

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Thursday, February 19, 2026

TIME: 3:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Vice Chair Bjerke and Senator Harris

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 3:00 p.m.

PRESENTATION: Honoring Pages Finn Mecham and Cooper Smith. **Finn Mecham** stated he had a great experience serving as a page. It was interesting to learn the inner workings of government and he noted that everyone was respectful and professional toward each other.

DISCUSSION: **Senator Wintrow** thanked Mr. Mecham for running Committee errands. She asked which bill hearing he learned the most from and would remember. **Mr. Mecham** stated he enjoyed the acupuncture meeting because it was interesting to hear all the different perspectives. **Chair VanOrden** thanked Mr. Mecham for his service and presented him with a gift and a letter of recommendation from the Committee.

Cooper Smith stated his experience at the Capitol had been incredible. He said it was awesome to experience the political landscape, learn how to communicate professionally, and build relationships with important people. **Chair VanOrden** thanked Mr. Smith and presented him with a letter of recommendation from the Committee.

MINUTES APPROVAL: **Senator Blaylock** moved to approve the Minutes of February 02, 2026. **Senator Keyser** seconded the motion. The motion carried by **voice vote**.

NOTE: **Chair VanOrden** stated the Minutes of February 03, 2026 would be approved at a later date as both presenters were absent.

MINUTES APPROVAL: **Senator Lenney** moved to approve the Minutes of February 05, 2026. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

S 1316

HEALTH AND SAFETY - Amends existing law to revise provisions for exemptions for certain tests for infants and newborns. Senator Blaylock stated this legislation addressed newborn medical screenings. She explained infants, shortly after birth, received a heel prick test to screen for serious medical conditions and an eye ointment to treat certain infections. These interventions protected countless children through early detection and prevention. This bill was not intended to discourage newborn screenings or standard treatments. This legislation simply updated the exemption language to mirror the standards already used in Idaho's vaccination laws. She noted this bill was a reflection of Idaho's long-standing commitment to parental rights and medical freedom. This change ensured consistency in Idaho Code and clarified that parents may decline these interventions without being required to state a specific religious objection. She emphasized that this bill did not eliminate newborn screenings and did not alter medical standards. The intention was to align exemption language in statute and reflected what was already practiced.

TESTIMONY: **Mark Uranga**, Idaho Coalition for Safe Healthcare, testified in favor of **S 1316**. He stated medical professionals supported the standards of care this legislation encompassed but also the importance of families taking part in medical decision making. **Dr. Uranga** thanked Senator Blaylock for her openness to working with the Idaho Coalition for Safe Healthcare.

MOTION: **Senator Keyser** moved to send **S 1316** to the floor with a **do pass** recommendation. **Senator Lenney** seconded the motion. The motion carried by **voice vote**

S 1294

INFANTS AND NEWBORNS - Adds to existing law to establish provisions regarding hearing loss screening. Senator Galloway explained the purpose of this bill was to help Idaho infants born with hearing loss gain access to testing and resources. She stated screening currently occurred in Idaho and prevented expensive challenges associated with delayed identification. However, unlike almost every other state, Idaho had not codified this important practice. She indicated this legislation defined in Idaho Code how the State would address this important practice, rather than leaving it to the federal government or rulemaking.

TESTIMONY: **Paula Mason**, Interim Superintendent, Idaho Educational Services for the Deaf and Blind, supported this legislation. She emphasized the role of newborn screening in early identification of hearing loss, which was critical for language, literacy, and social-emotional development. Delayed identification significantly increased educational and financial costs, potentially exceeding \$400,000 per child. This bill was a preventive measure that ensured early intervention and long-term benefits, including school readiness and future workforce contributions. Early hearing screening was a strategic investment in both child development and Idaho's future economic stability.

Susie Jones, a provider of early intervention services, testified in favor of **S 1294**, citing professional and personal experience with hearing loss. She emphasized that early identification and intervention through newborn hearing screening significantly enhanced language development and long-term independence. Timely intervention, including hearing technology and family coaching, helped build critical neural pathways, reduced developmental delays, and decreased associated educational and healthcare costs. She urged support for the bill to increase awareness and elevate newborn hearing screening alongside other standard newborn tests.

Lisa Coleman shared her experience with newborn hearing screening for her two daughters diagnosed with hearing loss. Currently there were six newborn screens recommended at birth, and the newborn hearing screen was not on the list. Adding newborn hearing screening to the list of other screens in Idaho Code would help change messaging to parents and would emphasize the importance of follow-up and diagnostic testing.

Lisa Clegg, President of Idaho Hands and Voices, shared she had two children with hearing loss and fully supported **S 1294**. She stated there was much more that could be done, however, this legislation was a great first step.

DISCUSSION:

Senator Lenney asked for examples of what more could be done to increase screening and early hearing loss intervention. **Ms. Clegg** explained this legislation was written with great fiduciary responsibility, to ensure no fiscal note. Idaho Hands and Voices recognized that Centers for Disease Control (CDC) and Health Resources and Services Administration (HRSA) funding, which currently supported newborn hearing screening and early intervention, was not guaranteed. It may be necessary for Idaho to prioritize and fund these programs directly, including additional screenings before kindergarten, to ensure sustainability if federal support was reduced or withdrawn.

Senator Wintrow asked if there was a conflict between **S 1294** and **S 1316**, which added an exemption process for screenings. **Senator Galloway** explained she and Senator Blaylock coordinated when drafting the two bills.

Senator Keyser clarified that hospitals already offered these tests and asked if families could opt-out. He asked if this bill was mandating the screening. **Senator Galloway** explained screening was currently occurring. Parents could already opt-out of all screenings due to a religious exemption. **S 1316** allowed parents to opt-out for any reason. **S 1294** added newborn screening to the section of code which would be affected by the expanded exemption.

Senator Shippy clarified that currently the only acceptable reason to opt-out of screenings was for religious reasons. He took issue with the word "shall" being used as it implied the State was asserting authority. **Senator Galloway** committed to making sure **S 1294** would follow **S 1316** on the Senate floor to ensure screening would remain at parental discretion.

Chair VanOrden stated the bill added "hearing loss screening required by this section shall employ certain methods approved by the Education Services for Deaf and Blind" and asked if that was already required. **Ms. Coleman** explained the two types of tests currently used were the Automated Auditory Brainstem Response (AABR) and Otoacoustic Emissions Tests. She addressed the earlier comment about the use of "shall" in this legislation, noting the bill was drafted to be consistent with the section of code related to newborn screening which used "shall" throughout.

Senator Keyser asked what problem this bill solved if hospitals already offered newborn screening and parents were already able to opt-out. **Senator Galloway** explained putting the screenings in code allowed for standardization of practices across Idaho.

MOTION:

Senator Wintrow moved to send **S 1294** to the floor with a **do pass** recommendation. **Senator Blaylock** seconded the motion.

DISCUSSION:

Senator Shippy stated he would not support the motion.

Senator Blaylock stated she would support the motion. However, she had some questions that needed to be answered and reserved her right to change her vote on the Senate floor.

Senator Zuiderveld stated she would support the motion but reserved her right to change her vote on the Senate floor.

**ROLL CALL
VOTE:**

Senator Lenney requested a roll call vote on the motion to send **S 1294** to the floor with a **do pass** recommendation. **Senators Zuiderveld, Blaylock, Wintrow,** and **Chair VanOrden** voted aye. **Senators Lenney, Shippy,** and **Keyser** voted nay. The motion carried.

S 1314

DEPARTMENT OF HEALTH AND WELFARE - Amends and repeals existing law to revise provisions regarding the Board of Health and Welfare, substate administrative regions, and regional behavioral health boards. **Senator Blaylock** stated the purpose of this legislation was to modernize systems and cleanup code. The bill did not change the services that Idahoans received from Idaho Department of Health and Welfare (IDHW), but reorganized oversight structures that no longer matched how Idaho oversaw large agencies today. The bill repealed the Board of Health and Welfare (Board) in code, and placed authority where it functionally resided with IDHW. Rulemaking authority was transferred from the Board to IDHW with clear language ensuring existing rules remained valid and did not require renegotiation. She explained the Board was created in the 1970s when it was common practice for agencies to be insulated by appointed boards rather than directly accountable to elected officials. In the status quo, Idaho used a system of direct accountability where the Governor appointed a director, the Senate confirmed the director, and the Legislature reviewed administrative rules and budgets annually. The current oversight structure made the Board unnecessary. The second purpose of this legislation was to repeal regional behavioral health boards. **Senator Blaylock** explained the Idaho Behavioral Health Planning Council (BHPC) had specific duties that tied directly to the regional behavioral health boards. The State Behavioral Health Planning Council reviewed and evaluated Idaho's behavioral health system, advised IDHW on planning and priorities, promoted family-driven and youth-guided services, supported recovery-oriented systems of care, monitored regional implementation, ensured regional boards were fulfilling family support and recovery services, and reported findings to IDHW. Regional health boards handled local coordination, the BHPC oversaw the regional boards and IDHW oversaw both administratively. This structure made sense when Idaho was building its behavioral health system but now that landscape looked very different. **S 1314** repealed the Idaho Behavioral Health Cooperative Statute and the statutes that governed the regional behavioral health boards. This was accomplished while preserving the regional behavioral health centers and core service obligations. **Senator Blaylock** indicated that in Idaho Code § 39-3125 services remained clearly defined and tied to centers and provider networks, but the embedded dependency on statutory boards was removed. She acknowledged that the Idaho Behavioral Health System had matured and while regional behavioral health boards completed meaningful work, being placed in statute under IDHW was no longer the most effective way to accomplish the intended mission. In some cases, it limited flexibility by tying coordination to rigid structures in code. This bill maintained the services, kept coordination and planning in place, but removed duplicative government layers.

DISCUSSION: **Senator Wintrow** asked what research was conducted and how stakeholders were involved in drafting this legislation. She stated the Board of Health and Welfare (Board) and behavioral health boards were important. **Senator Blaylock** explained members of the Board and IDHW leadership were consulted. She referenced the organizational structure and indicated the Board had become advisory in nature. The Governor's Office was consulted, and the current Governor had not met once with the Board directly. Review of the Board meeting minutes indicated IDHW spent Board meeting days presenting reports to the Board, many of which were publicly posted and presented to the Legislature. **Senator Blaylock** stated she served on the BHPC and she knew many behavioral health boards conducted important work. However, many of the positions on regional behavioral health boards were vacant and meetings were scarce. There was excessive overlap and this legislation was an attempt to decrease duplications.

Senator Lenney asked when the last time the Board of Health and Welfare met. **Senator Blaylock** explained the Board met often because they were required to meet quarterly by statute. She clarified that removing the statute did not hinder citizen involvement in government. If individuals had concerns legislators and IDHW employees were readily accessible. The Board was required in statute to provide an annual report to the Governor and the last one was published in 2022. This demonstrated the Board was not meeting statutory requirements and over time had become obsolete.

TESTIMONY: **Brittany Shipley** testified in opposition of **S 1314**. She asserted the proposed changes would affect a federal court settlement, federal grant funding, and existing IDHW contracts related to Idaho's behavioral health system. The Idaho Behavioral Health Cooperative was referenced in the Jeff D. Settlement Agreement, a binding federal court order governing Idaho Children's Mental Health System of Care; repealing its statutory authority would alter a structure embedded in that consent decree. Eliminating the regional behavioral health boards could have federal funding implications, as Idaho received support through the Community Mental Health Services Block Grant, which required statewide needs assessments and reporting on unmet needs and regional disparities. The regional boards currently served as the mechanism for collecting regional data and stakeholder input. The bill would reduce oversight by eliminating the statutory authority of the Board of Health and Welfare and consolidating rulemaking authority within IDHW. These changes represented significant structural decisions with implications for federal compliance, funding stability, and governance of Idaho's behavioral health system. While she supported eliminating regional director roles, she urged the Committee to retain the other oversight boards.

DISCUSSION: **Senator Wintrow** asked Ms. Shipley to expand on her concerns related to eliminating the behavioral health boards and what purpose the boards filled. **Senator Wintrow** clarified that Ms. Shipley agreed the directors were not needed. **Ms. Shipley** stated she served on the BHPC but her testimony represented her personal beliefs and she was not speaking for the BHPC. She had significant concerns about the removal of a platform for consumers to share and learn about behavioral health services, especially as Idaho worked to increase available services. She explained quarterly reports for the 2015 Jeff D. Settlement agreement regarding utilization of Children's Mental Health Services clearly stated significant service gaps in some regions, particularly rural regions.

Senator Wintrow asked why the plan Ms. Shipley referenced was important and who would be harmed if behavioral health boards were removed. **Ms. Shipley** stated the impacts would be significant. Regional boards gathered information for needs assessments. Additionally, the funds that were allocated to behavioral health boards were used to apply for mini-grants to help offset behavioral health services. Filling the service gaps would be delayed especially in rural areas that struggled to access services. She asserted without behavioral health boards there was no mechanism for the State Behavioral Health Planning Council to meet federal and state statutory requirements to conduct and gather necessary materials to complete the Governor's report which was submitted to the Legislature each year. This report included components on crisis centers, regional boards, assessment centers, and juvenile corrections to ensure there was not siloing, but that people worked together.

In closing, **Senator Blaylock** acknowledged that at times reorganization or restructuring could be difficult. However, this legislation would not impact the services provided. Outreach and communication would continue to happen through nonprofits and crisis centers. This legislation simply removed a layer of government that was outdated and unneeded.

MOTION: **Senator Keyser** moved to send **S 1314** to the floor with a **do pass** recommendation. **Senator Lenney** seconded the motion.

DISCUSSION: **Senator Wintrow** stated she understood removing regional directors, but she was reluctant to eliminate the behavioral health boards because it was important to reach out to individuals who were utilizing services. She questioned whether stakeholders and individuals who would be affected, especially in the behavioral health area and the disability community, were properly consulted when drafting this legislation. She was concerned because the purpose of the Board was to provide oversight and transparency for IDHW. It was important the Board had a voice when the director or IDHW was not acting in alignment with the Legislature's direction. Additionally, she asserted the Board gave the public oversight of IDHW and provided an open meeting forum for the public to engage.

Senator Shippy stated Chair VanOrden, the Chairman of the House Health and Welfare Committee, someone from the Governor's Office, and the Director of IDHW were on the Board. He indicated there was duplication as these individuals already had oversight and input over the actions of IDHW. He stated he would support the motion.

Senator Shippy called the question.

VOICE VOTE: The motion to send **S 1314** to the floor with a **do pass** recommendation carried by **voice vote**. **Senator Wintrow** requested to be recorded as voting nay.

ADJOURNED: There being no further business at this time, **Chair VanOrden** adjourned the meeting at 4:07 p.m.

Senator VanOrden
Chair

Madyson Crea
Secretary