

MINUTES
SENATE HEALTH & WELFARE COMMITTEE

DATE: Monday, March 23, 2026

TIME: 2:00 P.M.

PLACE: Room WW54

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

ABSENT/ EXCUSED: Acting Senator Bjerke (Bjerke)

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 2:12 p.m.

MINUTES APPROVAL: **Senator Shippy** moved to approve the Minutes of February 23, 2026. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

MINUTES APPROVAL: **Senator Blaylock** moved to approve the Minutes of February 24, 2026. **Senator Keyser** seconded the motion. The motion carried by **voice vote**.

PASSED THE GAVEL: Chair VanOrden passed the gavel to Senator Harris.

S 1410 **MEDICAID - Adds to existing law to provide legislative approval for the Department of Health and Welfare to submit a state plan amendment regarding change in encounter rate due to change in scope of services.** **Chair VanOrden** explained this bill was very technical and aimed to clarify a process for Federally Qualified Health Centers (FQHCs) to change the scope of services they offered.

Luke Malek, Malek and Malek, explained the process was difficult both for the Idaho Department of Health and Welfare (IDHW) and FQHCs to determine how to set encounter rates when there was a change in scope of services. When an FQHC identified a need in the community and wanted to change the scope of services provided in that community under federal code, they could have the rate evaluated. This included the cost to provide the services to the community and how much it cost the health center per patient to provide the service. This legislation created a framework for IDHW and FQHCs to determine how often rates should be evaluated and what parameters would trigger an evaluation. This would ensure there was not an excess of change in scope and rate review requests occurring all at once. He reiterated this was a very technical bill, but laid out, according to all parties, a clear process for determining rates.

DISCUSSION: **Senator Wintrow** asked how not having a clear process hindered health care services in rural Idaho. **Mr. Malek** explained FQHCs were required to provide certain services, and they provided those services at specific sites. FQHCs could offer services in addition to the services they were required to provide. They could also change the way services were provided, for example, in-house or contracted to another facility. When FQHCs submitted a change in scope to the federal government that was a triggering event under federal code that allowed them to work with IDHW and establish a service rate. This legislation created parameters including: limiting the rate increase and requiring a minimum percentage of cost increase to trigger an evaluation. This legislation would make the requirements more restrictive than the federal government to trigger the process. **Mr. Malek** explained this was beneficial because it established clear parameters and a structured framework for completing the process. **Senator Wintrow** asked for an example. **Mr. Malek** explained expanding a health center, adding services, or transitioning from contracted services to in-house constituted a change in scope and required a rate adjustment.

Senator Shippy asked why the date October 1, 2026 was chosen and if this legislation was related to the Rural Health Transformation Fund. **Mr. Malek** explained this legislation was not related to rural health transformation. October 1, 2026 was chosen to ensure enough time to implement the process clarification.

Senator Shippy asked how often clinics requested rate adjustments and how often the adjustments were approved. **Mr. Malek** explained currently there was no limit on the frequency FQHCs could request a rate adjustment. This legislation would limit the requests annually. He stated the requests were granted when they were submitted and he did not know of any instances when a request was denied. However, many FQHCs were not pursuing changes because the process was unclear. **Senator Shippy** asked what the statutory process was for FQHCs to receive scope of practice changes. **Mr. Malek** explained this legislation would create a statutory process. There was currently a federal process, however, this bill would create a statutory framework at the state level.

In closing, **Chair VanOrden** stated the bill clarified a state framework for this process.

Senator Lenney asked what would happen if this bill did not pass. **Sasha O'Connell**, Deputy Director, IDHW, explained there would not be restrictions on how change in scope was pursued by FQHCs. This bill created budget predictability for IDHW by implementing the limitation of a 4.5 percent increase to qualify for a change in scope. She added the bill also clarified the federal process.

MOTION: **Senator Blaylock** moved to send **S 1410** to the floor with a **do pass** recommendation. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

H 776 **CHILD PROTECTION - Adds to existing law to provide for safety checks for children under one year of age.** **Senator Nichols** explained this legislation directed the Idaho Department of Health and Welfare (IDHW) to investigate and verify any report regarding a caretaker of a newborn who had one of the listed risk factors within 12 hours. If the report could be verified, this bill directed IDHW to categorize the case as Priority 1 and complete a safety assessment regarding the child's living conditions as well as an assessment of the caretaker's stability.

TESTIMONY: **Gabrielle Messick**, Social Worker, **Traci Caudell**, **Nicole Egbert**, **Jeremy Rudolph**, representing foster parents, **Monique Peyre**, foster parent, and **Madison Conrad**, Social Worker, testified in support of **H 776**. The testifiers shared personal experiences and emphasized this legislation was needed to protect Idaho infants.

Kylie Billingsley, Psychologist, testified in support of the bill sharing professional experience and stated **H 776** would address a gap in infant safety.

DISCUSSION: **Senator Zuiderveld** asked if the Benjamin Lemke case was an isolated incident. **Dr. Billingsley** explained the case was not isolated and Attachment 1 provided to the Committee included several stories of similar cases in Idaho.

TESTIMONY: **David Gomez**, Deputy, Boise County Sheriff's Office, testified in support of the bill and shared his involvement in the Benjamin Lemke case. He stated this bill would allow for better coordination between police and IDHW.

DISCUSSION: **Senator Zuiderveld** asked for the definition of a challenged home life. **Deputy Gomez**, explained a challenged home life was not defined by living conditions alone (such as residing in a trailer or lacking utilities), but by signs of neglect, unsafe or unsanitary conditions, and the inability to live safely. He stated indicators included hazards such as filth, spoiled food, or lack of basic care, along with concerns about whether individuals were avoiding law enforcement or unable to meet essential needs.

TESTIMONY: **Kevin Watson** testified in support of the bill and shared his perspective on the Benjamin Lemke case. He stated the bill ensured already documented risks were considered when assessing newborn safety.

DISCUSSION: **Senator Shippy** asked what a Priority 1 response required and what constituted an individual being on the child protection registry. **Mr. Watson** explained a Priority 1 response did not require additional procedures. Priority 1 required IDHW to respond within 24 hours of a report, whereas Priority 2 and 3 cases were subject to less stringent response timeframes. He stated the best way for IDHW to confirm a risk factor was present would be to check the registry. IDHW did not place individuals on the registry unless a report was substantiated. He added IDHW removed individuals from the registry after five years. **Senator Shippy** asked for clarification on the risk factors—parental rights terminated and neonatal abstinence syndrome—listed in the bill. **Mr. Watson** stated the factor previously terminated rights would only apply to forcibly terminated rights. This would not be applied if an individual voluntarily terminated parental rights. He explained neonatal abstinence syndrome was identified by a medical professional at birth. The medical professional would report to IDHW if a baby was born with substances in their system.

In closing, **Senator Nichols** stated the bill created a trigger requiring IDHW to prioritize and respond more quickly—within 12 hours—when verified risk factors were present. The bill would not mandate new procedures but ensured immediate attention in high-risk cases, consistent with the Ombudsman's recommendations. The measure aimed to balance due process with early intervention, enhanced child safety, and prevented delays that could lead to harm, particularly for vulnerable infants.

Senator Zuiderveld asked how this bill would ensure Child Protective Services (CPS) was not overstepping their authority to remove children from homes. **Senator Nichols** explained this legislation did not give CPS any additional authority or power. This bill only increased the response priority for the risk factors listed in the legislation. **Senator Zuiderveld** asked if increasing the response priority would divert resources from other cases. **Senator Nichols** stated IDHW was consulted when drafting the legislation and considered it a practical, implementable improvement to address this gap in child safety.

Senator Shippy asked how the listed risk factors would affect future practice, particularly how inclusion in the Child Protection Central Registry was determined and applied. He asked whether past cases—especially those resolved or significantly improved over time—would still trigger risk factors. He was concerned individuals remained on the registry even after successful rehabilitation. **Senator Nichols** stated the registry was continually updated by IDHW and there were well-defined risk factors that required an individual was added to the registry. **Senator Shippy** asked whether a past incident would automatically trigger scrutiny if a parent had another child, and clarified whether inclusion on the registry would lead only to a welfare check rather than immediate removal of the child. **Senator Nichols** stated that a past risk factor would trigger an initial welfare check, with further action taken only if hazardous conditions listed in Idaho Code were identified.

MOTION: **Senator Wintrow** moved to send **H 776** to the floor with a **do pass** recommendation. **Senator Blaylock** seconded the motion.

DISCUSSION: **Senator Wintrow** stated she appreciated the balance the legislation provided.

Senator Lenney acknowledged potential benefits of the bill but raised concerns that it could expand administrative authority based on broadly defined risk factors. He cited a prior case, and warned of unintended consequences, including unwarranted state intervention in families without clear evidence of harm. He stated he would not support the motion and argued the bill could enable excessive agency discretion despite the good intent.

Senator Keyser was concerned the bill undermined due process by granting excessive authority to IDHW. He stated that reliance on internal records—such as the child protection registry—and the ability to escalate responses without fully verifying risk factors could lead to unjustified intervention therefore, he would not support the motion.

Senator Zuiderveld expressed concern that the bill could lead medical professionals to make premature or insufficiently informed decisions, potentially resulting in unnecessary child removals. She acknowledged the intent to prevent tragedies, but worried unintended consequences could harm families and increase disputes with CPS, ultimately causing more harm than benefit.

Senator Shippy stated the legislation only adjusted the response urgency and would not change the action taken by IDHW. He stated he would support the motion.

ROLL CALL VOTE: **Senator Lenney** requested a roll call vote on the motion to send **H 776** to the floor with a **do pass** recommendation. **Senators Harris, Shippy, Blaylock, Wintrow,** and **Chair VanOrden** voted aye. **Senators Zuiderveld, Lenney,** and **Keyser** voted nay. The motion carried.

ADJOURNED: There being no further business at this time, **Chair VanOrden** adjourned the meeting at 3:20 p.m.

Senator VanOrden
Chair

Madyson Crea
Secretary