

2024 Legislative Session – Week 6 Report

Last week marked a return to normal as the Legislature resumed introducing new legislation, holding hearings, and spending time debating and voting on bills. It was a welcome and needed change from the previous few weeks.

Then House elected a new Majority Leader, Representative Jason Monks, who relinquished his role as Chairman of the powerful Revenue and Taxation Committee to take up the leadership role. Monks ran against Mike Moyle for Speaker of the House a little over a year ago. It was somewhat of a surprise that Monks was willing to give up his Chairmanship, but likely points to his run for Majority Leader after the next election cycle.

On Monday, the non-privileged committees (afternoon committees) hit their deadline for introducing new legislation. That means that all new legislation introduced for the rest of the session will have to come through privileged committees (morning committees), which should slow the number of new bills being introduced. This year has produced the greatest number of bills that the Legislative Services Office has worked on to this point in a legislative session. This volume might make it more difficult to end the session by the third week of March.

Budget hearings continue under the new format in which JFAC will split maintenance budgets and new spending into separate appropriations bills. We are starting to see some new spending requests being rejected by JFAC members. So far, the line-items have been small, but it means that committee members are heavily scrutinizing agency requests.

A few bills of note passed the Senate this week, including the fentanyl mandatory minimum legislation, and a bill that requires state agencies to prioritize in-person work schedules to the work-from-home policies of the past few years. Those who interact with state employees have been increasingly frustrated in recent years when trying to schedule meetings and get answers to client questions, so we understand the objective of the legislation. The question is what will the effect be on the already strained state employee workforce who may resist these changes.

Committees are beginning this week with full agendas, so the pace from last week will continue or speed up.

2024 Legislative Session Bill Tracking

Bill Number	Bill Introduction	Description
H400 DEAD	Introduced 1/16; Referred to House State Affairs; Held in Committee 1/22	Preborn children (Young, Skaug) Replaces the term 'fetus' or 'fetus and embryo' with the term 'preborn child' or 'child.'
H381 DEAD	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."
H501	Introduced 2/8; Referred to House Business; Hearing Monday 2/19.	Medical liens (Skaug, Gannon) Helps patients by making sure that those who have purchased private medical insurance receive the benefits they have purchased. It still protects medical providers allowing for liens in injury cases for the fair value of the services. It gives the providers an additional time period for filing a medical lien after a citizen's health insurance has processed the medical bills to ensure that medical providers get paid all of a fair negotiated value for their services. It prevents providers from overbilling and imposing inflated charges on the liability insurance companies when private health insurance is available to pay.
H383 DEAD	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.
H525	Introduced 2/8; Referred to House Health & Welfare.	Health boards, 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. This change reinforces the focused use

<p>H392 DEAD</p>	<p>Introduced 1/15; Referred to House Health & Welfare</p>	<p>of authority and resources to ensure the boards operate within a specified framework.</p> <p>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.</p>
<p>H493</p> <p>H396 DEAD</p>	<p>Introduced 2/7; Referred to House State Affairs; Out of Committee 2/14; Passed House 2/16; To Senate.</p> <p>Introduced 1/16; Referred to House State Affairs.</p>	<p>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 to prevent or slow the spread of a contagious or infectious disease; it also provides relevant definitions.</p> <p>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.</p>
<p>H397</p> <p>Opposition Action Tool</p>	<p>Introduced 1/16; Referred to House Health & Welfare; Out of Committee 2/5; Passed House 2/9; Referred to Senate Health & Welfare.</p>	<p>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.</p>
<p>H398</p>	<p>Introduced 1/16; Referred to House Health & Welfare; Hearing Monday 2/19.</p>	<p>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.</p>
<p>H399</p>	<p>Introduced 1/16; Referred to House Health & Welfare; Out of Committee 2/5; Passed House</p>	<p>Maternal mortality, board, report (Blanksma) This legislation amends Section 54-2806, Idaho Code, to authorize the Board of Medicine to collect and</p>

	2/12; Referred to Senate Health & Welfare.	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 Support Action Tool	Introduced 1/16; Referred to Senate Commerce & Human Resources; Out of Committee 2/1; Passed Senate 2/8; Referred to House Business; Hearing Monday 2/19.	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-month refill supply of prescribed contraceptives obtained at one time by the enrollee.
H418	Introduced 1/22; Referred to House Health & Welfare.	Assistant physicians (Redman, Zuiderveld) Expands Idaho's bridge physician licensure program by creating a direct pathway for bridge physicians to become a licensed general practitioner without entering a residency program. This is designed to alleviate the physician shortage by allowing smaller healthcare providers to train the physician workforce where they are needed. This legislation renames bridge physicians as "assistant physicians." After completing a minimum of three years as an assistant physician and successfully passing the final step of the

		United States Medical Licensing Examination, a candidate may apply for an unrestricted license to practice as a general practitioner.
H419 DEAD New bill coming	Introduced 1/22; Referred to House Health & Welfare; Held in Committee 2/1.	Medicaid expansion, conditions (Redman, Bjerke) Requires that several program integrity and cost-saving measures be implemented in Medicaid as a condition for the continued expansion of eligibility to able-bodied adults under the Affordable Care Act for the purpose of prioritizing Medicaid resources for the truly needy, moving able-bodied Medicaid enrollees into affordable and private coverage with greater access to healthcare, and reducing overall program spending. These conditions include a work requirement and enrollment caps for able-bodied adults and a requirement that the improper payment rate in Medicaid be reduced to 5 percent or less.
H421	Introduced 1/22; Referred to House Jud & Rules; Out of Committee 1/31; Passed House 2/7; Referred to Senate State Affairs.	Sex, gender, definitions, rules (Young) Provides a legal definition for male and female and related terms, and providing consistency across state statute.
H423 DEAD	Introduced 1/23; Referred to House Health & Welfare	Maternal mortality committee (Healey, Lee) Amends Idaho Code 39 by adding new Chapter 96, which will establish a Maternity Mortality Review Committee. This committee will collect and review data concerning maternal mortality in the state of Idaho and provide an annual report June 30th of each year. This legislation will sunset in July 1, 2030.
H435	Introduced 1/29; Referred to House Health & Welfare; Out of Committee 2/6; Passed House 2/12; Referred to Senate Health & Welfare.	Controlled substances, schedule I (IDOPL, Erickson) Updates Schedule I of the Idaho Controlled Substance Act with the addition of certain synthetic stimulants and depressants that are not approved for medical use and are not formulated or available for clinical use.
H436	Introduced 1/29; Referred to House Health & Welfare; Out of Committee 2/15; House 3 rd Reading.	Allied health professionals (IDOPL, Redman) The Idaho Board of Medicine currently governs the practice of dietetics, athletic training, respiratory therapy, and naturopathic medicine through separate advisory boards for each practice. This bill restructures those advisory boards into a single allied health advisory board to restrain costs and provide more efficient governance.
H437	Introduced 1/29; Referred to House Health & Welfare; Out of Committee 2/15; House 3 rd Reading.	Midwifery licensure (IDOPL, Healey) Consolidates the regulation of licensed midwives under the Board of Nursing for practical and financial reasons. The Board of Midwifery is operating at a

		deficit, and it is highly unlikely that it will ever be financially solvent. The Board of Nursing has sufficient resources to absorb the Board of Midwifery and will be able to effectively regulate the midwifery profession as it currently regulates certified nurse midwives. To account for the consolidation, we have altered the board's composition.
H438	Introduced 1/29; Referred to House Health & Welfare; Hearing Monday 2/19.	Immunizations, exceptions (Healey) Currently, many school districts send notices to parents of school aged children regarding Idaho Code 39-4801. The purpose of this language is to require schools to send communication including Idaho Code 39-4804 any time they send Idaho Code 39-4801.
H439	Introduced 1/29; Referred to House Health & Welfare; Out of Committee 2/15; House 3 rd Reading.	Immunization assessment board (Healey) Resets the sunset date for the Board from July 1, 2024 to July 1, 2029.
H440	Introduced 1/30; Referred to House Jud & Rules.	Smoking products, minors, penalties (Raymond) Places selling vape products on par with selling other harmful products to minors.
H463	Introduced 2/1; Referred to House State Affairs.	State agencies, donations (Monks) Prohibits state departments from donating to and or sponsoring non-governmental organizations unless specifically required by law or unless previously approved by the Governor. This legislation also requires DFM to report all donations and sponsorships to the legislature.
S1268	Introduced 2/1; Out of JFAC 2/5; Passed Senate 2/9; Passed House 2/15.	Approp, HHS, 2025 maint (Bjerke) FY 2025 Maintenance Appropriation for Health and Human Services. This bill includes appropriations to the Department of Health and Welfare and the State Independent Living Council. The appropriation includes standard adjustments for benefit costs, inflationary adjustments, statewide cost allocation, and change in employee compensation. Finally, this maintenance does not include a maintenance appropriation for the Indirect Support Services Division in the Department of Health and Welfare.
H476	Introduced 2/5; Referred to House State Affairs.	Abortion, sex ed curricula (Skaug) Prohibits any individual or organization, that is a provider of abortion, from furnishing any materials or instruction relating to sex education curricula.
H489	Introduced 2/6; Referred to House Health & Welfare.	Essential caregivers, visitation (Young) Ensures that immediate family members are automatically considered essential caregivers; clarifies

		who may give or withdraw essential care giver status consistent with Idaho code regarding surrogate-decision makers; and resolves a conflict when an individual is in the custody of a peace officer or a state correctional facility.
H490	Introduced 2/6; Referred to House Health & Welfare.	Criminal background checks (IDOPL, Redman) Allows the division administrator, unless otherwise prohibited by law or rule, to conduct fingerprint criminal background checks as a requirement for licensure and registration, revises language concerning fingerprinting to align the procedures employed by the various boards and commissions governed by the division of occupational and professional licenses, and simplifies the fingerprinting process for applicants.
H499	Introduced 2/7; Referred to House Health & Welfare.	Idaho dietary supplement act (Gallagher) Ensures that the Citizens of Idaho and health practitioners retain access to vitamins and supplements under current regulations.
S1287	Introduced 2/7; Referred to Senate Health & Welfare.	Health orgs, requirements (Nichols) Prohibits jurisdiction of the World Health Organization in the State of Idaho.
S1288	Introduced 2/7; Referred to Senate Health & Welfare.	Youth athletes, chiropractic phys (Bjerke, Redman) Adds an Idaho licensed chiropractic physician to the list of qualified health professionals permitted to return a youth athlete to participation in a sport after healing from a diagnosed concussion.
H505	Introduced 2/8; Referred to House Business.	Occupational license, renewal (Ehlers, IDOPL) Updates all licensure renewals under the Division of Occupational and Professional Licenses to a biennial renewal cycle, with an expiration date at the licensee's birth month. This will allow for consistency in renewal cycles throughout the Division.
H518	Introduced 2/8; Referred to House Jud & Rules; Out of Committee 2/16; House 2 nd Reading.	Medicaid fraud, penalties (Cornilles) Sets the punishment for provider fraud at a maximum of 15 years, allow for the recovery of prosecution and investigation costs, authorize the Attorney General or his designee to sign subpoenas, permit the Medicaid Fraud Control Unit to investigate a wider range of provider fraud so long as it has a nexus to Medicaid, and clean up the statutory language as to the elements of the crime. This bring the provider fraud statute more in line with Idaho's insurance fraud statute and federal regulations and to enable Idaho's Medicaid Fraud Control Unit to operate more efficiently.

H579	Introduced 2/15; Referred to House Health & Welfare.	Behavioral telehealth, schools (Healey) Provides increased access to behavioral health in public school or charter schools. This outlines the safety and security to provide mental health services in a secure and confidential manner via telehealth by mental health professionals authorized to provide these services in the state of Idaho.
H524 DEAD	Introduced 2/8; Referred to House Health & Welfare.	Telehealth, behavioral, schools (Healey)
H526	Introduced 2/8; Referred to House Health & Welfare.	Pelvic exams, unconscious patients (Green) Prohibits pelvic examination of anesthetized or unconscious patients with exceptions for specific occurrences.
H527	Introduced 2/8; Referred to House Health & Welfare.	Pharmacy, practice (Redman) Pertains to the Board of Pharmacy and will take the good work the Board has done over the last 10 years and will codify it in Statute. This will give stability to the changes that have helped to expand access in the Pharmacy industry in Idaho.
H542	Introduced 2/12; Referred to House Health & Welfare.	International physicians (Wheeler) Expands Idaho's licensure program for internationally-trained physicians. It creates a pathway to licensure for high-quality, international physicians who have attended a recognized medical school and have already completed a residency or other post-graduate training. To qualify, physicians must have a job offer from an Idaho healthcare provider and must have practiced abroad or have experience in the U.S. medical system. After three years of successful practice under a provisional license, an international physician will be eligible to apply for a full license.
S1329	Introduced 2/12; Referred to Senate Jud & Rules.	Parental rights, medical decisions (Anthon) The Parents' Rights in Medical Decision-making Act ensures that children, who often lack maturity and make choices without considering either immediate or long-term consequences, are protected by the informed decision-making of their parents, who possess the most knowledge and are in the best position to ensure that their children receive adequate medical attention. The rights secured by this Act flow out of the rights recognized by the Idaho Parental Rights Act, Idaho Code Ann. §§ 32-1010 through -1014, which are "rooted in the due process of law guaranteed pursuant to Section 13, Article I, of the

		constitution of the state of Idaho." This Act clarifies that consent for the furnishing of health care services to any person who is an unemancipated minor must be given or refused by the parent of such person. The Act further declares that a parent has a right to access health information relating to the parent's minor child.
S1351	Introduced 2/12; Referred to Senate Health & Welfare.	Health records, research, stats (Carlson) Allows examination of Public Health Records, concentrating on death, health, and vaccine data for statistical analysis of vaccine-related outcomes. By promoting transparency and evidence-based decision making, the initiative aims to enhance public understanding of vaccine safety, contributing to a healthier society.
S1352	Introduced 2/12; Referred to Senate Health & Welfare.	Counselors, therapists, principles (Bjerke, Young) Protects counselors in their fundamental rights of conscience by allowing them to decline to provide services in support of objectives which violate their sincerely held principles without fear of loss of licensure or civil or criminal action. It also provides for declaratory or injunctive relief.
S1353	Introduced 2/12; Referred to Senate Health & Welfare.	Medical records, costs (Ricks) Sets a reasonable maximum charge to patients obtaining a copy of their own records from a physician or other health care service. Idaho provides no guidelines, and this legislation is intended to prevent price gouging of a patient in receiving a copy of their own medical records.
S1354	Introduced 2/12; Referred to Senate Health & Welfare.	Electroconvulsive treatment, age (Lee) Idaho law currently allows for electroconvulsive therapy (ECT) for adults through informed consent to treatment and for children with a court order. ECT has been demonstrated to be effective in treating severe depression and other psychological disorders that are resistant to pharmaceutical treatment and other interventions. This legislation sets a minimum age of twelve (12) years old for ECT and provides parents with the ability to provide informed consent to treatment.
S1355	Introduced 2/12; Referred to Senate Health & Welfare.	Medicaid legislative review panel (Van Orden) Adds a new section to establish a Medicaid Legislative Review Panel. The panel will be responsible for reviewing contracts related to Medicaid and will be comprised of both House and Senate members.

H562	Introduced 2/13; Referred to House State Affairs.	Scope of review, agency rules (Moyle, Barbieri) Requires courts reviewing Administrative Rules to look to interpret the meaning and effect of the rule de novo (without consideration of previous judicial or agency interpretations). Further, reviewing courts must rule, where an interpretation is in relative doubt, to limit agency power in favor of individual liberty
H563	Introduced 2/13; Referred to House State Affairs.	Admin rules (Moyle, Barbieri) Makes three substantive changes to the Idaho Administrative Procedure Act. Firstly, it narrows the extremely broad language concerning Temporary Rules; Secondly, it addresses legislative oversight of material incorporated by reference in administrative rules, and thirdly, prior to the 8 year review, the schedule of which is to be established by the administrative rules coordinator, each agency is required to legitimize the reasoning and necessity of each rule chapter being reviewed.
H577	Introduced 2/15; Referred to House Health & Welfare.	Medicaid, directed payments (Petzke) Authorizes the Department of Health and Welfare to seek approval from the Centers for Medicare and Medicaid Services (CMS) to establish a program for state directed payments under Idaho's Managed Care statute. Directed payments are the mechanism that states with managed care plans use to provide supplemental payments to hospitals to offset losses associated with providing services to Medicaid patients. The Idaho Behavioral Health Plan is the first time that hospitals have been contracted through a managed care program.
HCR27	Introduced 2/15; Referred to House Health & Welfare.	PANDAS/PANS awareness (Mathias, Dixon) Some insurers in Idaho cover medically necessary IVIG treatment for children who suffer from PANDAS/PANS. Some, however, deny this coverage for potentially outdated reasons; this failure to cover this medically necessary treatment is leading to brain, behavioral and other health problems for some of the approximately 400 Idaho children who need and can benefit from IVIG treatment. Because some insurers cover IVIG treatment and some don't, market distortions are increasingly placing the coverage burden on a subset of providers. This is leading to market failure and one that is jeopardizing the health and safety of a few hundred Idaho children. This resolution does two things. First, it calls for the Department of Insurance to work with leaders of the



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		private insurance industry to address this market failure by ensuring needed coverage throughout the market and reporting back to the legislature before next session. Second, it declares October 9 of this year to be PANDAS/PANS Awareness Day in Idaho.
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Tracked through 2/16/24
H585 / S1366

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