MINUTES

SENATE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, March 24, 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 2:02 p.m.

MINUTES APPROVAL: **Senator Blaylock** moved to approve the Minutes of February 25, 2026. **Senator Wintrow** seconded the motion. The motion carried by **voice vote.**

MINUTES APPROVAL: **Senator Zuiderveld** moved to approve the Minutes of February 26, 2026. **Senator Wintrow** seconded the motion. The motion carried by **voice vote.**

H 928 **MERIT-BASED HEALTH CARE - Adds to existing law to establish the Merit-Based Health Care Act.** **Senator Kohl** explained the Merit-Based Health Care Act amended Title 56 of Idaho Code to require that Medicaid-funded employment and contracting decisions were based solely on merit, professional qualifications, and clinical competency. It prohibited discriminatory hiring, including Diversity, Equity, and Inclusion (DEI) practices—such as race- or sex-based preferences, mandatory bias training, and ideological pledges—while preserving exemptions for federal civil rights compliance, clinical data collection, and accredited medical training. Compliance was made a material condition of Medicaid participation, enforced by the Attorney General through civil penalties, with a limited private right-of-action for professionals facing retaliation. He requested the Committee consider sending the bill to the 14th Order of Business for possible amendment.

DISCUSSION: **Senator Harris** asked if this bill would prohibit a clinic from hiring a female obstetrician/gynecologist (OB/GYN) if the clinic believed it would better serve their patients. **Senator Toews** explained the bill required hiring decisions to be made based on merit. If the clinic were choosing between a male and female, with the female being less qualified, it may conflict. However, it would not be an issue if the clinic was deciding between two people with the same level of competency.

Senator Wintrow asked what problem this bill was seeking to fix. **Senator Toews** explained the goal was to ensure the highest quality of care for all patients in Idaho. The bill would ensure hiring practices across the State were in alignment and based on merit. **Senator Wintrow** asked how this bill would improve health outcomes for Idahoans. **Senator Toews** stated the bill ensured the most qualified health professional was hired.

Senator Blaylock read from the bill and asked why the term "gender identity" was included in the definition of discriminatory hiring. **Senator Toews** explained that term would be removed if the bill was sent to the 14th Order of Business because it was not aligned with the federal definition.

TESTIMONY: **Michael Fields,** MD, **Cathy Canty,** MD, **Dorothy Buening,** physician in training, **Rory Cole,** family medicine resident, **Liz Woodruff,** Idaho Academy of Family Physicians, and **Greyson Martin** testified in opposition of **H 928.** All testifiers were concerned this legislation would create confusion and negatively impact patient care.

Richard Bosshardt, MD, Do No Harm, and **Edward Clark,** Idaho Family Policy Center, testified in support of **H 928.** The testifiers stated hiring decisions should be based on merit and the bill protected the public.

DISCUSSION: **Senator Wintrow** asked how this bill would inhibit evidence-based medical practices and if it would have a negative impact on health outcomes. **Dr. Fields** explained research showed that social determinants of health—such as income, geography, access to care, trauma history, and education—significantly influenced health outcomes. Recognizing these factors enabled providers to deliver individualized, evidence-based care rather than using a one-size-fits-all approach. Limiting training in this area would hinder providers' ability to meet patients' unique needs and undermine effective, patient-centered care.

Senator Lenney stated page 3, line 11, of the bill included "does not prohibit collection of demographic data for legitimate clinical care, quality reporting or public health purposes, patient-specific medical discussions related to biological, genetic, or epidemiological risk factors." He asked if that section of the bill addressed Dr. Fields' earlier concerns. **Dr. Fields** explained the bill placed significant interpretive authority in the hands of individuals without healthcare training, potentially leading to subjective or inconsistent decisions about legitimate medical information and care. He expressed concern that this could conflict with established, evidence-based standards and questioned whether the bill would meaningfully improve health outcomes.

Senator Lenney asked Ms. Buening if she believed in the concept of white privilege or that white people had a distinct advantage over others because of the color of their skin. **Ms. Buening** explained she believed people had different life experiences which impacted how they perceived the world. Not everybody was afforded opportunities to learn about others' life experiences which made it important for medical education to teach alternative perspectives and allowed providers to better serve all types of patients.

Senator Shippy asked how this bill would impact Ms. Buening and if she thought people were hired or trained based on factors other than merit. **Ms. Buening** answered that medical professionals were hired based on merit. The concern with the bill was the vague definitions that created restrictions and allowed the collection of data, without clear guidelines on how medical professionals could utilize the data, making that data useless.

Senator Zuiderveld asked how ethnicity or DEI training would change medical treatment for the flu or a broken arm. **Ms. Bueing** emphasized that medical decision-making was often nuanced and required evaluating patients holistically, beyond straightforward conditions. While some situations had clear clinical guidelines, many required professional judgment and tools such as implicit bias training to appropriately assess patient needs and expectations.

Senator Wintrow noted that the bill appeared to create fear and anxiety, particularly due to its penalty provisions, and reflected misunderstandings about concepts such as social determinants of health. She asked for clarification to dispel these concerns and asked how these factors were appropriately used in medical decision-making to improve patient outcomes. **Ms. Buening** explained social determinants of health referred to factors such as living conditions, transportation, food access, and childcare that influenced a patient's ability to receive care. Understanding these factors helped providers address barriers, improved access to timely care, and built trust through more holistic, patient-centered treatment.

Senator Zuiderveld asked how this bill would harm rural health care. **Mr. Cole** explained the bill would hinder recruitment of physicians to rural areas, where shortages already existed. He noted that restricting physicians' ability to relate to and build trust with patients based on shared experiences or community identities could negatively impact patient relationships and care.

Senator Lenney stated page 3 said, "nothing in this section shall be construed to prohibit collection of demographic data for legitimate clinical care, quality reporting, or public health purposes, patient-specific medical discussions related to biological, genetic, or epidemiological risk factors" and asked if that addressed the concerns. **Mr. Cole** explained it was difficult for a physician to determine what was considered legitimate to the person interpreting and enforcing the bill. He stated the medical definition could be different than the legal definition. **Senator Lenney** stated implicit bias training taught that all Americans were inherently racist and asked how that would help a practitioner care for patients. **Mr. Cole** stated implicit bias training, often grouped with DEI, was a practical tool used to improve communication across differences in background and identity. Rather than assigning blame, it helped reduce communication barriers and enabled providers to deliver effective care, even in challenging interactions.

Senator Wintrow asked how unclear or ambiguous language could create fear of penalties or discourage individuals from practicing in Idaho. **Ms. Woodruff** emphasized that implicit bias and data collection helped physicians understand patient populations and tailor care. She expressed concern that the restrictions on using demographic data could create confusion and limit providers' ability to identify disparities, conduct targeted outreach, and ensure follow-up care—potentially undermining preventive efforts and impacting health outcomes.

In closing, **Senator Kohl** emphasized that **H 928** promoted merit-based quality care and responsible use of taxpayer dollars. He noted the legislation explicitly allowed the collection of demographic data for legitimate clinical purposes and patient-specific medical discussions. In addition, the legislation provided a warning period which allowed providers to change practices before penalties were imposed. He emphasized that the bill clearly prohibited concepts asserting racial or sex superiority and systemic bias in publicly-funded medical practices, reinforcing that Idahoans deserved physicians selected based on merit.

MOTION: **Senator Lenney** moved to send **H 928** to the 14th Order of Business for possible amendment. **Senator Keyser** seconded the motion.

DISCUSSION: **Senator Wintrow** acknowledged that the bill appropriately prohibited racial or sex-based superiority such as white supremacy but expressed concern that vague language and significant penalties created confusion and fear among physicians. She questioned the necessity of the bill and noted that all physicians were already rigorously qualified and selected on merit. She stated there was not a clear problem addressed by the legislation.

Senator Lenney stated that implicit bias training taught systemic racism and negatively affected medical practice. He emphasized that such training was pervasive in medical education and institutions, and justified the bill's penalties as necessary to prevent detrimental impacts on patient care.

VOICE VOTE: The motion to send **H 928** to the 14th Order of Business for possible amendment carried by **voice vote. Senators Harris** and **Wintrow** requested to be recorded as voting nay.

H 916 **RURAL HEALTH TRANSFORMATION - Adds to existing law to establish the Idaho Rural Health Transformation Fund and the Rural Health Transformation Committee. Representative Jordan Redman** explained this bill created a rural health transformation committee made up of four House members, four Senate members, and one non-voting member appointed by the Governor. The purpose of this legislation was to have oversight over federal grant dollars and stewardship through legislative oversight. He stated this bill did not appropriate any funds, it simply created an oversight committee to be good stewards of those funds.

DISCUSSION: **Senator Shippy** noted differences from prior versions of the legislation, particularly the removal of a requirement for rural legislators on the committee. He asked why this provision was omitted and whether the current structure could allow all members to come from Ada County. **Representative Redman** explained the intent was to allow House and Senate leadership to select the most qualified individuals for the committee based on merit, rather than geographic requirements. While members from rural areas may be well-suited, individuals from other regions might have greater expertise in healthcare, therefore the decision was left to leadership's judgment.

TESTIMONY: **Trevor Carlson,** Federal Government Accountability Action, and **Luke Cuccia,** Eagle Creek Ranch Recovery Co-Founder, testified in favor of **H 916.** They emphasized the importance of fiscal stewardship by ensuring legislative oversight of federal rural health funds. They stated the bill was necessary to involve Idaho lawmakers in decision-making, manage risk, and protect taxpayers, particularly providing accountability for how the funds were used.

DISCUSSION: **Senator Zuiderveld** was concerned about committee selection and emphasized the importance of merit-based appointments. She noted her entire district was rural and cautioned that without diligent members, funds intended for rural health could be diverted to larger hospitals, leaving smaller communities without benefit.

MOTION: **Senator Blaylock** moved to hold **H 916** in Committee. **Senator Harris** seconded the motion.

DISCUSSION: **Senator Shippy** supported the four members from each chamber but was concerned the bill did not require at least 50 percent of the members be from rural areas. He emphasized that rural representation ensured advocacy alongside experience and expertise. He stated he could support the bill if amended to include the rural representation.

Senator Wintrow was concerned if the bill did not pass, the funds may remain unused, leaving rural Idaho without support.

VOICE VOTE: The motion to hold **H 916** in Committee carried by **voice vote. Senator Wintrow** and **Chair VanOrden** requested to be recorded as voting nay.

ADJOURNED: There being no further business at this time, **Chair VanOrden** adjourned the meeting at 3:16 p.m.

Senator VanOrden
Chair

Madyson Crea
Secretary