



**HOUSE HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS  
COMMITTEE**

**JANUARY 11, 2005**

**House Bill 105  
Relative to denial of fertility treatment to a fertility patient**

**Testimony**

Good afternoon, Mr. Chairman and members of the Committee. My name is Leslie Melby, and I am the Vice President of State Government Relations of the New Hampshire Hospital Association, representing the state's 32 acute care community and specialty hospitals.

There are a number of issues HB 105 presents which we do not understand. First, the bill as introduced, amends RSA 151, the statute that dictates requirements for hospitals and other healthcare facilities. However, in seeking out treatment for infertility, a patient is referred to a physician who specializes in fertility treatment – not a hospital. Hospitals do not determine whether or not a person is an appropriate candidate for such treatment. That is the jurisdiction of the physician. Even if a physician practice is owned by a hospital, that practice is not subject to RSA 151. Furthermore, such practices operate independently in terms of treatment decisions.

Second, in trying to understand the purpose of the bill, we considered what possible reasons, other than medical or payment reasons, a person might be denied treatment. Nearly every circumstance we came up with involved a medical determination, except for those instances when a physician's practice is closed to new patients. From time to time, physician practices are full and are therefore unable to accept new patients.

There also may be times when a patient is disruptive to the point of interfering with other patients' treatment. Or what if a patient threatens the treating physician? This presents a physician with no choice but to refuse to provide care in a non-emergency situation. It would therefore be reasonable to discontinue treatment under these circumstances.

We don't understand the need for this bill and therefore we oppose HB 105.

Thank you for the opportunity to comment.