

2024 Legislative Session – Week 10 Report

In week 10 of the Idaho Legislature, we began to see fewer committee hearings and more floor time. On Friday, JFAC completed its budget setting schedule and approved the Medicaid budget, appropriating nearly all of the Governor's recommendations. Although this budget came out of JFAC with little friction, it is not unusual for the Medicaid budget to fail on the House floor and be sent back for reconsideration. Last year, this budget actually failed several times before ultimately being passed with modifications. JFAC will meet to consider trailer appropriations and any budgets that are sent back for reconsideration, but Friday marked an important step towards adjournment.

House Bill 521, the school facilities bill, is still sitting on the Senate 3rd Reading calendar, waiting for action. There is not yet consensus among the Senate Majority Caucus on passage of this bill or potential amendments. Meanwhile, the appropriations bill for the Governor's Idaho Launch program has still not been printed and assigned a bill number. Most likely, these will be two of the last bills to be worked out this session, after H447, the private school tax credit bill, failed in committee on Tuesday.

Candidate filings for both statewide congressional races and legislative district races closed on Friday, which should take some pressure out of the building as legislators were nervously anticipating potential opponents. We'll see more contested primary races this year than expected. In District 32, all of the incumbents will have challengers. Most notably, JFAC Co-Chair Wendy Horman will have two opponents, both of whom have previously run for office and have name recognition within the District. In other parts of the state, we'll see a number of rematches, including former Senator Jim Woodward challenging Senator Scott Herndon, former Senator Jeff Agenbroad against Senator Brian Lenney, and former Rep. Chad Christensen against Rep. Kevin Andrus. Legislators with contested races will be eager to get home to campaign, and this will increase the pressure to wrap up legislative business and adjourn.

Committees will, in large part, look to wrap up their work hearing bills this week. Rather than adhering to their set meeting schedule, they will soon go to "Call of the Chair", and will only meet for priority bills that are virtually guaranteed to pass out of the committee. Bills that have either not yet been scheduled for a hearing, or bills that have passed one chamber and have sat in the other chamber for weeks, are unlikely to receive a hearing at this point.

Of interest, S1252, the "Defend the Guard Act", which has already passed the Senate, will receive a hearing in House Transportation & Defense this week. This bill requires that Congress make an official declaration of war for our Idaho National Guard to be called up for active duty combat operations. Although several states have attempted to pass similar legislation, they have so far not been successful, and Idaho would be the first. Interestingly, the legislation is sponsored in both the House and Senate by military veterans who saw combat while on active duty. Governor Little has not yet vetoed a bill this session, but, if this gets to his desk, this could be the first.

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."
H501a	Introduced 2/8; Referred to House Business; Sent to General Orders 2/19; Amended 2/27; Passed House 3/1; Referred to Senate Commerce.	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; Out of Committee 2/20; Passed House 2/26; Referred to Senate 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; Referred to Senate State Affairs.</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; Out of Committee 2/19; Passed House 2/22; Referred to Senate Health & Welfare; Hearing 3/18.</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; Out of Committee 2/21; Passed Senate 3/13; To Governor.	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 DEAD	Introduced 1/16; Referred to Senate State Affairs; Held in Committee 2/23.	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; Out of Committee Monday 2/19; Passed House 3/11; Delivered to Governor 3/14.	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

		<p>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.</p>
<p><u>H419</u> DEAD</p>	<p>Introduced 1/22; Referred to House Health & Welfare; Held in Committee 2/1.</p>	<p>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.</p>
<p><u>H421</u></p>	<p>Introduced 1/22; Referred to House Jud & Rules; Out of Committee 1/31; Passed House 2/7; Referred to Senate State Affairs.</p>	<p>Sex, gender, definitions, rules (Young) Provides a legal definition for male and female and related terms, and providing consistency across state statute.</p>
<p><u>H423</u> DEAD</p>	<p>Introduced 1/23; Referred to House Health & Welfare</p>	<p>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.</p>
<p><u>H435</u> LAW</p>	<p>Introduced 1/29; Referred to House Health & Welfare; Out of Committee 2/6; Passed House 2/12; Referred to Senate Health & Welfare; Out of Committee 2/20; Passed Senate 3/5; Signed by Governor 3/11.</p>	<p>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.</p>
<p><u>H436</u></p>	<p>Introduced 1/29; Referred to House Health & Welfare; Out of Committee 2/15; Passed House 2/20; Referred to Senate Health & Welfare; Out of Committee 2/28; Passed Senate 3/12; Delivered to Governor 3/14.</p>	<p>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.</p>

H437	Introduced 1/29; Referred to House Health & Welfare; Out of Committee 2/15; Passed House 2/20; Referred to Senate Health & Welfare; Out of Committee 2/28; Passed Senate 3/12; Delivered to Governor 3/14.	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; Out of Committee 2/18; Passed House 2/22; Referred to Senate Health & Welfare.	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; Passed House 2/21; Referred to Senate Health & Welfare; Out of Committee 3/4; Passed Senate 3/13; To Governor.	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.
H458 LAW	Out of JFAC 2/1; Passed House 2/9; Passed Senate 2/27; Signed by Governor 3/5.	Approp, state edu bd, 2025 maint FY 2025 Maintenance Appropriation for the State Board of Education. Includes appropriations to Health Education Programs.
H668	Introduced 2/27; Referred to House Jud & Rules; Out of Committee 3/7; Passed House 3/11; Referred to Senate State Affairs; Out of Committee 3/14; Senate 3 rd Reading.	No public funds, gender transition (Young, Skaug) Ensures taxpayer dollars are not used to provide medical treatment or surgeries for the purpose of changing the appearance of a person's sex in a way that is not consistent with their biological sex; that such expenditures are not tax deductible; that Idaho medicaid shall not reimburse or provide coverage for such expenditures; stipulating that physicians employed by tax-payer funded entities shall not provide such treatments or surgeries in the course and scope of their government service; stipulating that government facilities may not be used for the provision of such treatments or surgeries; These medical and surgical interventions can cause

<p>H520 DEAD</p>	<p>Introduced 2/8; Referred to House Jud & Rules; Out of Committee 2/22; Returned to Committee 2/27</p>	<p>irreversible physical alterations; and some render the patient sterile or with lifelong sexual dysfunction, while others mutilate healthy body organs. This legislation also provides for exemptions for the funding of medically necessary uses of these drugs and procedures.</p> <p>Gender transition, public funds (Young, Skaug)</p>
<p>H603</p>	<p>Introduced 2/20; Referred to House State Affairs; Out of Committee 3/6; Passed House 3/11; Referred to Senate State Affairs.</p>	<p>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.</p>
<p>H463 DEAD</p>	<p>Introduced 2/1; Referred to House State Affairs.</p>	<p>State agencies, donations (Monks)</p>
<p>S1268 LAW</p>	<p>Introduced 2/1; Out of JFAC 2/5; Passed Senate 2/9; Passed House 2/15; Signed by Governor 2/27.</p>	<p>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.</p>
<p>H666</p>	<p>Introduced 2/27; Referred to House State Affairs; Out of Committee 3/5; Passed House 3/8; Referred to Senate State Affairs; Out of Committee 3/14; Senate 3rd Reading.</p>	<p>Sex education, abortion (Skaug, Ripley) Prohibits any individual or organization, that is a provider of abortion, from furnishing any materials or instruction relating to sex education curricula.</p>
<p>H476 DEAD</p>	<p>Introduced 2/5; Referred to House State Affairs.</p>	<p>Abortion, sex ed curricula (Skaug)</p>
<p>H489</p>	<p>Introduced 2/6; Referred to House Health & Welfare; Out of Committee 2/20; Passed House</p>	<p>Essential caregivers, visitation (Young) Ensures that immediate family members are automatically considered essential caregivers; clarifies who may give or withdraw essential care giver status</p>

	2/26; Referred to Senate Health & Welfare.	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; Out of Committee 2/20; Passed House 2/28; Referred to Senate Commerce; Out of Committee 3/7; Passed Senate 3/14.	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 DEAD	Introduced 2/7; Referred to House Health & Welfare; Out of Committee 2/19; House 3 rd Reading; Returned to Committee 2/23.	Idaho dietary supplement act (Gallagher) Ensures that the Citizens of Idaho and health practitioners retain access to vitamins and supplements under current regulations.
S1287 DEAD	Introduced 2/7; Referred to Senate Health & Welfare; Held in Committee 2/21.	Health orgs, requirements (Nichols) Prohibits jurisdiction of the World Health Organization in the State of Idaho.
S1288 DEAD	Introduced 2/7; Referred to Senate Health & Welfare; Out of Committee 2/27; Passed Senate 3/1; Referred to House Health & Welfare; Held in Committee 3/13.	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; Out of Committee 2/19; Passed House 2/26; Referred to Senate Commerce; Out of Committee 3/5; Passed Senate 3/13; To Governor.	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; Passed House 2/21; Referred to Senate Jud & Rules; Out of Committee 3/6; Senate 3rd 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.
H684	Introduced 2/29; Referred to House Education; Out of Committee 3/1; Passed House 3/5; Referred to Senate Education; Hearing 3/18.	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.
H579 DEAD	Introduced 2/15; Referred to House Education.	Behavioral telehealth, schools (Healey)
H524 DEAD	Introduced 2/8; Referred to House Health & Welfare.	Telehealth, behavioral, schools (Healey)
H526	Introduced 2/8; Referred to House Health & Welfare; Out of Committee 2/27; Passed House 3/1; Referred to Senate Health & Welfare; Out of Committee 3/13; Senate 3 rd Reading.	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; Out of Committee 2/19; Passed House 2/26; Referred to Senate Health & Welfare; Out of Committee 3/5; Passed Senate 3/13; To Governor.	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; Out of Committee 2/21; Passed House 2/28; Referred to Senate Health & Welfare; Out of Committee 3/7; Senate 3 rd Reading; Referred to 14 th Order 3/14.	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; Out of Committee 2/21; Passed Senate 2/27; Referred to House Jud &	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

	Rules; Out of Committee 3/6; Passed House 3/14; Delivered to Governor 3/15.	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 DEAD	Introduced 2/12; Referred to Senate Health & Welfare; Out of Committee 2/20; Passed Senate 3/1; Referred to House Health & Welfare; Held in Committee 3/13.	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; Out of Committee 2/20; Passed Senate 2/28; Referred to House Health & Welfare; Out of Committee 3/13; House 3 rd Reading.	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.
S1395	Introduced 3/4; Referred to Senate Health & Welfare; Out of Committee 3/7; Senate 3 rd Reading; Referred to 14 th Order 3/13.	Medical records, costs (Ricks) Amends Title 39, Idaho Code, to establish provisions regarding the costs for requesting copies of medical records. It provides an exception for social security act benefits and defines a fulfillment timeline. This legislation is intended to prevent price gouging when a patient requests a copy of their medical records.
S1353 DEAD	Introduced 2/12; Referred to Senate Health & Welfare.	Medical records, costs (Ricks)
S1354a	Introduced 2/12; Referred to Senate Health & Welfare; Out of Committee 2/19; Referred to 14 th Order 2/27; Amended 3/7;	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

	Passed Senate 3/11; Referred to House Health & Welfare; Hearing 3/19.	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; Out of Committee 2/19; Passed Senate 2/27; Referred to House Health & Welfare; Out of Committee 3/11; Passed House 3/14; To Governor.	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.
H626	Introduced 2/22; Referred to House State Affairs; Out of Committee 3/6; Passed House 3/11; Referred to Senate State Affairs; Out of Committee 3/15; Senate 2 nd Reading.	Admin procedure, scope of review (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.
H562 DEAD	Introduced 2/13; Referred to House State Affairs.	Scope of review, agency rules (Moyle, Barbieri)
H563	Introduced 2/13; Referred to House State Affairs; Out of Committee 2/19; Passed House 2/26; Referred to Senate 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; Out of Committee 2/27; Passed House 2/29; Referred to Senate Health & Welfare; Out of Committee 3/11; Senate 3 rd Reading.	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.
<u>HCR27</u>	Introduced 2/15; Referred to House Health & Welfare; Out of Committee 2/26; Adopted by House 3/1; Referred to Senate Health & Welfare; Out of Committee 3/14; Senate 10 th Order.	<p>PANDAS/PANS awareness (Mathias, Dixon)</p> <p>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 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.</p>
<u>H596</u>	Introduced 2/19; Referred to House Health & Welfare; Out of Committee 2/27; Passed House 3/6; Referred to Senate Health & Welfare; Out of Committee 3/14 to 14 th Order.	<p>Pharmacy benefit managers (Redman, Cook)</p> <p>Pharmacy Benefit Managers (PBM) are third party administrators under contract by health/prescription plans, employers and government entities to manage prescription drug programs for health plan recipients. PBMs administer the prescription drug benefit for nearly every public and private health plan in the United States. PBMs decide which pharmacies are included in a prescription drug plan's network and how much the pharmacy will be paid for dispensing services. The purpose of this legislation is to establish parameters and standards for how Pharmacy Benefit Managers operate in Idaho, requiring fairness, transparency and free market operations; things all other businesses in Idaho must operate under, but on which Idaho's law remains silent for PBMs. This legislation adds new definitions; lays out requirements that make contracts with pharmacies transparent and fair; requires PBMs to provide transparent pricing on drugs; and requires PBMs to report to the Department of Insurance in a transparent way. PBMs already operate under these provisions in other states; these</p>

		additions will help protect Idahoans' health care dollars as well.
H597	Introduced 2/19; Referred to House Health & Welfare; Out of Committee 2/29; Passed House 3/4; Referred to Senate Health & Welfare.	Immunizations, exceptions (Zuiderveld, Gallagher) This legislation is intended to address two issues. The first is the 12th grade immunization requirement for which there is no exemption when a student is age 18 during their 12th grade school year. The requirement can be found in IDAPA 16.02.15.100.06.c. The second is to prevent colleges and universities in the state of Idaho from infringing on the privacy rights of students by requiring vaccination status or the disclosure of confidential medical information as conditions of enrollment or attendance. The exemptions currently described in §39-4802, §39-1118, and IDAPA 16.02.15.110 apply only to minor children and require parent or legal guardian signature.
H616	Introduced 2/21; Referred to House Health & Welfare; Out of Committee 2/29; Passed House 3/4; Referred to Senate Health & Welfare.	Child, mental health, disclosures (Young) Ensures that the parent of a minor over 14 years of age is able to obtain mental health records under certain circumstances.
H617	Introduced 2/21; Referred to House Health & Welfare; Out of Committee 2/29; Passed House 3/4; Referred to Senate Health & Welfare; Out of Committee 3/14; Senate 2 nd Reading.	Syringe, needle exchange, repeal (Vander Woude) Protects Idahoans and their communities by repealing Chapter 34, Title 37, Idaho Code, relating to the Syringe and Needle Exchange Act. Needle exchanges have demonstrated little evidence they are conduits for substance abuse treatment. Furthermore, there is little evidence that needle exchanges have reduced the number of needle stick injuries in Idaho's communities. Given these were the key arguments for implementing the Syringe and Needle Exchange Act, this chapter is rightly repealed.
H632	Introduced 2/22; Referred to House Health & Welfare; Out of Committee 3/15; House 2 nd Reading.	Naturopathic doctors, licensure (Blanksma) Makes minor corrections to the voluntary naturopathic doctor dual licensure statute. It clarifies the post-doctorate training required to obtain voluntary licensure and prevents policy overlap with other naturopathic licensure statutes. The legislation requires that an individual must enroll in and complete a naturopathic doctor curriculum of at least 160 hours from an accredited university as well as show proof that an applicant has practiced naturopathic medicine in Idaho for a number of years. This legislation does not change the underlying doctorate licensure requirement or the requirement

		that the underlying license must remain active and in good standing.
H633	Introduced 2/22; Referred to House Health & Welfare; Out of Committee 3/4; Passed House 3/7; Referred to Senate Health & Welfare; Out of Committee 3/13; Senate 3 rd Reading.	Public assistance, pregnancy (Blanksma) Adds provisions regarding postpartum Medicaid coverage for women. by extending Medicaid eligibility for twelve (12) months for postpartum coverage to individuals who, while pregnant, are eligible for and receive Medicaid.
H705	Introduced 3/7; Referred to House Business; Out of Committee 3/14; Passed House 3/15; To Senate.	Occupational licensing reform (Crane, J.) This bill continues Idaho’s work towards occupational licensure reform. The vast majority of licenses require licensees to take certain continuing education credits to renew their license. This legislation reforms, overhauls, and streamlines continuing education requirements, and directs licensing authorities to review their administrative rules to eliminate or modify any continuing education provisions that would conflict with the changes in this bill.
H647 DEAD	Introduced 2/23; Referred to House Business.	Occupational licensing, renewal (Crane)
S1375	Introduced 2/23; Referred to Senate Commerce; Out of Committee 3/7; Senate 3 rd Reading.	Naturopath doc licensure, voluntary (Anthon) Makes minor corrections to the voluntary naturopathic doctor dual licensure statute. It clarifies the post-doctorate training required to obtain voluntary licensure and prevents policy overlap with other naturopathic licensure statutes. The bill expands the educational requirements to reflect actual training programs available to professionals seeking dual licensure in Idaho. This legislation does not change the underlying doctorate licensure requirement or the requirement that the underlying license must remain active and in good standing.
H658 <i>New bill coming</i>	Introduced 2/26; Referred to House Rev & Tax.	Hospital property tax exemption (Vander Woude) Amends a definition of nonprofit hospital for the purpose of property tax exemptions and allows the discretion of the Board of Equalization for the county in which the property is located. The legislation set up a framework for the Board of Equalization to evaluate the community and charitable benefit of nonprofit hospitals and grant a property tax exemption in full, partial, or an exemption at all.
HCR30	Introduced 2/26; Referred to House Health & Welfare; Out of Committee 3/4; Adopted by	Medicaid waivers (Vander Woude, Van Orden) This resolution recognizes that Idahoans want to be self-reliant when it comes to receiving health care

	House 3/11; Referred to Senate Health & Welfare; Out of Committee 3/15 to 10 th Order.	benefits. But circumstances sometimes have consequences that interfere with that resilience and individuals find themselves in need of medical assistance. Helping these people gain back the independence they desire is what the Idaho Legislature is proposing in conjunction with the Idaho Department of Health and Welfare.
H670	Introduced 2/27; Referred to House Health & Welfare; Out of Committee 3/8; Passed House 3/11; Referred to Senate Health & Welfare.	Organ harvesting, genetic tech (Redman, Lenney) Prohibits health insurance providers in Idaho from issuing reimbursements for organ transplant operations performed in China or other countries known to have participated in forced organ harvesting from prisoners of conscience and other persecuted people. The bill also prohibits hospitals and medical research facilities from using genetic sequencing machines or software that come from foreign adversaries.
H671 DEAD	Introduced 2/27; Referred to House Health & Welfare; Held in Committee 3/7.	Prescription drugs, billing (Redman) The Affordable Prescription Drug Cost Act restores the integrity of the 340B Drug Discount Program by ensuring fair reimbursement to Idaho's 340B covered entities and contract pharmacies. This legislation prohibits Pharmacy Benefit Managers from placing any burdensome restrictions on a 340B covered entity or contract pharmacy that would not be placed equally on a non-340B covered entity or non-contract pharmacy. Additionally, this legislation safeguards Idahoans' choices for pharmacy selection, and preserves independent pharmacies, by prohibiting drug manufacturers from restricting which pharmacies can receive drugs purchased under the 340B program.
H672 DEAD	Introduced 2/29; Referred to House Health & Welfare.	Medical ethics defense act (Wisniewski, Bjerke) Recognize and protect the rights of conscience for health care professionals and health care entities when they are asked to provide medical services which go against their conscience. There are provisions to prevent discrimination or retaliation, and the legislation provides for a civil action for damages.
H681 Supportive Action Tool	Out of JFAC 2/29; Passed House 3/4; Passed Senate 3/13; To Governor.	Approp, health education, trailer This appropriation to the Health Education Programs organized under the State Board of Education provides enhancements to the FY 2025 maintenance budget that includes funding for new residencies and the additional 2% CEC.

H683	Introduced 2/28; Referred to House Education; Out of Committee 2/29; House 3 rd Reading; Referred to General Orders 3/5.	Office of early childhood services (Raybould, Blanksma) Creates an Office of Early Childhood to oversee the state's early childhood services. It supports family choice by charging the Office with making it easier for families to find the early childhood services they need. It also supports the independent businesses operating in the early childhood field by streamlining oversight and accountability for their use of public funds.
H636 DEAD	Introduced 2/22; Referred to House Education.	Office of early childhood (Blanksma, Raybould)
S1380	Introduced 2/28; Referred to Senate Health & Welfare; Out of Committee 3/5; Passed Senate 3/7; Referred to House Health & Welfare; Out of Committee 3/14; House 3 rd Reading.	Health, social svcs ombudsman (Lee) Establishes an office of the health and social services ombudsman to monitor and evaluate the compliance of public agencies and private entities in the provision of health and social services policy for children under the care of the state and vulnerable adults.
H685 Support action tool	Introduced 2/29; Referred to House Health & Welfare; Out of Committee 3/4; Passed House 3/7; Referred to Senate Health & Welfare; Out of Committee 3/14; Senate 2 nd Reading.	Medicaid budget stabilization fund (Vander Woude) Sets up a place for unobligated general fund moneys remaining in the cooperative welfare funds to be deposited after reconciliation and statute distributions. These funds shall be distributed by legislative appropriation.
S1390	Introduced 3/1; Referred to Senate Commerce; Out of Committee 3/7; Passed Senate 3/11; Referred to House Commerce.	Launch grant (Lent) Updates the definition of "in-demand careers" to establish additional criteria for weighing economic output and mobility. Factors include but are not limited to, the number of openings, rate of growth, skill transferability, length of program training, and wage potential. In addition, any in-demand careers that require more than a bachelor's degree are excluded from grant consideration.
S1389	Introduced 3/1; Referred to Senate Health & Welfare; Out of Committee 3/7; Senate 3 rd Reading.	Pharmacy benefit managers (Cook, Lee) Establishes parameters and standards for how Pharmacy Benefit Managers operate in Idaho, requiring fairness, transparency and free market operations; things all other businesses in Idaho must operate under, but on which Idaho's law remains silent for PBMs. This legislation adds new definitions; prohibits spread pricing; requires drug rebates to be passed on to the plans; lays out requirements that make contracts with pharmacies transparent and fair; allows patients to choose which in-network pharmacy best meets their needs; and gives the Department of

		<p>Insurance authority to ask for information to ensure the law is being followed. PBMs already operate under these provisions in other states; these additions will help protect access to pharmacies and Idahoans' health care dollars as well.</p>
<p>S1416</p>	<p>Introduced 3/8; Referred to Senate Health & Welfare; Out of Committee 3/14; Senate 2nd Reading.</p>	<p>Emergency medical services (Harris) Moves the Emergency Medical Services (EMS) Bureau out of the Idaho Department of Health and Welfare and relocates it into the Office of Emergency Management. All existing EMS programs except the Public Health Preparedness and Response Program will be moved effective July 1, 2025. The directors of the Idaho Department of Health & Welfare and the Office of Emergency Management will work together to coordinate the transfer of the EMS Bureau. The Office of Emergency Management will also be responsible for preparing a budget request for EMS functions for fiscal year 2026.</p>

Tracked through 3/15/24
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