

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

- DATE:** Monday, February 23, 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.
- INTRODUCTION:** **Introduction of Page Johnathan Richardson.** **Johnathan Richardson** stated he was from Shelley, Idaho and had worked in concrete for four years. He explained his school visited the Legislature every year and each year some of the students served as pages.
- DISCUSSION:** **Senator Blaylock** asked what type of concrete he worked on. **Mr. Richardson** explained he worked on foundations for residential and commercial projects. He also started doing more flat work in the past couple years.
- Senator Shippy** asked how many yards of concrete he could lay in a day and stated his record was 250 yards. **Mr. Richardson** answered the most he had done in one day was 400 yards.
- MINUTES APPROVAL:** **Senator Harris** moved to approve the Minutes of February 03, 2026. **Vice Chair Bjerke** seconded the motion. The motion carried by **voice vote**.
- H 558** **JUVENILE PROCEEDINGS - Adds to existing law to provide requirements for the Department of Health and Welfare to apply and reserve federal benefits for children in the department's legal custody.** **Representative Josh Tanner** explained the purpose of this legislation was to preserve Social Security survivor benefits for foster youth rather than divert them to offset state government costs. Survivor benefits were earned through work and represented the last financial support a deceased parent could provide their child. An executive order was issued and the Idaho Department of Health and Welfare (IDHW) ended this diversion in 2025. This bill codified the practice to ensure foster youth continued to have access to their deceased parents' survivor benefits over time. He added that ending this practice was supported by the Trump administration and so far the number of states diverting funds to offset administrative costs had decreased to 36.
- Senator Nichols** explained this was a known issue and this bill codified the practice of preserving Social Security survivor benefits to be used by foster youth once they turned 18. She stated leaving the foster system was difficult and Idaho should ensure foster children were set up for success once they reached adulthood.

**DISCUSSION:** **Senator Keyser** confirmed that supporting this bill would allow earned benefits to go to orphans instead of allowing the government to confiscate the funds and use them to pay for overhead. **Representative Tanner** explained the executive order already ended the practice of using funds for government costs but this legislation would codify that the practice was unacceptable and foster youth should receive the benefits once they were adults.

**Senator Blaylock** questioned the fiscal note. She asked when IDHW changed the process to comply with the executive order. **Representative Tanner** stated last year the practice was ended and the current IDHW budget was adjusted for the fiscal note. **Senator Blaylock** explained the fiscal note said there was no increase or decrease from last year. However, the process was changed, potentially diverting a quarter to half a million dollars of Social Security survivor benefits. She asked if that was reflected in the budget as revenue that was not coming in after the executive order. **Representative Tanner** explained when the practice was discontinued the funds were built back into the budget.

**Senator Zuiderveld** asked if Idaho would oversee and help foster children receive their benefits. **Representative Tanner** stated the State would not assist in filing for benefits. Rather, IDHW was no longer able to take the benefits and the money would stay with the children until they become adults and were able to access the funds. **Senator Zuiderveld** asked if the age for foster children to receive benefits increased from 18 to 23. **Representative Tanner** confirmed the age to receive certain benefits had increased to 23 to help foster youth transition out of the program.

**Senator Shippy** asked what the benefits were and where the money originated from. **Representative Tanner** explained the money was Social Security money withheld by the federal government. When a child's parents passed there was a survivor benefit made available to the legal guardian of the child. In the case of foster youth IDHW was the legal custodian. This legislation ensured IDHW would not divert foster youth survivor benefits to offset government costs.

**MOTION:** **Vice Chair Bjerke** moved to send **H 558** to the floor with a **do pass** recommendation. **Senator Keyser** seconded the motion.

**DISCUSSION:** **Senator Lenney** commented state custody should not erase a child's entitlement. He stated the government should not take money from foster youth simply because IDHW was spending money on that child and he would support the motion.

**VOICE VOTE:** The motion to send **H 558** to the floor with a **do pass** recommendation carried by **voice vote**. **Senator Zuiderveld** requested to be recorded as voting nay.

**H 528** **DIRECTED BLOOD PRODUCT TRANSFUSION - Adds to existing law to establish provisions regarding directed blood product transfusion.** **Senator Nichols** explained this legislation ensured Idaho patients could access directed or autologous blood donations, which were already permitted under federal law. Idaho doctors and patients reported administrative barriers when attempting to pursue directed or autologous donations for scheduled procedures. She stated there was a gap worth addressing when a practice was federally allowed and medically appropriate but patients were unable to reliably access it. This legislation did not change safety standards, override medical judgement, apply to emergencies, or allow donations that would harm patients. This legislation would provide clarity, alignment with federal law, and access for Idaho patients. (See Attachment #1)

**Representative Chris Bruce** explained this legislation simply clarified that Idaho allowed directed or autologous donations. He stated there were still provisions to prohibit the practice if it was detrimental to the donor or the patient and the bill protected doctors. He concluded this practice was federally legal and Idaho should conform to ensure individuals did not have to leave the State to receive directed or autologous blood donations.

**TESTIMONY:** **Liz James**, PharmD, Blessed by His Blood Founder, **Sierra Hamm**, RN, representing the Reconciliation, and **Clinton Ohlers**, PhD, Safe Blood, provided expertise on the subject in support of **H 528**. The testifiers emphasized this bill would protect patient autonomy which was the cornerstone of clinical ethics. They asserted this legislation was needed, citing examples of patients denied access to directed or autologous blood donations because it was medically unnecessary. They rebutted arguments against the bill including safety concerns and complicated implementation. They cited data that showed directed or autologous blood donations were just as safe as the public blood supply. Additionally, **Ms. Hamm** explained the process was not more complex than receiving and administering blood through the public blood supply.

**Cole Elliot**, MD, Idaho Medical Director, American Red Cross, opposed the bill. He stated it was unneeded as directed and autologous blood donations were already legal. Directed donations were not safer than those from the volunteer donor community. Hospital blood banks may not be set up to receive and release these donations, and this bill could put a strain on smaller hospitals. He explained that both donations created wastage when not transfused, and autologous donations could not be given to another recipient by law. Unlike pharmaceuticals, blood could not be synthetically produced. There was an ongoing strain on the blood supply and diverting resources away from the volunteer donor community could further hinder efforts. He added that the regional Red Cross director had not blocked any directed or autologous donations in Idaho. In conclusion, the bill sent a message that the current blood supply was not safe and he opposed the bill.

**DISCUSSION:** **Senator Wintrow** asked about the science behind the blood supply and safety measures. **Dr. Elliot** listed several screening procedures and tests used to ensure blood donations were safe for administration.

**TESTIMONY:** **Shanie McLaren**, **Sarah Bacon**, **Laura Demaray**, and **Leslie Manookian** testified in favor of the bill. They emphasized administrative barriers preventing Idaho residents from accessing directed and autologous blood donations. The testifiers stressed that **H 528** protected individuals' freedom to make medical decisions.

**Dharma Nichols**, American Red Cross Biomedical Regional Donor Services Executive for Idaho, Montana, and East Oregon, testified in opposition of the bill. She explained there was an established process for directed and autologous blood donations. She highlighted the difficulty of finding an eligible donor and stated currently only about 60 percent of the population was eligible to donate blood. In addition to eligibility donors were commonly deferred for many reasons. Including low iron, taking certain medications, blood pressure, injuries, and international travel. Her concern was the bill would create confusion and questions regarding the entire donation process. There would be an assumption that the current very safe blood supply was somehow inferior to a directed donation. She emphasized that was not the case.

**DISCUSSION:** **Senator Blaylock** asked whether a more robust directed and autologous blood donation program could help increase blood donations. **Ms. Nichols** stated it was possible. However, frequently that was not the outcome, instead resources were diverted away from increasing the general blood supply to fill directed donations.

**Senator Harris** asked if blood from directed and autologous donations could be used for another recipient. **Ms. Nichols** stated it depended on how the blood was directed. Currently almost all directed and autologous donations were wasted if not used for the intended recipient.

**Senator Shippy** asked what caused the blood supply shortage and inquired if directed and autologous donors might create new donors. **Ms. Nichols** explained there were many factors contributing to the blood shortage including increased demand and weather incidents. She stated directed and autologous donations would not go into the public blood pool. **Senator Shippy** asked how the general blood supply would decrease if individuals were permitted to find their own donors. He inquired whether it was taking away resources or personnel. He asked if a policy change would allow blood from directed and autologous donations to be recirculated, if it was safe, into the general supply. **Ms. Nichols** stated it was not a policy under the purview of the Red Cross. The Red Cross distributed blood to hospitals, who determined how it would be utilized. The bill would not decrease or increase the general blood supply, but it would take resources, personnel and supplies, from the general supply.

**Senator Lenney** asked if the passage of this legislation would cause the Red Cross to lose money. **Ms. Nichols** stated the American Red Cross was a nonprofit. They operated on a cost recovery basis for blood, because while the blood was donated, all the supplies and everything that went into collecting the blood, including the paid staff, were not free.

**Senator Wintrow** asked for the broader implications of the bill, including the risks associated with direct donations and the scientific evidence regarding safety. **Ms. Nichols** explained there were situations when direct donations were appropriate. Autologous donations were rarely recommended due to the higher risks and other factors that must be considered. **Senator Wintrow** stated for many people the blood supply was safe. She asked whether **H 528** might have a negative impact on public confidence in the safety of the blood supply. **Ms. Nichols** stated she was correct and that was the major concern.

**Senator Zuiderveld** asked for the shelf life of blood and what happened when blood expired. She also asked how much blood was wasted. **Ms. Nichols** explained shelf life depended on the blood product and ranged from 5 to 45 days. She could not provide exact numbers regarding blood disposed of due to expiration. She explained if blood was close to expiration it was rotated to a different location, for instance from a rural hospital to an urban hospital, to prevent wastage.

**Vice Chair Bjerke** asked how Oregon and Montana addressed this process. **Ms. Nichols** explained there was already a process for both autologous and directed donations in Idaho, Oregon, and Montana. The order was received, blood was collected and distributed.

**Senator Wintrow** questioned why the bill was needed if this process was already in practice. **Ms. Nichols** stated the bill was not needed.

**TESTIMONY:** **Michael Martinez**, Executive Director of Vitalant, testified in opposition. He stressed that **H 528** was unneeded. Idahoans could already access directed or autologous donations when medically necessary. This legislation would increase healthcare costs and may create unrealistic expectations about the process and challenges of directed or autologous donations. Blood centers already facilitate medically necessary directed and autologous donations, which comprised less than 0.04 percent of blood transfusions each year. This was because the community blood supply was exceptionally safe and met the vast majority of blood needs. This bill would create a false sense that directed or autologous blood donation was safer. He highlighted increased risks for directed and autologous donations and wasted resources to collect, process, and store the blood.

**DISCUSSION:** **Senator Wintrow** asked how this legislation could increase costs. **Mr. Martinez** explained cost could increase about two to four times a unit compared to the community blood supply due to special scheduling, storage and handling of that specific product.

**TESTIMONY:** **Amanda Cox** supported **H 528** and provided examples of patients denied access to directed donations. She stressed this bill was critical for protecting medical freedom.

**DISCUSSION:** **Senator Blaylock** clarified that regardless of the practice being federally legal it was difficult to utilize because of administrative burdens. **Ms. Cox** stated she was correct.

**TESTIMONY:** **Nicole Irwin**, American Red Cross Regional CEO for Idaho, Montana, and East Oregon, testified in opposition of the bill. She stated decisions regarding directed or autologous donations were not made by the Red Cross rather by physicians and hospitals.

**John Tribble**, MD, supported **H 528**, he explained that in his experience the hospital had been unable to provide directed donations to patients. Ultimately, this bill was about patient-physician autonomy, and these decisions should be between a patient and doctor without regulatory interference.

**Barbara Jordan**, Idaho Trial Lawyers Association, expressed concern regarding the immunity provision in § 39-3704(4). She stated it gave providers immunity for gross negligence instead of negligence. Under this provision, if the provider accidentally destroyed or mismatched blood, there was not a path for legal recourse in this legislation.

**DISCUSSION:** In closing, **Representative Bruce** stated this bill was needed because patients were currently denied this option. He stated the cost was passed on to the patient, the practice was federally legal, and there were serious obstacles for residents trying to access this option in Idaho.

**Senator Nichols** shared a personal experience and explained this legislation was about giving individuals choice.

**MOTION:** **Senator Shippy** moved to send **H 528** to the floor with a **do pass** recommendation. **Senator Keyser** seconded the motion.

**DISCUSSION:** **Senator Wintrow** explained she was concerned this legislation would cast doubt on the safety of the blood supply and stated she would not support the motion.

**Senator Shippy** stated he would support the bill because it would increase patient choice and would codify what was already in practice.

**Senator Zuiderveld** explained it was always better to have more options and she would support the motion.

**Senator Keyser** explained this practice was already federally permitted and shared a personal experience of a family member being denied a directed donation. He stated he would support the motion.

**Vice Chair Bjerke** stated the goal was to regain medical freedoms and stop the corporatization of medicine. He highlighted the need to respect institutions and doctors that were working with Idahoans. He stated he would support the motion.

**VOICE VOTE:** The motion to send **H 528** 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 4:40 p.m.

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Senator VanOrden  
Chair

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Madyson Crea  
Secretary