board of Medicine to collect and review data and information concerning maternal mortality in the state of Idaho. The Board of Medicine shall have the power throughout the state to require production of needed information and will provide an annual summary report to the Legislature by January 31st of each year.
S1227	Introduced 1/16; Referred to Senate State Affairs	Patient medical rights (Foreman) Establishes health rights under the law for medical patients, their family members, and legal guardians. This legislation will help ensure fairness of treatment, enhance patient awareness of medical treatment options, and install patient safeguards with respect to requirements for informed consent and the use of experimental drugs. This legislation will place necessary and expected restrictions on state and local government as to governmental authority with respect to the advertising of certain types of medicines or vaccines and the imposition of personal restrictions on Idahoans relating to widespread medical situations.
S1229	Introduced 1/16; Referred to Senate State Affairs	Abortion, exceptions (Foreman) Disallows the affirmative defense to the felony of criminal abortion in the case of incest or rape.
SCR110	Introduced 1/16; Referred to Senate State Affairs	COVID-19, study committee (Foreman) Authorizes the Legislative Council to appoint a committee consisting of Senate and House members to undertake a study of the State of Idaho's response to the Covid-19 pandemic.
S1234	Introduced 1/16; Referred to Senate Commerce & Human Resources	Contraception, six months (Wintrow) Requires any health benefit plan issued or renewed on or after 1/1/25, which covers contraceptives approved by the FDA, to provide reimbursement for up to a six-



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		month refill supply of prescribed contraceptives obtained at one time by the enrollee.
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