



Legislative Newsletter

Keeping members informed on state legislative priorities.

April 13, 2026

Dear Members,

The first half of the 2026 legislative session was busy, with over 1,100 active bills in total and 205 being tracked by the New Hampshire Hospital Association (NHHA), in addition to a number of retained bills from the 2025 session.

Crossover – the deadline for bills to be transferred to the opposite body of the legislature – occurred on Thursday, March 26, 2026. The NHHA is happy to report that several positive bills have crossed over, while others will require more work to amend or vote down.

The NHHA appreciates the efforts that members have put toward advocacy and relationship-building with their local legislators during this session, including hosting legislative breakfasts and other opportunities to interface with state leaders. Outreach from members to their local legislators has been helpful in several ways so far this session, from the tabling of SB 664-FN, which would have dictated decisions around hospital executive compensation, and the votes to Interim Study HB 1755 and SB 477, both relative to the 340B discounted drug purchasing program.

For more information about the legislation that NHHA follows, please visit the NHHA site here: <https://www.nhha.org/resources-reports/nh-legislation/>.



State Update

Recent Legislative Activity

BEHAVIORAL HEALTH

[SB 498-FN, relative to children's mental health services for persons 18 years of age and younger](#)

Prime Sponsor: Sen. Regina Birdsell (R)

The language in SB 498-FN was originally seen in SB 128 of the 2025 legislative session. This reintroduced bill would establish the New Hampshire Children's Behavioral Health Association for the purpose of collecting assessments on licensed insurance plans to fund payments to care management entities for children's behavioral health services.

The bill was heard in Senate Health and Human Services on February 11, 2026, and passed both the committee and the full Senate. It then moved to Senate Finance, where it was voted Ought to Pass 7-0. It passed the Senate again and has been referred to the House Commerce and Consumer Affairs committee, where a public hearing will be held on April 16, 2026.

NHHA has not taken a position

EMERGENCY MANAGEMENT/PUBLIC SAFETY

[HB 1071, repealing immunity afforded health care facilities when following directives adopted in response to the COVID-19 state of emergency](#)

Prime Sponsor: Rep. Tom Mannion (R)

As amended by the House, HB 1071 would repeal [RSA 21-P:42-a](#), which codifies the immunities afforded to health care facilities when following directives adopted during the COVID-19 state of emergency. These immunities provide that no applicable organization or person shall be liable for the death of or injury to a person or for damage to property while complying with the emergency orders. The amended version clarifies the repeal of the immunity protections is not retroactive.

An attempt was made to lay the bill on the table on the House floor, but it ultimately was voted Ought to Pass with Amendment #2026-1006h by 183-146 on March 11, 2026. It has been assigned to the Senate Health and Human Services committee, with a public hearing scheduled for April 16, 2026.

NHHA opposes

HEALTH CARE ACCESS

[HB 1562-FN, relative to licensing requirements for health care facilities that operate on a membership-based business model](#)

Prime Sponsor: Rep. Mark McLean (R)

HB 1562-FN, a repeat of the language from HB 548-FN in the 2025 session, would create guidelines for direct-pay health care facilities in New Hampshire. In the public hearing in House Health, Human Services and Elderly Affairs on January 28, 2026, NHHA testified in opposition. As the NHHA testified last year, we countered that the bill would create a bifurcated health care system with two categories of patients, depending on whether they self-pay. The bill would also establish a separate Patient Bill of Rights for these facilities, adding confusion for patients. The bill passed the House with amendment #2026-0415h on March 11, 2026 by a vote of 181-149. However, on March 26, the

Senate did not accept the bill for consideration under Senate Rule 3-21, which prohibits bills the Senate has rejected in the first session of legislative cycle from being considered in the second, and therefore it will not be heard in the Senate this year.

NHHA opposes

HB 1653, relative to emergency medical care provided at freestanding hospital emergency facilities

Prime Sponsor: Rep. Laura Telerski (D)

Representative Telerski introduced this bill during a public hearing on January 21, 2026 in House Health, Human Services and Elderly Affairs committee. She explained that the bill intends to allow patients at hospital-affiliated freestanding emergency departments to select where they would be transferred for inpatient care if needed. The committee voted Inexpedient to Legislate by 10-7, and the House laid the bill on the table on March 5, 2026. However, a version of this language was attached to SB 613 in a Committee Amendment before the bill was laid on the table in the Senate.

NHHA has not taken a position

SB 543-FN, relative to long-term care eligibility and making an appropriation therefor

Prime Sponsor: Sen. Daryl Abbas (R)

SB 543-FN, as amended by the Senate, would support payments for Medicaid nursing facility services when patients are provisionally eligible for Medicaid, provided that the nursing facility agrees to back pay the funding when it receives retroactive Medicaid payments. When a patient is given provisional eligibility, a long-term care facility can enter into a contract with the state to be paid from a fund within the Department of Health and Human Services (DHHS). The facility will then reimburse the fund when Medicaid officially begins to cover the services.

The bill passed the Senate and a public hearing was held in the House Health, Human Services and Elderly Affairs committee on March 25, 2026. The House Committee has not voted on the bill yet.

This concept was introduced in 2025 in SB 131-FN.

NHHA supports

HEALTH CARE INFORMATION/PRIVACY

HB 1378, relative to parental access to a minor child's electronic medical records

Prime Sponsor: Rep. Melissa Litchfield (R)

Another returning concept from past legislative sessions, HB 1378 would grant parents full access to their minor child's medical records, including records on a patient portal. NHHA testified in opposition to the bill during the public hearing in House Children and Family Law on February 24, 2026, explaining that patient portals cannot parse out a minor's protected health information, such as mental health care, substance use treatment, and reproductive health care. It left the committee without a recommendation, and the House voted that it ought to pass 175-149 on March 11, 2026. It has been assigned to the Senate Health and Human Services committee for further consideration, with a public hearing scheduled for April 15, 2026.

NHHA opposes

SB 36-FN, relative to the collection and reporting of abortion statistics by health care providers and medical facilities

Chapter 15 of 2026

Prime Sponsor: Sen. Kevin Avard (R)

SB 36-FN, a retained 2025 bill that was signed into law by Governor Ayotte on March 27, 2026, changes the effective date for the collection and reporting of abortion statistics to July 1, 2027.

Effective Dates: Section 1 effective July 1, 2027 at 12:01 a.m.; Remainder effective March 27, 2026

NHHA did not take a position

HEALTH INSURANCE/OTHER INSURANCE

HB 1231, requiring health care providers to disclose medical services billed to the patient's insurance carrier

Prime Sponsor: Rep. Ron Dunn (R)

HB 1231 would require health care providers to provide every patient or their representative with a disclosure of all services billed to the patient's insurer. NHHA testified that this information is already provided to patients by insurers in the Explanation of Benefits (EOB), and requiring providers to disclose this information would be duplicative, costly, and time-consuming to providers. The House Commerce and Consumer Affairs committee voted unanimously that the bill should be referred to Interim Study, and the House concurred with that report on March 11, 2026. The bill will not move forward this year.

NHHA opposed

HB 1347, relative to health care provider networks and referrals

Prime Sponsor: Rep. Trinidad Tellez (D)

HB 1347 would prohibit health care facilities from refusing referrals for patients not affiliated with their system, as long as the facility and provider accepts the patient's insurance. NHHA testified in opposition, stating, among other concerns, that referral mandates may create additional delays in care. The bill was referred to Interim Study by the House on March 11, 2026, ending its consideration for this session.

NHHA opposed

HB 1596-FN, relative to the collection of certain health care program premiums; funding for the university system of New Hampshire; and raising the tobacco tax

Prime Sponsor: Rep. Jerry Stringham (D)

Introduced in response to the upcoming rollout of increased Medicaid premiums in New Hampshire, this bill would repeal the collection of premiums for Granite Advantage Medicaid expansion beneficiaries and Children's Health Insurance Program (CHIP) and assist in the funding of the Medicaid program by increasing the tobacco tax. A majority of the House Ways and Means committee voted Inexpedient to Legislate on the bill, and the House concurred with that recommendation on February 12, 2026 by a vote of 200-157. It will not move forward this session.

NHHA supported

HB 1813-FN, relative to changes to health carrier contracts with providers

Prime Sponsor: Rep. Julie Miles (R)

HB 1813-FN is NHHA's proposal to enact guardrails around carriers making changes to provider contracts and supporting contract documentation. NHHA worked with Representative Miles to bring forward the bill. It would enact three standards, including a quarterly schedule for making changes to contracts, a good faith estimate of financial implications if the updates result in more than \$500,000 in changes to provider reimbursement per calendar year, and the requirement that carriers must provide a redlined, revised copy of the contract to increase the ease of finding the changes. The bill was referred to Interim Study by the House on March 11, 2026. We look forward to continuing the discussion about provider contract changes with the House Commerce and Consumer Affairs Committee in the fall.

NHHA supports

SB 256-FN, (New Title) establishing safety and care requirements for clinician-administered drugs

Prime Sponsor: Sen. Tim McGough (R)

SB 256-FN was introduced in 2025 to codify white- and brown-bagging of prescription drugs. NHHA testified with concerns about impacts on patient access and safety, and the bill was amended. It now aligns with NHHA's positions – that white bagging medications should only be used if the insurer and the provider agree that it is in the best interest of their patient, and that brown bagging should be prohibited unless absolutely needed under certain circumstances.

White bagging involves health insurers purchasing drugs through their own or an affiliated specialty pharmacy and then sending them to a hospital or other provider for administration. Brown bagging is the practice of health insurers purchasing the drugs through their own or an affiliated specialty pharmacy and sending it to the patient, who then has to bring the drugs to a provider for administration.

NHHA testified in support of the amended language on April 7, 2026 in the House Commerce and Consumer Affairs committee, and it is now awaiting a vote.

NHHA supports as amended

SB 480-FN, limiting certain prior authorization requirements for physical therapy, occupational therapy, and similar rehabilitative services

Prime Sponsor: Sen. Suzanne Prentiss (D)

SB 480-FN, as introduced, would have prohibited prior authorization from being required for the first 12 physical or occupational therapy visits. In a compromise with carriers, the Senate amended the bill to prohibit health carriers from requiring prior authorization for the first physical or occupational therapy visit for a new episode of care. Subsequently, each health carrier shall provide prior authorization for physical therapy and occupational therapy, if medically necessary based on the evaluation of the patient at the initial visit, for not less than 8 treatments before requiring additional review for medical necessity.

The bill has passed the Senate as amended and has been assigned to the House Commerce and Consumer Affairs committee, with a public hearing scheduled for 11:00 a.m. on April 15, 2026.

NHHA supports

SB 548-FN, relative to health carrier provider contract standards

Prime Sponsor: Sen. Cindy Rosenwald (D)

SB 548-FN as amended would allow the NH Insurance Department to hold a public hearing when a health carrier intends to terminate a contract with a provider that impacts 1,000 or more people. The bill as amended also directs the Insurance Department to create a standardized notice for health carriers to use to communicate with patients regarding the possible termination.

SB 548-FN as amended by the Senate had a public hearing in House Commerce and Consumer Affairs on April 1, 2026, and it will be voted on in the committee executive session on April 15, 2026.

NHHA has not taken a position

SB 666-FN, relative to consumer protection, transparency, and oversight of certain health care transactions and establishing a study committee to analyze health insurance providers, their practices, policies, premiums, management, and the impact to consumers

Prime Sponsor: Sen. Debra Altschiller (D)

SB 666-FN would enact new requirements for the Department of Justice's (DOJ) review of health care transactions under the Trade and Commerce statute (**RSA 358**). Intended to enact new regulations for the review of private equity acquisitions, the bill also captures transactions that involve charitable organizations already subject to DOJ's Charitable Trust Unit review. Given the duplicative nature of the bill, NHHA testified in opposition during the Senate Health and Human Services Committee hearing. The bill was voted for Interim Study in the Senate on March 12, 2026, and will not move forward this session.

NHHA opposed

LICENSING/CERTIFICATION

HB 1030, relative to licensed practical nurse scope of practice

Prime Sponsor: Rep. Carol McGuire (R)

HB 1030, as amended in the Senate, aligns the practical nurse license with LPNs' professional competencies by clarifying in the licensing statute their ability to do assessments that contribute to the comprehensive assessment of the health status of assigned patients. The bill removes the reference to "focused" assessments to better align state licensure with LPN education and training. The House concurred with the Senate's amendment, and is now awaiting Governor Ayotte's signature or veto.

NHHA supports

HB 1249, authorizing pharmacists to provide certain medical devices associated with prescribed medication

Prime Sponsor: Rep. Daniel Veilleux (D)

HB 1249 proposes to add section 47-m to **RSA 318**, listing the devices that pharmacists would be allowed to prescribe and dispense, such as nebulizers, syringes for medication use, and diabetes blood sugar testing supplies. The bill passed the House on a voice vote on March 11, 2026, and is now assigned to the Senate Health and Human Services committee. A public hearing was held on April 9, 2026.

NHHA supports

SB 457-FN, relative to the licensing of physicians who graduated from medical schools outside of the United States or Canada

Prime Sponsor: Sen. Tara Reardon (D)

SB 457-FN as amended by the Senate would create qualifications for licensees who graduated from medical schools outside of the United States and Canada. These applicants would, in addition to standard license application requirements, have to have an offer of employment as a physician at a New Hampshire health care provider, possess basic fluency in English, and have practiced “as a medical professional performing the duties of a physician” for at least five years in a single jurisdiction.

NHHA supports making it easier to license physicians trained and educated outside the United States and Canada but is also looking into whether this could be done without legislation. SB 457-FN as amended passed the Senate and had a hearing in House Executive Departments and Administration on April 1, 2026. A committee vote has not been scheduled yet.

NHHA supports the concept of making it easier for qualified physicians to be licensed but expressed concern about the bill as currently being considered

SB 504, relative to the practice of pharmacy and the dispensing of certain medications by pharmacists

Prime Sponsor: Sen. David Rochefort (R)

SB 504 amends the Controlled Drug Act (**RSA 318-B**) by, among other changes, allowing the dispensing of up to a 30-day supply of non-controlled oral cancer medications as long as a number of criteria are met. The Senate voted that the bill ought to pass with Amendments #1225s and 1262s on March 26, 2026. Floor Amendment #2026-1262s clarifies that the Board of Pharmacy is responsible for evaluating if a specific act is within the practice of pharmacy. A public hearing in House Executive Departments and Administration will be held on April 15, 2026.

NHHA supports as amended

SB 613, relative to licensing requirements for health care facilities established within a 15-mile radius of a critical access hospital

Prime Sponsor: Sen. Suzanne Prentiss (D)

During the Committee of Conference on the state budget last year, the legislature repealed the notification and review requirements for newly licensed health care facilities establishing themselves within 15 miles of a critical access hospital. NHHA testified in opposition, expressing concerns with the policy throughout the legislative process. Even though it was laid on the table in the Senate, it was added into the FY 2025/2026 budget and was signed into law. Sen. Prentiss and the Senate cosponsors introduced SB 613 to reestablish the notification and review requirements to continue the protection for the state’s critical access hospitals. The Senate Health and Human Services committee unanimously supported the bill, and the Senate passed it by voice vote before tabling. The Senate will likely look for a House bill to attach SB 613 and request a Committee of Conference at the end of session to negotiate its passage.

NHHA supports

MEDICAID

HB 1671-FN, relative to prohibiting state Medicaid payments to facilities that discriminate against employees, students, or trainees for exercising lawful medical or religious vaccine exemptions

Prime Sponsor: Rep. Linda McGrath (R)

HB 1671-FN intends to amend **RSA 141-C:1-a** by providing that no health care provider shall “discharge, threaten, or otherwise discriminate against an employee, student, or trainee” based on valid vaccination exemptions. In the case that DHHS found a facility in violation of this law, Medicaid reimbursements to the facility would be withheld.

NHHA confirmed that hospitals in New Hampshire do not act in any way that could constitute discrimination based on vaccine status for either employees or patients.

The bill was referred to Interim Study 15-0 by the House Judiciary committee, and the House also referred it to Interim Study on a voice vote on February 19, 2026.

NHHA opposed

SB 134-FN, relative to work requirements under the state Medicaid program

Chapter 18 of 2026

Prime Sponsor: Sen. Howard Pearl (R)

SB 134-FN, signed into law on March 27, 2026, aligns state law with the federal Medicaid work requirements set in place by the One Big Beautiful Bill Act (OBBBA) of 2025.

Effective Date: March 27, 2026

NHHA opposed

SB 484-FN, prohibiting Medicaid premiums and limiting Medicaid expansion cost sharing

Prime Sponsor: Sen. Cindy Rosenwald (D)

SB 484-FN would have repealed the premium requirements under the New Hampshire Granite Advantage Medicaid program and the Children’s Health Insurance Program (CHIP), and authorized DHHS to establish cost sharing for the Medicaid expansion population capped at \$5 per service.

The Senate Finance committee voted Inexpedient to Legislate 5-2, and the full Senate also voted ITL on February 19, 2026 along party lines.

NHHA supported

OTHER

SB 664-FN, limiting hospital executive compensation in communities designated as distressed place-based economies under certain circumstances

Prime Sponsor: Sen. David Rochefort (R)

SB 664-FN would provide that if a hospital in a designated economically-distressed based community reduces its workforce by more than 10 employees in a single department in a 6-month period, compensation for several executive and senior leadership positions would be frozen for 18 months. NHHA testified to Senate Health and Human Services on February 18, 2026 in opposition, alongside representatives from the most directly affected hospital members. The committee voted that the bill ought to pass in a 4-1

vote, but the bill was ultimately laid on the table following a motion by Sen. Suzanne Prentiss on March 12, 2026.

NHHA opposed

PUBLIC HEALTH/HEALTH PROMOTION

HB 1022, relative to religious exemptions from immunization requirements

Prime Sponsor: Rep. Matt Drew (R)

HB 1022 intends to simplify the religious exemption form for childhood vaccinations to a statement of attestation by the parent or guardian. The bill as amended passed the House by a vote of 179-150 on March 11, 2026, and has now been referred to Senate Health and Human Services. The next public hearing will be on April 16, 2026 at 1:00 p.m.

NHHA opposes

HB 1719-FN, removing Hepatitis B from the list of diseases for which immunization is required under state law

Prime Sponsor: Rep. Kelley Potenza (R)

Amending RSA 141-C-20-a, I, HB 1719 would remove the requirement of the Hepatitis B vaccine on the childhood vaccine schedule in New Hampshire. By a vote of 186-168 on February 12, 2026, the bill passed the House and is now assigned to Senate Health and Human Services, where a public hearing was held on April 2, 2026.

NHHA opposes

SB 609, relative to improving screening for and treatment of blood clots, or venous thromboembolism, and establishing a statewide venous thromboembolism registry

Prime Sponsor: Sen. Sharon Carson (R)

SB 609 directs health care facilities to develop a screening and treatment plan for venous thromboembolism (VTE) and directs DHHS to contract with a third party to establish a VTE registry in the state. NHHA testified to Senate Health and Human Services on February 11, 2026, stating that there are existing VTE quality measures for hospitals that enforce evidence-based screening and treatment, thus aligning with the goals of SB 609. The committee voted 5-0 to refer the bill to Interim Study, and the full Senate concurred with that recommendation on March 5, 2026. The bill will not move forward this session.

NHHA opposed

TRANSPARENCY

HB 705, relative to health care cost transparency

Chapter 5 of 2026

Prime Sponsor: Rep. Keith Ammon (R)

This bill was introduced contingent on finalization of Presidential Executive Order 14221, "Making America Healthy Again by Empowering Patients With Clear, Accurate, and Actionable Healthcare Pricing Information". It outlines the information required for a machine-readable charge register provided by a health plan, similarly to the file already required of hospitals. HB 705 was signed into law by Governor Ayotte on March 16, 2026.

Effective Dates: Section 1 effective as provided in Section 2; Remainder effective March 16, 2026

NHHA did not take a position

HB 1335, requiring health care providers to disclose to patients indirect financial incentives received by the provider

Prime Sponsor: Rep. Robert Wherry (R)

HB 1335 would require that physicians disclose to patients any compensation exceeding \$5,000 for preferential promotion of a treatment, prior to prescribing that treatment. While NHHA and its members support and encourage transparency and open communication between providers and their patients, there is concern about the time that this kind of requirement could take away from patient care and treatment.

The bill was voted ought to pass 183-147 in the House on March 11, 2026. It has been assigned to the Senate Health and Human Services committee, where it will be considered in a public hearing on April 15, 2026.

NHHA opposes

SB 476, relative to consumer health care cost transparency

Prime Sponsor: Sen. Tim McGough (R)

SB 476 would implement various transparency regulations for both hospitals and insurers but references that hospital compliance with federal regulations would satisfy state transparency requirements. The bill was heard in Senate Health and Human Services on January 21, 2026, and the committee recommended that the bill be referred to Interim Study in February. When the bill was considered by the full Senate, a floor amendment that replaced the original language was introduced and tabled on March 26, 2026. The new language allows the Insurance Department to access full health care data sets from any department across state government. NHHA continues to oppose the bill as amended by the Senate and laid on the table.

NHHA opposed

New Hampshire Hospital Association Advocacy Staff

Steve Ahnen, President
(603) 415-4250
sahnen@nhha.org

Kathy Bizarro-Thunberg, Executive Vice President, Federal Relations
(603) 415-4252
kbizarro@nhha.org

Ben Bradley, Vice President, State Government Relations
603-415-4254
bbradley@nhha.org

Katie Lesnyk, State Government Relations Assistant
(603) 415-4264
klesnyk@nhha.org



New Hampshire Hospital Association | 125 Airport Road | Concord, NH 03301 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!