



Legislative Newsletter

Keeping members informed on state legislative priorities.

August 14, 2026

Dear Members,

The 2026 legislative session has concluded, with over 1,100 bills considered and 337 signed into law by Governor Kelly Ayotte. The New Hampshire Hospital Association (NHHA) followed our **2026 Advocacy Agenda** to guide our priorities for the session: financial sustainability, access to care, workforce and regulatory relief and administrative burden. With help from our members, we passed legislation to clarify scope of practice for licensed practical nurses (LPNs); tabled two problematic bills regarding the 340B drug pricing program; and stopped a bill that would have mandated parental access to all electronic medical records for their children, despite technical challenges with patient portals being unable to parse out protected health information. In this newsletter, you will find a list of bills signed into law that are of the highest importance for New Hampshire hospitals, sorted by category. Included with each bill is the prime sponsor, a brief description, the effective date(s) and links to the bill language and relevant state RSAs.

Even though the legislature is on break for the summer, NHHA is already thinking ahead to the 2027 legislative session, starting with our annual advocacy outreach sessions at various member hospitals. Thank you to Portsmouth Regional Hospital, Monadnock Community Hospital, Dartmouth Health, Southern New Hampshire Health and Androscoggin Valley Hospital for hosting our 2026 sessions.

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

Lastly, the NHHA launched the NH Hospital and Health System PAC for Patients (NH HosPAC) earlier this year. NH HosPAC is a nonpartisan political action organization with a mission to promote and protect access to quality health care in New Hampshire. With contributions from health care leaders, we can support our state and local health care champions who understand the important role of hospitals in serving the health needs of our state. NHHA would like to thank several hospital leaders and partners who have already

made a personal contribution to NH HosPAC. For more information about NH HosPAC, or to make a personal contribution, please visit www.nhha.org/NHHosPAC.



New State Laws Affecting Hospitals

2026 Legislative Session

HEALTH CARE INFORMATION/PRIVACY

HB 1460-FN, prohibiting the sale of a child's personal data

Chapter 168 of 2026

Prime Sponsor: Rep. Melissa Litchfield (R)

HB 1460-FN amends **RSA 507-H-6**, which is part of the Expectation of Privacy statute, to prohibit the selling of a child's personal data. Personal data is defined as "any information that is linked or reasonably linkable to an identified or identifiable individual." This does not include de-identified data or publicly available information.

Effective Date: January 01, 2027

HEALTH INSURANCE/OTHER INSURANCE

SB 408-FN, relative to health insurance coverage for prosthetics

Chapter 244 of 2026

Prime Sponsor: Sen. Bill Gannon (R)

This bill amends **RSA 415:18-ff**, requiring that each health insurance carrier must cover prosthetics, including activity-specific prosthetics, for individuals over the age of 19. Currently the law only requires this coverage for children under 19. It also specifies that medically necessary prosthetic devices for those over 19 are not subject to any annual limits in insurance plans.

Effective Date: January 01, 2028

SB 544-FN, relative to managed care laws

Chapter 263 of 2026

Prime Sponsor: Sen. Donovan Fenton (D)

SB 544-FN creates additional reporting requirements for pharmacy benefit managers (PBMs) regarding their formularies and cost lists. Health benefit plans that provide prescription drug benefits must now maintain documentation regarding any changes to the formulary, including the date the formulary was changed and the reason for the change; the complete maximum allowable cost list for each pharmacy subject to the maximum allowable cost list; and documentation regarding any changes to the maximum allowable cost list,

including the date the maximum allowable cost list was changed and when impacted pharmacies were notified of the change.

Effective Date: January 01, 2027

SB 548-FN, relative to health carrier provider contract standards
Chapter 195 of 2026

Prime Sponsor: Sen. Cindy Rosenwald (D)

SB 548-FN allows the insurance commissioner to hold a public hearing within 15 business days after receiving notice that a health carrier intends to terminate a provider contract affecting 1,000 or more patients. The bill also allows the insurance commissioner to adopt rules to further specify the content of and process for the health carrier's notice to consumers when a contract is terminated.

Effective Date: August 18, 2026

SB 550-FN, relative to insurance coverage for services provided by naturopathy providers

Chapter 264 of 2026

Prime Sponsor: Sen. David Rochefort (R)

Starting on January 01, 2027, commercial group insurance plans will be required to provide benefits for services performed by a doctor of naturopathic medicine as licensed under **RSA 328-E**. This bill amends **RSA 415-18-w**, "Naturopathy Providers; Payment for Equivalent Types of Services; Group," changing the language from "may" to "shall."

Effective Date: January 01, 2027

SB 607, relative to short-term, limited duration health insurance policies
Chapter 199 of 2026

Prime Sponsor: Sen. Daniel Innis (R)

SB 607 amends **RSA 415:5, III** to allow short-term, limited duration health insurance plans to offer coverage for less than 12 months and up to 36 months, taking into account renewals or extensions. Previously, these plans were limited to 6 months and prohibited for any individual previously covered under short-term plans in total more than 540 days within a preceding 24-month period. Health systems and their patients should be aware of this as they review coverage.

Effective Date: January 01, 2027

LICENSING/CERTIFICATION

HB 1030, relative to licensed practical nurse scope of practice
Chapter 46 of 2026

Prime Sponsor: Rep. Carol McGuire (R)

Prior to the 2026 legislative session, a nurse at a New Hampshire health system reached out to NHHA with concerns about licensed practical nurses (LPNs) not being able to practice at the top of their license, particularly with regard to contributing to patient assessments. NHHA worked with nurses, the Office of Professional Licensure and Certification (OPLC) and the legislature to draft this legislation, which clarifies that LPNs can contribute to patient assessments and care plans for assigned patients.

Effective Date: July 07, 2026

HB 1328-FN, relative to alcohol and other drug use professionals and relative to the qualifications to obtain certain occupational licenses

Chapter 224 of 2026

Prime Sponsor: Rep. Jaci Grote (D)

The most notable element for hospitals and health systems of HB 1328-FN is the elimination of the “licensed clinical supervisor” license type for alcohol and drug use professionals, referenced in RSAs **330-C:2**, **330-C:12**, **330-C:18** and **330-C:24, II(b)**. Additionally, the House added language to the bill modifying qualifications for licensure for recreational therapists and amending qualifications for speech-language assistants. The qualifications for licensure as a speech-language assistant now accept an equivalent program to a 2-year associate’s degree from a speech-language pathology program, and recreational therapists will no longer need a degree specifically in the field of therapeutic recreation.

Effective Dates: Sections 3 and 6 [repeal licensed clinical supervisor] shall take effect July 01, 2030; The remainder shall take effect September 1, 2026.

HB 1772-FN-A, relative to prescribing ibogaine for investigational use only and adopting the physician associate licensure compact

Chapter 333 of 2026

Prime Sponsor: Rep. Michael Moffett (R)

HB 1772-FN-A, as introduced, only featured language regarding ibogaine. The Senate amended the bill, adding the physician associate (PA) compact language from SB 425.

Starting September 13, 2026, health care providers will be allowed to administer ibogaine “under the framework of an FDA-approved research protocol.” Ibogaine, a plant-based psychoactive drug, has been used to treat PTSD, anxiety and depression in some patients.

The PA compact was a priority for the state to secure funding for the Rural Health Transformation Program. New Hampshire joins 26 other states participating in the compact.

Effective Date: September 13, 2026

SB 453, authorizing advanced practice registered nurses and physician associates to make certain certifications

Chapter 253 of 2026

Prime Sponsor: Sen. Suzanne Prentiss (D)

This bill authorizes advanced practice registered nurses (APRNs) and PAs to vouch for vehicle equipment for patients with disabilities for a period of 4 years instead of 2, and authorizes them to provide for an exemption to immunization against a particular disease when they have determined that it would be detrimental to a minor patient’s health.

Effective Date: August 31, 2026

SB 470-FN, relative to the expungement of certain disciplinary matters

Chapter 186 of 2026

Prime Sponsor: Sen. David Rochefort (R)

SB 470-FN allows any professional licensees undergoing disciplinary action for certain matters to petition to have those records expunged. The disciplinary matters cannot involve criminal acts, fraud, deceit, patient safety, public safety or acts impacting the integrity of the profession. The matters also cannot include suspension or permanent revocation of the license.

MEDICAID

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

Chapter 18 of 2026

Prime Sponsor: Sen. Howard Pearl (R)

In the midst of federal Medicaid changes set forth by the One Big Beautiful Bill Act (OBBBA) of 2025, SB 134-FN aligns the state with these new federal work requirements for Granite Advantage (Medicaid expansion) populations, with limited exemptions. Applicable individuals in Granite Advantage who are subject to the work requirements will only be granted an exemption based on medical frailty, which can be determined by a provider, or ex-parte from existing data sources. Additionally, the state may accept self-declaration of medical frailty only once during the enrollment period. Beneficiaries not eligible for the medical frailty exemption will be required to complete a minimum of 80 hours per month of work or other community engagement in order to maintain Medicaid coverage. They will need to show documentary evidence of compliance for a month prior to applying for coverage, and verification will be done "at least quarterly between redetermination periods."

Effective Date: March 27, 2026

PHARMACY

HB 1735-FN, relative to the practice of pharmacy, the dispensing of certain medications by pharmacists, and permitting treatment of certain severe illness under the right to try act

Chapter 311 of 2026

Prime Sponsor: Rep. Brian Cole (R)

This bill, as it moved from the House to the Senate and ultimately to the Committee of Conference, was amended to include several pharmacy and health care-related topics.

Pharmacists will now be required to have their licenses readily retrievable in the pharmacy in which they are working, rather than conspicuously displayed, and they will no longer need to put their name or initials on the bottles of controlled drugs that they dispense. Licensed advanced pharmacy technicians will now be allowed to engage in remote processing.

The bill amends **RSA 318:8**, "Pharmacy Board; Enforcement of Law," adding provisions for the determination of whether an act is in the scope of the practice of pharmacy.

RSA 318:16-b, "Pharmacist Administration of Vaccines," is amended to allow certified pharmacy technicians to administer vaccines licensed by the United States Food and Drug Administration (FDA), and to remove the requirement that the vaccines are "recommended by the United States Center for Disease Control and Prevention Advisory Committee on Immunization Practices, or successor organization." Lastly, the bill amends the Right to Try Act (**RSA 126-Z:1**) to add "qualifying severe illness" to the eligibility requirements, meaning an illness that is both chronic and debilitating.

Effective Dates: Sections 14-19 effective as provided in Section 21;
Sections 1-13 effective September 08, 2026; Remainder effective July 10,
2026

PRESCRIPTION DRUGS

HB 126, relative to prescriptions for certain controlled drugs **Chapter 80 of 2026**

Prime Sponsor: Rep. Daniel Popovici-Muller (R)

This bill adds two provisions to **RSA 318-B:9, IV** to allow prescriptions for topically applied and injectable androgens prescribed for treatment of chronic low testosterone for up to a 92-day supply.

Effective Date: July 21, 2026

PUBLIC SAFETY/EMERGENCY MANAGEMENT

SB 667-FN, relative to the assault of emergency room personnel **Chapter 277 of 2026**

Prime Sponsor: Sen. Tim McGough (R)

SB 667-FN amends the assault and related offenses statute, **RSA 631:1** and **RSA 631:2**, to add assault of any emergency room personnel, including health care professionals, clerks, emergency department technicians, students and volunteers. It would be considered first-degree assault to knowingly cause serious bodily injury to an individual in the emergency department, and second-degree assault for less severe injuries. The statute already acknowledges law enforcement officers, firefighters and licensed emergency medical care providers.

Effective Date: January 01, 2027

STATE GOVERNMENT/AGENCIES

HB 1584-FN, directing the department of health and human services to provide notice of medical and religious exemptions from immunization requirements and relative to notice of drug pricing options **Chapter 328 of 2026**

Prime Sponsor: Rep. Kelley Potenza (R)

HB 1584-FN went through several iterations before being signed into law with two components. The bill requires that any printed or electronic materials related to required childhood immunizations must include the following statement regarding vaccine exemptions: "Medical and religious exemptions are available under New Hampshire law." It also establishes **RSA 318:47-n**, "Drug Pricing Options." This requires that pharmacies in New Hampshire must make "reasonable efforts to notify consumers of their right to request the lowest available price for a prescription drug." This can be done verbally by the pharmacy staff, on signage or in printed material available to the consumers. All licensed pharmacies, including those within hospitals, should be aware of this, which goes into effect on January 01, 2027.

Effective Dates: Section 1 effective October 13, 2026; Remainder effective January 01, 2027

SB 530-FN, relative to fetal death reporting to the Centers for Disease Control

Chapter 260 of 2026

Prime Sponsor: Sen. Cindy Rosenwald (D)

This bill removes the name prior to first marriage or civil union from the information regarding the mother that is reported to the Centers for Disease Control and Prevention (CDC) after a fetal death. It also clarifies that when the Division of Fetal Records Administration releases this information to the CDC, it shall not include the names of the mother or father; the birth month and day of the mother or father; their medical record numbers; or their residential address, mailing address, or zip code. This is simply a clarification in statute, as hospitals already de-identify information reported to the Division of Vital Records Administration.

Effective Date: July 02, 2026

SB 670-FN-A, establishing a developmental services oversight commission; relative to reporting requirements regarding the death of a child in residential care; and relative to the registry of founded reports of abuse, neglect, or exploitation of vulnerable adults

Chapter 278 of 2026

Prime Sponsor: Sen. David Rochefort (R)

Most notably, SB 670-FN-A amends **RSA 161-F:49, VII** to require hospitals and other licensed facilities to submit the names of all current employees, consultants, contractors, or volunteers to the NH elderly and adult services registry annually. Additionally, no employee shall be allowed to care for a vulnerable individual if their name is on the registry. An individual is defined as someone 18 years of age or over and vulnerable is defined as, the physical, mental or emotional ability of a person is such that he or she is unable to manage personal, home or financial affairs in his or her own best interest, or he or she is unable to act or delegate responsibility to a responsible caretaker or caregiver. **RSA 161-F:49, VII** already required (since July 13, 2007) any licensed facility, before hiring a prospective employee, [consultant, contractor, or volunteer (since 2009)] to submit their name for review against the registry. Hospitals should already be doing this for prospective employees, consultants, contractors, and volunteers.

RSA 161-F:49, VII also previously included a provision (since 2009) that said, "An employer may, with the consent of a current employee, consultant, contractor, or volunteer submit his or her name for review against the registry." SB 670 changed this provision to require the employer (consent no longer required) to submit the name for any current employee, consultant, contractor, or volunteer and to submit these names annually. SB 670-FN-A also establishes a Developmental Services Oversight Commission, outlined in **RSA 171-A:35**, and requires that "[a]ny residential service provider caring for vulnerable adults shall notify the commissioner or designee, the bureau of licensing and certification, the attorney general, and the state's federal protection and advocacy agency in cases involving serious bodily injury or death."

Effective Dates: Section 1 effective July 02, 2026; Section 2 effective July 01, 2026; Remainder effective August 31, 2026 [Annual NH elderly and adult services registry checks]

TAXES/FEEES

HB 1756-FN, allowing organizations to file for property tax exemptions once and receive those exemptions unless and until a town assessor finds the organization ineligible for an exemption

Chapter 240 of 2026

Prime Sponsor: Rep. David Walker (R)

This bill, applicable to non-profit hospitals and health systems, allows tax-exempt organizations to file their list of all real estate and personal property on which exemption from taxation is claimed once. City or town assessors, boards of selectmen, or other assessors' agents "shall field review qualifying properties annually to ensure they still qualify," and only if they find the tax-exempt entity no longer meets requirements, the entity will not need to re-submit the application.

Effective Date: August 31, 2026

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