

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, March 14, 2024

**TIME:** 2:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chair VanOrden, Senators Lee, Harris, Bjerke, Zuiderveld, and Taylor

**ABSENT/  
EXCUSED:** Senator Wintrow

**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

**RS 31643** **Concurrent Resolution : Unanimous Consent.** **Chair VanOrden** asked for unanimous consent to send **RS 31643** to the Judiciary and Rules Committee to be printed. The motion carried.

**PASSED THE GAVEL:** Chair VanOrden passed the gavel to Senator Lee

**H 685** **MEDICAID - Adds to existing law to create a medicaid budget stabilization fund.** **Chair VanOrden** explained the legislation created the Medicaid Budget Stabilization Fund. The fund would house any kind of recisions or obligated monies that came through the Cooperative Welfare Fund for Medicaid that were not used in that year. Instead of reverting them back, the funds would be moved into the Stabilization Fund to be used later for costs in Medicaid that needed to be covered. The Department of Health and Welfare (DHW) would not be able to pull these funds as they would need to be appropriated by the Legislature and would be used for expenses that came through Medicaid. **Chair VanOrden** stated that \$12 million from the Stabilization Fund would be returned to the Millennium Fund where it had been appropriated from.

**TESTIMONY:** **Fred Birnbaum** testified against **H 685**. He stated this would be the ninth stabilization fund with a combined total of \$1.2 billion by the end of the year. The money should be returned to the General Fund and reappropriated as necessary. Medicaid costs had more than doubled since 2019 and the costs needed to be reigned in. If there was a Stabilization Fund it would be a way to forestall serious actions needed because the funds could be used instead of resolving the root cause of the issue.

**Hillary Hagen**, Senior Policy Associate, Idaho Voices for Children (IVC) testified in support of **H 685**. IVC was committed to ensuring Medicaid was strong so it could serve the people who were eligible for the program. She stated the legislation was smart financial planning for the future and created stability in the Medicaid budget. It also ensured money allocated for health-care actually stayed in healthcare.

In closing, **Chair VanOrden** stated Medicaid bills had to be paid. With the Stabilization Fund, the Legislature would not need to create a supplemental request to pay the bills that came in from Medicaid. She stated costs had risen and changes were being put in place to hopefully contain those costs. There were reevaluations and everything was being watched carefully. To make sure the people were being served, the Stabilization Fund was necessary.

**MOTION:** **Senator Harris** moved to send **H 685** to the floor with a do pass recommendation. **Senator Taylor** seconded the motion.

**DISCUSSION:** **Senator Bjerke** stated there was potential for this to be used as a piggy bank by the DHW and they should be very wary of this potential. He stated he would support the bill.

**VOTE:** The motion passed by **voice vote**. **Senator Zuiderveld** voted nay.

**HCR 30** **MEDICAID - States findings of the Legislature and directs the Department of Health and Welfare (DHW) to develop, apply for, and report on waivers for Medicaid and to develop work requirements for waivers. Chair VanOrden** stated Idaho citizens that qualified for Medicaid coverage preferred the choice of private sector plans, but were not eligible for premium assistance. Other states had developed acceptable options to assist with the transition between Medicaid coverage, marketplace plans, or employer-sponsored plans. The resolution directed the DHW to develop requirements acceptable to the United States Department of Health and Human Services. The Legislature requested the DHW apply for the necessary waivers to allow those between 100 percent, 138 percent of the federal poverty limit to choose between Medicaid and the private sector plans.

**MOTION:** **Senator Harris** moved to send **HCR 30** to the floor with a do pass recommendation. **Senator Bjerke** seconded the motion. The motion passed by **voice vote**.

**S 1416** **EMERGENCY MEDICAL SERVICES - Amends existing law to transfer the Emergency Medical Services (EMS) Bureau to within the Office of Emergency Management, to designate EMS as an essential government service, and to create the Emergency Medical Services Sustainability Fund. Senator Harris** stated the legislation moved the EMS Bureau out of the Idaho Department of Health and Welfare (DHW) and relocated it into the Office of Emergency Management (OEM). All existing EMS programs except the Public Health Preparedness and Response Program would be moved effective July 1, 2025. The directors of the DHW and the OEM would work together to coordinate the transfer of the EMS bBureau. The Office of Emergency Management would also be responsible for preparing a budget request for EMS functions for fiscal year 2026. The first year of implementation had a projected cost of \$2.2 million.

**DISCUSSION:** In response to questions from Senator Zuiderveld, **Senator Harris** stated he was not sure if any federal money was involved and did not know how many EMS staff were volunteers versus paid employees.

**TESTIMONY IN OPPOSITION:** **Fred Birnbaum** testified in opposition. The price tag for this was unknown and could be exponential. There were no offsets for this. He stated there should be a dollar for dollar offset.

**DISCUSSION:** In response to questions from Senator Bjerke, **Mr. Birnbaum** suggested pulling \$2 million from the DHW budget. His concern was that there would be continued requests for larger fund authorizations and it would be hard to manage the costs effectively.

**TESTIMONY IN FAVOR:** **Chris Shandera**, Magic Valley Paramedics; **Sara Westbrook**, Idaho Association of Counties; and **Rick Funk**, EMS Chief for Payette County testified in favor of **S 1416**.

- The population growth was increasing demand for EMS.
- EMS was unable to meet the needs of communities without proper funding.
- It was best to address sustainability at the county level.
- The current model was not sustainable and would fail in the next five to ten years.
- Agencies had to choose between wage increases, equipment, supplies, or infrastructure, as they were not able to afford it all.

**DISCUSSION:** In response to Committee questions, **Mr. Shandera** stated that, proportionally, there were more volunteers than career professionals in EMS. The numbers were available on the EMS planning reports. **Ms. Westbrook** stated the counties would coordinate the coverage. Agencies applying for EMS sustainability grants would go through the county. Licensure would go through the EMS Bureau.

In closing, **Senator Harris** stated this was needed service and should be a priority in the State. He relayed that only 18 percent of directors maintained sufficient staff.

**MOTION:** **Senator Taylor** moved to send **S 1416** to the floor with a do pass recommendation. **Senator Bjerke** seconded the motion.

**DISCUSSION:** **Senator Zuiderveld** stated she was concerned about federal funding. She would vote for the bill, but reserved her right to change her vote on the floor. **Senator Bjerke** stated Idaho could do better as a State. **Senator Taylor** stated this was his career and it was a step in the right direction. **Senator Lee** relayed that this had been a multi-year project and thanked Senator Harris for his hard work.

**VOTE:** The motion passed by **voice vote**.

**H 617** **SYRINGE AND NEEDLE EXCHANGE - Repeals existing law to remove the Syringe and Needle Exchange Act.** **Representative Vander Woude** stated needle exchanges had demonstrated little evidence they were conduits for substance abuse treatment. There was little evidence that needle exchanges had reduced the number of needle-stick injuries in Idaho's communities. He stated that this program had not developed the rules that were needed to guide and direct it, nor had it had the proper oversight from the Department of Health and Welfare (DHW). It was time to repeal the law and start over with a better plan. There were 1,630 participants statewide with 594,119 needles handed out equating to 365 needles per participant.

**DISCUSSION:** **Senator Taylor** inquired if this legislation could be left in place until a new solution could be found. **Representative Vander Woude** stated no. He felt there had to be more emphasis and more pressure in order to get this moved forward. **Senator Bjerke** asked how many of the needles had been exchanged for new needles. **Representative Vander Woude** stated data he had seen showed about 90 percent were exchanged.

**TESTIMONY IN OPPOSITION:** **Amber LaRocco; Norma Jaeger**, Recovery Idaho; **Amy McKenzie; Robert Mowry**, El-Ada Community Action Partnerships; **Ian Troesoyer; Lexi Boyer; Chris Mecham**; and **Roger Boe** testified in opposition to **H 617**.

- The needles were not merely a health initiative, but a crucial health line offering sterile syringes, health services, and access to naloxone to prevent overdose.
- This would be blatant disregard for those suffering from drug addiction.
- The program included giving out naloxone and education to avoid infections along with support.

**TESTIMONY IN FAVOR:** **Grace Howat**, Policy Assistant, Idaho Family Policy Center; and **Niklas Kleinworth**, Idaho Freedom Foundation testified in favor of **H 647**.

**MOTION:** **Senator Zuiderveld** moved to send **H 617** to the floor with a do pass recommendation. **Senator Bjerke** seconded the motion.

**DISCUSSION:** **Senator Zuiderveld** stated that providing needles was enabling those with addictions. **Senator Taylor** provided statistics of referrals and infection preventions related to these types of programs. The legislation offered a chance for rehabilitation and hope and he was not in support of the repeal. **Senator Bjerke** felt this was not the right direction for saving a life and would be supporting this bill.

**VOTE:** The motion passed by **voice vote**. **Senator Taylor** voted nay.

**ADJOURNED:** There being no further business at this time, **Senator Lee** adjourned the meeting at 3:24 p.m.

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Senator VanOrden  
Chair

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Lena Amoah  
Secretary