

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Wednesday, February 11, 2026

TIME: 3:00 P.M.

PLACE: Room WW54

MEMBERS PRESENT: Chair VanOrden, Vice Chair Bjerke, Senators Harris, Zuiderveld, Lenney, Shippy, Blaylock, Keyser, and Wintrow

ABSENT/ EXCUSED: None

NOTE: The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

CONVENED: **Chair VanOrden** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

GUBERNATORIAL APPOINTMENT VOTE: **Committee Vote on the Gubernatorial appointment of Juliet Charron as the Director of the Department of Health and Welfare to serve a term commencing September 15, 2025 and continuing at the pleasure of the Governor.**

MOTION: **Senator Harris** moved to send the Gubernatorial Appointment of **Juliet Charron** as the Director of the Department of Health and Welfare to the floor with the recommendation that she be confirmed by the Senate. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

S 1264 **RURAL HEALTH TRANSFORMATION - Adds to existing law to establish the Idaho Rural Health Transformation Fund and the Rural Health Transformation Committee.** **Senator Cook** explained this legislation accomplished three things. First, it created the Idaho Rural Health Transformation Program (RHTP) Fund within the state treasury, providing a designated place for money received from the RHTP grant. Second, it established the Rural Health Transformation Committee (RHTC) as a bipartisan legislative oversight body to oversee how grant funds were spent. The RHTC would consist of seven members. Three senators appointed by the Senate Pro Tempore, three representatives appointed by the House Speaker, and one non-voting member appointed by the Governor. Three of the legislators appointed must reside in a rural district. Finally, the bill outlined the authority and responsibilities of the RHTC and specified how it would conduct oversight duties. The RHTC would have a heavy workload and very limited time to organize and distribute the first allocation of funds.

DISCUSSION: **Senator Zuiderveld** asked why the germane committee wouldn't oversee the RHTP instead of creating a joint committee. **Senator Cook** explained the RHTC was purposely composed of House and Senate members. When a committee had too many members, it could become inefficient. The goal was to keep the RHTC lean, flexible, efficient, and strategically focused. The bill specified three of the legislative members must be from rural areas. This ensured rural legislators would be representing rural hospitals and grant applicants. **Senator Zuiderveld** commented the germane committees could oversee it directly, since legislators on the germane committee would ultimately make the decisions. **Senator Cook** explained the Joint Finance-Appropriations Committee (JFAC) would appropriate the money, and the RHTC would decide how it was distributed based on the Centers for Medicare and Medicaid Services (CMS) approved scope. The

decisions to allocate the appropriated funds would not return to a germane committee, instead the RHTC would work directly with Idaho Department of Health and Welfare (IDHW) to distribute the funds.

Chair VanOrden explained the decisions on obligating the first round of awarded funds were subject to strict time limitations. The RHTC would need to meet twice a week to review proposals from IDHW and determine how funds would be allocated. She stated the RHTC was designed to be small and hands-on, allowing it to act quickly.

Senator Lenney inquired what would happen if **S 1264** did not pass. **Senator Cook** responded that if the bill did not pass, the executive branch would decide how the funds were distributed. JFAC would still appropriate the grant funds therefore the Legislature would retain financial authority, but the executive branch would have full authority over the distribution of funds, similar to the process used to distribute COVID relief funds. **Senator Lenney** asked how rural was defined in the bill. **Senator Cook** explained rural was defined on page 1, line 31, as a legislative district without a population center of 20,000 or more persons. This definition was chosen with input from IDHW and Legislative Services Office to ensure rural legislators were representing rural health care needs.

Senator Shippy emphasized the loss of legislative oversight that would occur if the bill failed. He noted that the creation of the RHTC was separate from the appropriation itself and was meant to determine how the money would be awarded. **Senator Cook** explained Idaho would receive just under \$1 billion over five years. Funds could not be distributed before JFAC appropriated it. If JFAC chose not to appropriate the funds, Idaho could decline to utilize the grant. However, if JFAC appropriated the funds and the RHTC committee was not created, the executive branch would determine the distribution of funds within the CMS-approved scope. He stated if the bill passed, the Legislature would have direct oversight through the RHTC, including the authority to monitor spending and, if necessary, reclaim funds.

Senator Wintrow asked how the proposed RHTC differed from the group that previously met to apply for the grant. She asked where the decision-making authority ultimately rested. She sought clarification on how a disagreement regarding decision-making between JFAC and the RHTC would be resolved.

Senator Cook stated JFAC held the authority to oversee and appropriate the funds and could approve, reject, or modify the proposed budget, including the allotment of administrative positions. Once the funds were appropriated, the RHTC would oversee how the funds were distributed and spent. It would also ensure the distributions met the program goals and were producing expected outcomes. If funds were not used appropriately, the RHTC would have the authority to reclaim and redirect them.

TESTIMONY:

Brian Whitlock, President and Chief Executive Officer, Idaho Hospital Association (IHA), emphasized the tight timeline for obligating the RHTC funds. If the funds were not obligated by October, the money would revert back to the federal government. He highlighted the significant scope of work involved and stated upwards of 500 proposals were submitted when IDHW opened a portal to complete the grant application submitted to CMS. He stressed that Congress created the program under a provision focused on protecting rural hospitals and providers. He underscored the urgency of distributing funds quickly, noting that some rural hospitals were already struggling and needed timely assistance.

DISCUSSION: **Senator Zuiderveld** expressed concern that the funding was one-time money spread over five years and questioned how Idaho would sustain programs and projects created after the grant funds expired. She referenced past experiences with American Rescue Plan Act (ARPA) funds, and noted that one-time projects created ongoing maintenance and operational costs for the state. She questioned whether certain proposed purchases would provide meaningful long-term benefits. She asked how Idaho planned to maintain and support initiatives built with the one-time funding once it was gone. **Mr. Whitlock** explained the funds would be invested in infrastructure and sustainable programs rather than short-term purchases. He gave an example of a 75-year-old rural hospital that needed electrical upgrades to support a new MRI machine. By rewiring the facility and purchasing updated equipment, the hospital could sustain MRI services for decades. He emphasized that hospitals were seeking transformative investments to strengthen long-term health care sustainability. Many rural hospitals were struggling financially, and timely distribution of the funds would help stabilize and preserve essential services.

TESTIMONY: **Liz Woodruff**, Director, Idaho Academy of Family Physicians (IAFP), stated she represented over 800 Idaho family physicians, in support of the RHTP grant. She asserted this opportunity for rural health investment was a once in a generation chance to impact health care in Idaho. The IAFP actively contributed to the input and review process led by IDHW during the RHTP application process. She emphasized the importance of clear principles and priorities to ensure projects were effective, sustainable, and responsive to community needs. Idaho's application aimed to add 40 new physicians in rural areas over the next four years. She explained achieving this required targeted training for Idaho medical students and strengthening our graduate medical education programs. The committee established by this legislation should reference the train here, stay here, grow here framework. Additionally, she asserted the implementation should adopt a balanced approach to technology, avoiding over-emphasis on high-tech solutions while still supporting innovation. She stated grant dollars should enhance rural access to well-trained providers, support investments in critical access hospitals, improve maternal health outcomes and enhance EMS initiatives focused on recruiting and retaining EMS personnel.

Fred Birnbaum with Idaho Freedom foundation (IFF) urged the Committee to oppose **S 1264**. He argued if the bill failed and JFAC did not appropriate the funds, the Governor could not spend the money. His main concern was that the federal grant was debt-financed and represented additional federal borrowing. He was skeptical that creating a legislative oversight committee would meaningfully change outcomes, given the detailed federal grant requirements and tight time-line. He argued that the proposal amounted to borrowing more money to temporarily support a health care system that already consumed a significant share of the economy.

DISCUSSION: **Senator Zuiderveld** asked how this program compared to ARPA funds. **Mr. Birnbaum** stated the use of borrowed money created a risk to the US economy and was not the way to transform health care.

TESTIMONY:

Mark Hand testified in opposition to **S 1264**. As a private citizen and a licensed clinical social worker providing behavioral health counseling in rural Idaho and Lewis counties, he argued that a top-down, "cookie-cutter" approach would not effectively serve Idaho's diverse rural communities. He said communities such as Lewiston, Riggins, and Elk City had different values, economies, and health care needs. Decisions should be made locally through a bottom-up approach. Drawing on principles from his profession, he emphasized self-determination and client-centered practice. Communities were best suited to define their needs and create solutions. He was concerned the bill would place Idaho in a paternalistic role and believed it would undermine community health and local autonomy.

DISCUSSION:

Chair VanOrden noted that as a health care provider and counselor, Mr. Hand could apply for the funds by submitting a proposal of needs he identified in his community. She added that the RHTC wanted input from individuals like him during the application process. **Mr. Hand** explained his focus was on promoting individual, family, and community health. He emphasized that communities and clients should identify their own needs, and his goal as a counselor was to help clients become independent rather than dependent on his services. He compared this approach to his experience in the military, noting that simply providing money or services could create dependency.

In closing, **Senator Cook** agreed that changes to Idaho's healthcare system should start from the bottom up. He asserted the RHTC members would have to engage with rural providers and stakeholders to determine where grant funds would make meaningful impacts. He stated there were 21 independent hospitals in Idaho the RHTP could work with to sustain and improve access to quality healthcare in rural Idaho. He emphasized that it was important to consider the entire picture. Congress cut \$1 trillion out of the One Big Beautiful Bill Act and put \$1 billion back to support rural health. This legislation ultimately gives legislators the authority to decide how grant money will be distributed.

Senator Harris emphasized the critical role of rural hospitals and referenced Driggs Teton Valley Healthcare in his district. If this hospital closed it was an hour and a half drive for Teton County residents to the nearest hospital, often impossible in winter. He explained recent legislative changes, including the shift to a Managed Care system and the 4% Medicaid cut, had financially strained rural hospitals. This was compounded by lost federal Upper Payment Limit (UPL) funds. He stressed that Idaho's hospitals were struggling and the situation due to legislative actions both here and in Congress. The RHTP funds were necessary to support the 21 rural hospitals in Idaho, which were vital to their communities as health care providers and major employers. He supported **S 1264**, because it allowed the legislative branch—not the executive—to oversee fund allocation.

Senator Shippy discussed the broader issue of funding for rural hospitals and emergency services. He noted that rural communities regularly faced financial strain because they were required to provide care to all patients—including interstate travelers—without guaranteed reimbursement. Local communities frequently had to cover these gaps, putting additional pressure on already limited resources. Many rural hospitals and emergency rooms were at risk of closure, which would endanger access to emergency care for both residents and travelers. He framed this as a real and pressing issue and underscored the importance of providing support to ensure these facilities remained operational.

Chair VanOrden noted that while serving on the Idaho Rural Health Application Task Force EMS needs were considered with input from EMS providers in Idaho. She explained Idaho required additional support for rural EMS, and addressing this was a key part of the application and a required focus for the funds.

MOTION: **Senator Harris** moved to send **S 1264** to the floor with a **do pass** recommendation. **Senator Blaylock** seconded the motion.

DISCUSSION: **Senator Wintrow** stated that funding for rural hospitals was essential and fully supported using the grant for that purpose. She emphasized apart from the hospital funding problem, the trillion dollar Medicaid cuts in the federal One Big Beautiful Bill Act, intended to fund tax cuts, would harm low-income families. She was concerned that creating a legislative oversight committee would add bureaucracy and slow the distribution of funds. Part-time legislators could not effectively oversee the needed ongoing project management. She contrasted this with the Corona-Virus Financial Advisory Committee, which efficiently distributed funds with input from legislators, business leaders, and others. She argued that relying on the executive branch for information would allow the legislature to make timely decisions without overburdening part-time lawmakers.

Vice Chair Bjerke reflected on the competing world views concerning federal debt and rural health care funding. He acknowledged concerns about the nation's debt, noting it was 124% of Gross Domestic Product. However, he questioned how Idaho could reduce federal debt by refusing federal funds meant to support rural hospitals. He emphasized that Idaho consistently received more in federal funding than it spent in taxes and argued that the State could not solve the national debt. Drawing on past experience managing post 9/11 federal grants, he noted that unused funds were reallocated rather than returned to remedy the federal debt. Despite his perspective on the federal debt, he was not willing to sacrifice Idaho's rural hospitals and believed it was prudent to utilize available federal funds to support rural health care.

Senator Zuiderveld criticized the process allowing the Governor to use executive orders to direct funds without legislative oversight, arguing the Legislature controlled the budget and should maintain that authority. She was concerned that relying on one-time federal grants created short-term solutions resulting in long-term sustainability problems. She suggested that Idaho should retain federal tax funds locally rather than waiting to receive them back and criticized past mismanagement of COVID and ARPA funds. She argued rural hospital financial struggles were due to broader mismanagement and emphasized the need for self-sufficiency.

Senator Shippy noted that while the bill did not appropriate funds, it raised questions about the proper role of government. He explained that rural counties like Payette and Washington often had their resources drained because local emergency services and hospitals were compelled to serve non-residents without guaranteed reimbursement. He asserted state funding to support these services aligned with the principle of providing resources for obligations.

Senator Lenney expressed skepticism about the bill, questioning whether it was the Legislature's role to prop up failing businesses. He compared the arguments for this funding to those made for ARPA and COVID money and noted the national debt was \$38 trillion. The federal funds were the result of congressional negotiations to secure votes, rather than well-planned investments. He reiterated it was not Idaho's job to rescue failing businesses therefore he would not vote in favor of the bill.

Senator Wintrow stated that she supported investing in hospitals and health care but expressed concern about the time required for the proposed committee to manage projects. She believed legislators should provide oversight but not handle project management, noting that IDHW was better equipped for that role. She explained the workload would be too demanding given legislators part-time status. Legislators should review and approve proposals rather than execute them.

Chair VanOrden explained that when the proposal came to Idaho, the Governor issued an executive order creating the Idaho Rural Health Application Task Force to assist the IDHW with the application process. She was asked to participate along with the House Health and Welfare Committee Chair, IDHW, and JFAC co-chairs. This demonstrated the Legislature was involved from the beginning of the RHTP.

Senator Wintrow clarified that if this legislation did not pass the money could still be appropriated by JFAC and there would be another mechanism to distribute the funds. **Senator Cook** stated that was correct.

**ROLL CALL
VOTE:**

Senator Lenney requested a roll call vote. **Senators Harris, Shippy, Blaylock, Vice Chair Bjerke, and Chair VanOrden** voted aye. **Senators Zuiderveld, Lenney, Keyser, and Wintrow** voted nay. The motion carried.

S 1254

CHIROPRACTIC PRACTICE ACT - Amends existing law to clarify the existing right of persons licensed to practice chiropractic to prescribe certain prescription drug products. **Senator Anthon** stated this legislation added one word, "prescribe," to Idaho Code § 54-716. This section of code authorized chiropractors to administer certain prescription drugs, limited to vitamins, minerals, and fluids. The purpose of adding the word "prescribe" was to allow chiropractors to purchase the prescription drugs listed in this section of code. Despite the fact that chiropractors could inject, possess, and use these drugs in their practice, pharmacies and pharmaceutical distribution centers would not provide them to chiropractors because they were not allowed to prescribe them. He referenced several examples of chiropractors being refused supplies (Attachment 2).

MOTION:

Senator Keyser moved to send **S 1254** to the floor with a **do pass** recommendation. **Senator Zuiderveld** seconded the motion. The motion carried by **voice vote**.

S 1255

HOSPITALIZATION OF MENTALLY ILL - Amends existing law to include tribal health facilities in provisions regarding certain detentions without hearing. **Senator Harris** explained this legislation amended Idaho's involuntary commitment statute to include tribal health care facilities as acceptable sites to hold individuals whom a peace officer or medical staff believed posed a grave threat to himself or others due to mental illness. The legislation stated for the purposes of this section the definition of peace officer included tribal police officers. This change addressed concerns raised by tribes regarding challenges coordinating with counties to ensure the timely completion of initial evaluations for tribal members experiencing mental health crises on reservations. IDHW was consulted and the legislation did not change legal proceedings related to involuntary commitments. There was no fiscal impact at the state or local level.

TESTIMONY:

Chris Goetz, Clearwater County Sheriff, **Michael Steele**, Policy Analyst for Shoeshone Bannock Tribes, and **Tyrel Stevenson**, Coeur D' Alene Tribe Legislative Director, testified in favor of the bill. All three testifiers emphasized this legislation improved the handling of mental health crises for tribal members. **Mr. Goetz** described a recent case where tribal and non-tribal law enforcement had to coordinate without clear authority, and said the bill would allow tribal police to manage crises through tribal health facilities. **Mr. Steele**, explained the bill would reduce administrative burdens by letting trained tribal providers determine patient needs. **Mr. Stevenson** noted the bill would close gaps in mental health responses and clarify care for tribal members. They also highlighted improved

care coordination, faster access to care, and recognition of tribal authority as key benefits.

MOTION: **Senator Blaylock** moved to send **S 1255** to the floor with a **do pass** recommendation. **Senator Keyser** seconded the motion. The motion carried by **voice vote**.

S 1256 **BLIND AND VISUALLY IMPAIRED - Repeals existing law to remove obsolete provisions relating to reports of medical authorities establishing blindness.** **Vice Chair Bjerke** explained this legislation was part of Idaho's DOGE Task Force initiative to remove outdated code from Idaho statutes. The legislation struck a section of code from the Commission for the Blind and Visually Impaired. The language outlined an outdated process for individuals going blind to be referred by their doctor to the Commission.

DISCUSSION: **Senator Wintrow** asked if the Commission for the Blind and Visually Impaired endorsed the bill. **Senator Bjerke** explained the Commission for the Blind and Visually Impaired identified this section of code for the Idaho DOGE Task Force.

MOTION: **Senator Keyser** moved to send **S 1256** to the floor with a **do pass** recommendation. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

ADJOURNED: There being no further business at this time, **Chair VanOrden** adjourned the meeting at 4:30 p.m.

Senator VanOrden
Chair

Madyson Crea
Secretary