

**ECHO IDAHO**

**Behavioral Health in Primary Care**

# **2025 Idaho Legislative Updates for Clinicians**

**June 4, 2025**

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# 2025 Idaho Legislative Updates in Primary Care

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# Session Highlights

- House Bill 59: Medical Ethics Defense Act
- Senate Bill 1210: “Medical Freedom”
- Senate Bill 1199: Changes to Parental Consent Law
- Senate Bill 1184: Medical Emergency Exception – Abortion
- House Bill 345: Sweeping Changes to Idaho Medicaid

# Legislative Priorities

- “[T]he right of conscience is a fundamental and inalienable right. It . . . has been **central to the practice of medicine, through the Hippocratic oath**, for millennia.”
- “The swift pace of scientific advancement and the expansion of medical capabilities, along with the creation of new rights for patients to access certain procedures and the **mistaken notion that health care professionals, health care institutions, and health care payers are mere public utilities**, promise to make the current crisis worse, unless something is done to secure the right of conscience.
- “As the right of conscience is fundamental, **no health care professional, health care institution, or health care payer should be required to participate in or pay for any medical procedure, treatment, or service, or prescribe or pay for any medication, to which he objects on the basis of conscience, whether such conscience is informed by religious, moral, or ethical beliefs or principles.**”

# House Bill 59: Medical Ethics Defense Act

- **Overview:** Provides broad conscience protections for healthcare providers and institutions
  - Licensed health professional (doctor, nurse, pharmacist, etc.) or healthcare facility can refuse to provide a non-emergency health service if it conflicts with their sincerely held religious, moral, or ethical beliefs
  - Employers or authorities cannot punish or discriminate against providers for such refusals under this law.
- **Result:** Signed into law 3/19/25 and effective immediately.

# HB 59: “Conscience”

- "Conscience" means **the ethical, moral, or religious beliefs or principles sincerely held** by any health care provider.
- Conscience with respect to institutional entities or corporate bodies, as opposed to individual persons, is determined by reference to that **entity's or body's governing documents**, including but not limited to **any published ethical, moral, or religious guidelines or directives, mission statements, constitutions, articles of incorporation, bylaws, policies, or regulations.**

# HB 59: Right of Conscience

- “Health care providers shall have the right of conscience and, pursuant to this right, **shall not be required to participate in or pay for a medical procedure, treatment, or service that violates such health care provider's conscience.**”
  - "Medical procedure, treatment, or service" means **medical research or health care provided to any patient or client at any time over the course of treatment...**
  - "Participate" means **to provide, perform, assist with, facilitate, refer for, counsel for, advise to pursue, admit for the purposes of providing, or take part in any way** in providing any medical procedure, treatment, or service.

# HB 59: Protections

- No health care provider shall be **discriminated against** in any manner as a result of exercising the right of conscience
- **No civil, criminal, or administrative liability** for providers—or the institutions that employ, contract with, or grant them admitting privileges—who exercise their right of conscience.
- Health care **providers can sue** for **damages or injunctive relief** if their rights under this chapter are violated.
  - **Extra burden or cost** to others is *not* a valid defense.
  - **Patients can't be sued** for choosing not to use a provider exercising conscience rights.
  - Remedies include **reinstatement, actual damages, and attorney's fees.**
  - These remedies are **in addition to** any others available under law.

# HB 59: Who is protected?

- “Health care provider” means a health care professional, health care institution, or health care payer. (54-1303(7))
  - Health care professionals are “**any person who is authorized to participate in any way in any medical procedure, treatment, or service**”
    - (includes, “but is not limited to,” physicians, nurses, social workers, psychologists, etc.)
  - Health care institutions (any organization that provides medical services)
  - Health care payers (employers, insurers, HMOs, etc.)

# HB 59: Exceptions

- Limited “to conscience-based objections to a **particular** medical procedure, treatment, or service.”
- **No civil immunity for failure to comply with applicable community standard of care**
- Shall not apply if
  - (1) Employee is unable to perform any **essential function**,
    - "Essential functions" means the fundamental job duties of an employment position. . . does not include the marginal functions of a position.
  - (2) The employer cannot transfer the employee to a suitable alternative position for which the employee is qualified, and
  - (3) The employer is otherwise unable to reasonably accommodate the employee without imposing an undue hardship on the employer.
- EMTALA still applies
- A health care **payer shall not decline payment** for a medical procedure, treatment, or service **that it is contractually obligated to pay for under the terms of its contract** with an insured party.

# HB 59: Employer and Staffing Considerations

- Providers must notify employers of conscience-based objections “as soon as reasonably possible”
- Employers may ask for:
  - Disclosure at time of hiring
  - Written notice of objections
- Employers are not required to retain employees if:
  - The employee cannot perform essential functions
  - No suitable transfer is available
  - Accommodation would impose undue hardship (54-1304(12))

# HB 59: Whistleblower Protections

- **Protection from Discrimination:** Health care providers are protected from any form of discrimination for reporting or planning to report violations of the law related to health care rights of conscience.
- **Covered Disclosures:**
  - Reporting violations to employers, the Idaho Attorney General, relevant state or federal agencies (e.g., HHS Office for Civil Rights).
  - Participating in investigations or legal proceedings related to such violations.
- **Broader Whistleblower Protections:** Providers are also protected when disclosing information they reasonably believe shows:
  - Legal or regulatory violations.
  - Breaches of ethical medical guidelines.
  - Gross mismanagement, waste of funds, abuse of authority, or threats to patient or public health and safety.
- **Limitations:** These protections do not apply if the disclosure concerns lawful discretionary decisions—unless the provider reasonably believes it involves misconduct as described above

# HB 59: “Free Speech for Health Care Providers”

- **Protection from Licensing Sanctions:** State agencies and medical boards **cannot penalize a health care provider** (e.g., through license denial or revocation) **for engaging in speech, expression, or association protected by the First Amendment**—unless they prove, with clear and convincing evidence, that the speech directly caused physical harm to a patient within the past three years.
- **Credentialing Safeguards:** State agencies may not contract with or require certifications from specialty boards that deny or revoke credentials based on a provider’s protected speech—so long as the speech was not directed at a specific patient.
- **Timely Complaint Disclosure:** Agencies must provide health care providers with any complaints based on protected speech that could affect their licensure within 21 days. Failure to do so results in a \$500 daily penalty to the provider for each day beyond the deadline.

# HB 59: Expansion to Existing Law

## IDAHO CODE § 18-611

- Applies to individual health care professionals
- Refusal to provide specific services (e.g., abortion, end-of-life care)
- Must reasonably accommodate unless undue hardship
- Immunity from civil, criminal, or administrative liability (with exceptions)

## HOUSE BILL 59

- Broader: applies to health care professionals, institutions, and payers
- Refusal to participate in, pay for, or prescribe **any** service that violates conscience
- Adds whistleblower protections and civil remedies for violations
- Adds free speech protections and broader legal recourse for conscience-based refusals

# HB 59: Perspectives

## PROPONENTS

- Protects individual conscience: Safeguards providers from being forced to act against their religious, moral, or ethical beliefs.
- Encourages workforce retention: May reduce burnout or departure among providers who feel ethically conflicted.
- Strengthens freedom of speech: Limits professional sanctions for expressing views protected under the First Amendment.
- Expands consistency: Builds on long-standing abortion conscience protections with broader application.

## OPPONENTS

- Potential impact on access to care: Could reduce availability of certain services if providers opt out, especially in rural or underserved areas.
- Ambiguity in scope: Terms like “participate” and “conscience” may lead to varied interpretations and legal uncertainty.
- Institutional challenges: May complicate staffing and operational planning, especially in team-based care models.
- Possible conflict with patient rights: Raises concerns about patient access to legal medical care or referrals.

# Senate Bill 1210: “Idaho Medical Freedom Act”

- Passed in April 2025 after a vetoed earlier version
- Broadly restricts vaccine, mask, and medical treatment mandates
- Applies to schools, businesses, and government entities
  - Renames and expands the 2021 “Coronavirus Stop Act”
  - Codifies a permanent ban on COVID-19 vaccine mandates

# Senate Bill 1013 VETOED

## **Idaho Gov. Brad Little vetoes bill to ban medical requirements in business, schools, government**

It's the first bill the governor has vetoed this legislative session

- MARCH 30, 2025 4:59 PM

## **Responding to governor's veto, Idaho Legislature passes new 'medical freedom' bill**

Bill would ban vaccine, medical diagnoses or treatment requirements by Idaho businesses, schools and governments

- APRIL 4, 2025 4:45 PM

# SB 1210: General Prohibition on Mandatory Medical Interventions

- Idaho businesses shall not:
  - “**refuse to provide any service**, product, admission to a venue, or transportation to a person because that person has or has not received ~~a coronavirus vaccination~~ or used a **medical intervention**.”
  - “require a ~~coronavirus vaccination~~ **medical intervention as a term of employment** unless required by federal law or in such cases where the terms of employment include travel to foreign jurisdictions requiring ~~coronavirus vaccinations~~ a medical intervention
- “A [public, private, or parochial] **school** operating in the state or a [daycare], operating in the state **shall not mandate a medical intervention for any person to attend, enter campus or buildings, or be employed, subject to [certain exceptions]**”

# SB 1210: “Medical Intervention”

- “Medical intervention” means a medical procedure, treatment, device, drug, injection, medication, or medical action taken to diagnose, prevent, or cure a disease or alter the health or biological function of a person.

# SB 1210: Prohibitions cont.

- “Unless required by federal law, no state, county, or local government entity or official in Idaho shall require:
  - Any person to receive or use a medical intervention;
  - Any person to receive or use a medical intervention as a condition for:
    - Receipt of any government benefit;
    - Receipt of any government services;
    - Receipt of any government-issued license or permit;
    - Entrance into any public building;
    - Use of public transportation; or
    - A term of employment
- Shall not offer different compensation based on whether person has received or used a medical intervention.

# SB 1210: Exceptions

- “The prohibition on medical interventions shall not apply to any situation where personal protective equipment, items, or clothing are required by a business entity. . . based on existing traditional and accepted industry standards or federal law.”
  - But does not “apply to or include any vaccines, mask requirements, or other medical interventions introduced during the covid-19 pandemic.”
- “Business entities that receive medicare or medicaid funding” are exempt from prohibition on conditioning term of employment on medical intervention
- School districts may still:
  - **Exclude from school pupils with contagious or infectious diseases who are diagnosed or suspected as having a contagious or infectious disease or those who are not immune and have been exposed to a contagious or infectious disease;**
  - Close school if the board determines that conditions warrant such closure, based on consultation with the district health department of the public health district in which the school district is located” (Idaho Code 33-512)

# Idaho Code § 32-1015 (2024)

## Parental Rights in Medical Decision-making.

- Healthcare providers generally **must obtain parental consent before providing health care services to unemancipated minors**, except in limited emergencies. Failure to do so may result in civil liability.
  - **Minor Child:** Under 18, not emancipated
  - **Parent:** Biological, adoptive, or legally authorized guardian
  - **Healthcare Service:** Includes diagnosis, treatment, prevention, and care for physical or mental health conditions
- Parents have the right to access their child's medical records, with very limited exceptions.

# Idaho Code § 32-1015 (2024)

## Exceptions

- **Emancipated Minors**
  - Includes minors who are married, in the military, court-declared emancipated, or self-supporting and living independently
  - Note: Pregnancy alone does not qualify as emancipation under Idaho law
- **Blanket Parental Consent**
  - Applies when a parent has given informed, general consent to the the “health care service”
  - Unclear: Probably requires some degree of specificity but requiring a specific consent for each type of treatment would seem to negate the concept of a “blanket” consent.
- **Medical Emergencies**
  - When treatment is necessary to prevent death or “imminent, irreparable physical injury”
  - When a parent cannot be reached after reasonable effort and delay would endanger the child
- **Court-Ordered Treatment**
  - A court may authorize care if the child’s life or health is at serious risk

# Senate Bill 1199 (2025)

- Two-year statute of limitations for actions brought under the Act, measured from the date the harm occurred
- Redefines “Minor Child” to exclude individuals under 18 who are pregnant or have a child
- Clarifies that healthcare providers **may screen and treat newborns for illegal drugs or substances if there is reasonable suspicion**
- Affirms that parents may give **blanket, general consent for healthcare services**
- Allows providers to deliver **care for detecting or diagnosing pregnancy**, or for prenatal and peripartum care (excluding abortion)
- Permits treatment without consent when necessary to prevent ~~“death or imminent, irreparable physical injury”~~ loss of life or aggravation of physiological or psychological illness or injury
- **Parental consent not required** when a minor contacts a suicide hotline or is experiencing a mental health crisis with **imminent risk of serious harm to self or others**
- Permits **non-emergency first aid for minors** who appear or are represented to be sick or injured

# Why SB 1199 Stalled

- After passing the Senate, the bill was sent to the House Judiciary Committee
- Committee Chair closed hearings for the year, preventing further action
- Could have been rerouted to another committee, but House leadership did not act
- Concerns about late-session timing and potential amendments contributed to inaction

# Senate Bill 1184: Abortion Exception Debate

- **Overview:**

- In 2025, the Idaho Legislature introduced **Senate Bill 1184**, a significant amendment to the **Defense of Life Act** (i.e., “Total Abortion Ban”).

- **Intent:**

- To revise Idaho’s Defense of Life Act by clarifying legal definitions and refining exceptions related to abortion procedures.

- **Result:**

- **Never received a hearing** but could signal changes to come in future legislative sessions.

# Idaho's Total Abortion Ban

## Idaho Code § 18-622(2)-(3)

### PROHIBITS

- Abortion of **clinically diagnoseable pregnancy** by any person unless
- Assisting in performing abortion.
- Exceptions if abortion performed by physician and:
  - **Necessary to prevent death of mother** + perform in manner to give fetus best chance to survive unless doing so would increase risk to mother.
  - **Rape or incest** + physician receives copy of police report.

### PENALTIES

- Performing or attempting abortion:
  - Felony
  - 2 to 5 years in prison
- Performing, attempting or assisting abortion:
  - 1st offense: suspension of license for at least 6 months
  - Subsequent offense: permanent revocation of license.

# Total Abortion Ban: EMTALA Exception

- *United States v. Idaho*, No. 1:22-CV-00329 (D. Idaho 8/24/22)
  - EMTALA preempts Idaho abortion laws to the extent there is a conflict.
  - Preliminary injunction prohibits enforcement of Idaho's total abortion ban to the extent EMTALA applies, *i.e.*,
    1. Pregnant woman comes to hospital or hospital-based urgent care center seeking emergency care.
    2. Woman or child has an emergency medical condition.
    3. Abortion is necessary to stabilize the emergency medical condition.
    4. Pregnant woman is not or has not been admitted as inpatient or begun outpatient course of treatment.

(DCt Order; 42 USC 1395dd; 42 CFR 489.24; CMS, State Operations Manual Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases (Rev. 7/19/19))

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  - Preliminary injunction prohibits enforcement of Idaho abortion ban to the extent EMTALA applies, i.e.
    1. Pre-existing emergency medical condition.
    2. Patient has not been admitted as inpatient or begun outpatient care.
    3. Patient is seeking care at a health care center seeking care.
    4. Patient is seeking care at a health care center seeking care.

(DCt Order; 42 USC 1395dd; 42 CFR 489.24; CMS, State Operations Manual Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases (Rev. 7/19/19))

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    1. Pregnant women in Idaho are now allowed to seek medical care at only some Idaho hospitals, judge rules
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Just today!

***Trump Rescinds Biden Policy  
Requiring Hospitals to Provide  
Emergency Abortions***

# *Adkins v. Idaho* April 11, 2025

- **Clarifies** but does **not expand** Idaho's abortion law to include a general medical emergency exception.
- Reaffirms that the decision to perform an abortion must be based on the physician's **good faith medical judgment**.
- The **patient's death need not be imminent**—only **a non-negligible risk of earlier death** without abortion is required.
  - The risk must stem from a medical condition or complication, not self-harm.
  - If feasible, the method used must maximize fetal survival without increasing maternal risk.

# Senate Bill 1184

**SB 1184** would expand legal exceptions to Idaho's abortion ban by allowing:

## 1. Serious Health Risk Exception

1. A physician may perform an abortion if, in their reasonable medical judgment, it is necessary to prevent a *serious health risk* to the mother.
2. Defined as a condition that could cause substantial impairment of a major bodily function, including loss of fertility.
3. Mental health risks (e.g., risk of self-harm) are **not** considered valid grounds.

## 2. Lethal Fetal Anomaly Exception

1. Before the third trimester, if **two physicians** certify the fetus has a *lethal fetal anomaly*\* incompatible with life after birth
  - \*A “profound and irreversible congenital anomaly” not including Down syndrome or other anomalies compatible with extended survival
2. The physician must inform the patient about **perinatal hospice and palliative care** options as alternatives to abortion

# Senate Bill 1199

- **Overview:** SB 1199 proposes amendments to the **Idaho Parental Rights Act**, reinforcing and clarifying the rights of parents in directing the upbringing, education, and care of their children.
- **Intent:** To add common sense exceptions.
- **Result:** Bipartisan support in the Senate (26–9) but never received a hearing in the House.

# House Bill 345—Medicaid Overhaul

- Signed into law in March 2025 and intends to reduce Medicaid costs
  - Came after much debate about other draft legislation that would have repealed Medicaid expansion
- Passed on party-line votes: all Republicans in favor, all Democrats opposed
- Introduces major structural changes to Idaho's Medicaid program
  - Adds work requirements for some enrollees
  - Begins transition to private management (managed care)

# HB 345: Key Changes

- Legislative approval for future waivers and state plan amendments
- Work Requirements
  - Directs the state to seek federal approval to require work or community engagement for able-bodied adults on Medicaid
- Cost sharing
- Privatized Management (Managed Care)
  - Shifts all Medicaid benefits to private managed care organizations
  - Implementation expected by 2029, with planning and contracts starting earlier
  - Aims to streamline services and control costs
- Insurance Exchange Option
  - Allows Medicaid expansion enrollees to use tax credits to purchase private insurance on Idaho's health exchange in lieu of enrolling in Medicaid

# Questions? Thoughts?

Thank you!

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