



July 9, 2024

Dear Members,

The New Hampshire regular legislative session ended on June 13, 2024. The New Hampshire Hospital Association (NHHA) tracked hundreds of bills and provided public testimony on 29 bills in dozens of House and Senate hearings. Many NHHA tracked bills await signature or veto from the governor.

Among the comprehensive list of legislation updated below, issues include the Medicaid Enhancement Tax (MET) Disproportionate Share Hospital (DSH) negotiations, access to medical records, reforms to prior authorization, and workforce recruitment strategies.

Please be on the lookout for NHHA's annual "State Laws Affecting Hospitals" edition of the Legislative Newsletter later in the summer for a full list of bills signed into law that will impact health care in New Hampshire.

Below you will find a number of NHHA's highest priority bills, by category, with a brief description of each bill. For more information on all our tracked bills please visit <https://www.nhha.org/resources-reports/nh-legislation/>. Additionally, NHHA staff is available for any of your questions and would welcome an opportunity to share additional insight.



## State Update

### Recent Legislative Activity

## BEHAVIORAL HEALTH

### SB 410-FN, (New Title) making appropriations to the department of health and human services to support community and transitional housing through community mental health centers

Prime Sponsor: Sen. Rebecca Whitley (D)

SB 410 would make \$1,500,000 in appropriations to the NH Department of Health and Human Services (DHHS) for community and transitional housing through community mental health centers (CMHCs) in the form of housing grants. The grants would be issued to approved applicants up to \$25,000 per bed.

UPDATE: SB 410 was laid on the table in the Senate and will not have further consideration this session.

**Position: Support**

### SB 457-FN, relative to inpatient psychiatric services authorization and utilization review

Prime Sponsor: Sen. Bill Gannon (R)

SB 457 would require the commissioner of DHHS to establish uniform guidelines for inpatient psychiatric services authorizations and utilization review. The guidelines would prohibit utilization reviews by insurance carriers for the first 30 days of inpatient or residential behavioral health admission. The bill was voted interim study in the Senate and will not have further consideration this session.

**Position: Support**

## ENERGY/ENVIRONMENT

### HB 1207, relative to single-use disposable plastic foodware accessories

Prime Sponsor: Rep. Tony Caplan (D)

HB 1207 would prohibit large food or beverage facilities (including hospitals), food service establishments, and retail food stores from having self-serve disposable plastic foodware dispensers, and only provide such foodware upon request. NHHA **testified** in opposition to HB 1207 because many patients in the hospital environment need to have straws and other single-use foodware items for accessibility and/or prevention of spread of illness.

The bill was referred for interim study in the House and will not have further consideration this session.

**Position: Opposed**

### HB 1649, relative to prohibiting certain products with intentionally added PFAS

Prime Sponsor: Rep. Karen Ebel (D)

HB 1649 would restrict the use of per- and polyfluoroalkyl (PFAS) in certain consumer products sold in the state of New Hampshire, including personal protective equipment (PPE), effective July 1, 2028. The bill includes exemptions from the requirements, such as products regulated as drugs or medical devices by the United States Food and Drug Administration under the Federal Food, Drug, and Cosmetic Act. This exemption reduces the potential impact on hospitals and health facilities.

UPDATE: HB 1649 as amended by the Senate would also provide that funds received by the state in settlement of PFAS litigation will be deposited in the Drinking Water and Groundwater Trust Fund. The version adopted by both bodies awaits signature or veto by the governor.

**Position: Neutral as amended**

## HEALTH CARE ACCESS

### HB 619-FN, (New Title) to require a person to attain the age of majority for genital gender reassignment surgery

Prime Sponsor: Rep. Terry Roy (R)

HB 619 prohibits gender reassignment surgery for minors under 18 years of age. It also would subject a provider to disciplinary action by their governing board for referring a minor for gender reassignment surgery.

UPDATE: The House and Senate voted that the bill ought to pass. The version adopted by both bodies awaits signature or veto by the governor.

**Position: Opposed**

### SB 355, relative to newborn screening for cytomegalovirus

Prime Sponsor: Sen. Dan Innis (R)

SB 355 directs the Department of Health and Human Services (DHHS) to provide information on the importance of early detection of cytomegalovirus (CMV).

UPDATE: The House amended the Senate version of the bill to require providers to offer a CMV test when a newborn does not pass their final newborn hearing screening. The Senate concurred with the House changes and the version adopted by both bodies awaits signature or veto from the governor. If signed into law, providers will be required to offer a CMV test when a newborn does not pass their final newborn hearing screening.

**Position: Neutral as amended**

### SB 400, relative to patient access to medical records

Prime Sponsor: Sen. Regina Birdsall (R)

SB 400 makes changes to the fee structure for medical records requests from third parties. New Hampshire law currently outlines a per page fee that can be charged to third party requestors. Several versions of the bill were debated in both the House and Senate. This bill would cap charges for medical record requests at \$50.

NHHA testified with concerns about changing the fees allowable for medical record requests by third parties including plaintiff's attorneys. Hospitals provide patients with their medical records at little or no cost. However, many hospitals in New Hampshire use a vendor to handle medical records requests by third parties. By changing the allowable fees, NHHA shared concerns about disrupting the existing structure hospitals use to fulfil records requests by third parties.

UPDATE: The House initially voted to refer the bill to interim study. However, the Senate sponsor attached the language, changing the fee structure for medical records requests, to another bill, **HB 1245**, which passed both the House and Senate. The version of HB 1245 adopted by both bodies awaits signature or veto from the governor.

**Position: Opposed**

## HEALTH CARE DECISION-MAKING

### HB 1283-FN, relative to end-of-life options

Prime Sponsor: Rep. Marjorie Smith (D)

HB 1283-FN would allow for terminally ill individuals with less than six months projected to live to be prescribed a medication to end their life. The House voted to pass HB 1283 179-176.

UPDATE: The Senate voted to refer HB 1283 to interim study 17-7. Therefore, the bill

will not have further consideration this session.

**Position: Opposed**

### **HB 1280, relative to informed consent and patient rights**

Prime Sponsor: Rep. Leah Cushman (R)

HB 1280 would add informed consent requirements and patient rights provisions to **RSA 329**, “Physicians and Surgeons.” NHHA **testified** in the House Health, Human Services and Elderly Affairs committee with concerns about legislating informed consent requirements when CMS, DNV, and Joint Commission have existing guidelines that could conflict with state statute. Additionally, NHHA shared concerns about adding a new patient rights provision in state law when statute already outlines the Patient Bill of Rights in **RSA 151:21**, “Patients’ Bill of Rights.” The House passed HB 1280 (189-181).

UPDATE: The Senate voted to refer the bill to interim study. The bill will not have further consideration this session.

**Position: Opposed**

## **HEALTH CARE INFORMATION/PRIVACY**

### **HB 1663-FN, relative to the confidentiality of medical records and patient information**

Prime Sponsor: Rep. Erica Layon (R)

HB 1663-FN would repeal and replace **RSA 332-I**, “Medical Records, Patient Information, and the Health Information Organization Corporation.” The bill would require patient written consent for any transfer or sharing of medical records. This conflicts with the treatment, payment, and healthcare operations flexibilities allowed in the Health Insurance Portability and Accountability Act (HIPAA). NHHA gathered subject matter experts and stakeholders, all of whom expressed concern with the bill. NHHA **testified** in opposition at the public hearing in the House Health, Human Services and Elderly Affairs committee.

UPDATE: The committee voted to refer the bill for interim study and it will not be moving forward this session. Health information privacy continues to be a high-priority topic for NHHA and of great interest to state legislators. We should anticipate legislative activity on this issue in future legislative sessions.

**Position: Opposed**

### **SB 484-FN, relative to completion of the birth worksheet for hospital or institutional birth**

Prime Sponsor: Sen. Cindy Rosenwald (D)

SB 484 repeals and reenacts **RSA 5-C:19** to separate the information gathered for a birth certificate from the statistical information gathered after a hospital or institutional birth. NHHA shared concerns about provisions of the bill that remove personal identifiable information from the statistical information gathered after learning from DHHS that doing so could jeopardize federal funds that support maternal health. The Senate Executive Departments and Administration committee voted ought to pass on the bill unanimously. However, in the full Senate the bill was laid on the table by a vote of 20 to 4.

UPDATE: The bill has not been taken off the table, and it will not be moving forward this session.

**Position: Opposed**

### **SB 573-FN, (New Title) establishing a committee to study consent and confidentiality laws applicable to adolescent and young adult health care in New**

## Hampshire

Prime Sponsor: Sen. Ruth Ward (R)

SB 573, as introduced, would have required any person, entity, government entity, or any employee or agent of any private or government entity to obtain consent of a parent before any medical interventions for their child. NHHA testified in opposition to the bill during the public hearing in the Senate Judiciary committee, due to concerns about the ability to provide resources to minors when health care providers reasonably believe the minor may be in an unsafe environment.

UPDATE: The Senate amended the bill striking the underlying language and replacing it with a committee to study consent and confidentiality laws applicable to adolescents and young adults in the state. Both the House and Senate passed SB 573 as amended. Governor Sununu signed the bill into law on Friday, June 14, 2024. The study committee will convene this summer on a date to be determined.

**Position: Opposed as introduced; Neutral as amended**

## **HEALTH INSURANCE/OTHER INSURANCE**

### HB 1081, relative to insurance payments to ambulance providers

Prime Sponsor: Rep. Mark Proulx (R)

HB 1081 requires health insurance carriers to directly reimburse ambulance service providers. Currently, if an ambulance provider is out of network, the insurance carrier sends the payment to the patient, and the patient, in turn, must send it to the ambulance provider. However, patients routinely do not forward those payments to the ambulance provider. This bill cuts out the patient and requires the carrier to pay the ambulance provider directly.

UPDATE: HB 1081 was signed into law by the governor on July 3, 2024.

**Position: Support**

### SB 173-FN, relative to surprise medical bills

Prime Sponsor: Sen. Sharon Carson (R)

SB 173 was a request of the New Hampshire Department of Insurance to codify into state law the federal No Surprises Act (NSA). The amended bill creates a separate state independent dispute resolution (IDR) process from the existing national IDR process administered by the Centers for Medicare and Medicaid Services (CMS), which could be used as an alternative to resolving payment disputes between providers and carriers. CMS recently acknowledged the proposal would allow providers to select either the state IDR process or the existing federal IDR process, which helps to resolve previous NHHA concerns.

UPDATE: SB 173 was signed into law by the governor on July 3, 2024.

**Position: Neutral as amended**

### SB 561-FN, relative to prior authorizations for health care

Prime Sponsor: Sen. Denise Ricciardi (R)

SB 561, a bipartisan- and bicameral-sponsored bill that NHHA strongly supports, would require public reporting of insurance carrier-specific prior authorization metrics in line with Centers for Medicare and Medicaid Services (CMS) rules, provide a maximum of seven calendar days for determination of non-urgent electronic prior authorizations and 72 hours for urgent electronic prior authorization, and codify the peer-to-peer process for providers to communicate with a carrier's clinical personnel about prior authorization requests. The full Senate passed SB 561 by voice vote.

UPDATE: SB 561 was signed into law by the governor on July 3, 2024.

**Position: Support**

## LICENSING/CERTIFICATION

### HB 1427-FN-A, establishing the regulation and licensure of deputy physicians

Prime Sponsor: Rep. Brian Cole (R)

HB 1427-FN-A was introduced with the intent of mitigating the shortage of physicians in the state by allowing for the regulation and licensure of deputy physicians. Deputy physicians are medical school graduates who have not completed a residency program. The bill was voted inexpedient to legislate in the House and will not have further consideration this session.

**Position: Opposed**

## MEDICAID

### HB 1593-FN (Second New Title) making an appropriation to the department of health and human services to support recreational activities for individuals with disabilities and relative to the uncompensated care and Medicaid fund

Prime Sponsor: Rep. Jerry Stringham (D)

HB 1593 was the vehicle for the MET/DSH settlement. Unfortunately, the House did not concur with the Senate-amended version during the committee of conference, and the bill will not move forward this session. NHHA continues to work with stakeholders to find a path forward that supports hospitals, state revenue, and the Medicaid program.

**Position: Support**

## MEDICAL LIABILITY

### SB 462, (New Title) relative to raising the cap on damages for wrongful death loss of consortium claims

Prime Sponsor: Sen. Sharon Carson (R)

SB 462 raises the cap on wrongful death loss of consortium claims from \$150,000 to \$500,000 for a surviving spouse, and from \$50,000 to \$300,000 per minor child in wrongful death cases. NHHA **testified** in opposition at the Senate public hearing, explaining that New Hampshire maintains a cap on damages to, among other things, ensure stability of medical liability insurance costs, and expressed concerns that changing the cap could increase meritless lawsuits and increase the cost of liability insurance. Additionally, raising the cap for non-economic damages in wrongful death cases could adversely affect access to coverage for high-risk specialties including obstetrics.

UPDATE: SB 462 was signed into law by the governor on July 3, 2024.

**Position: Opposed**

## QUALITY/PATIENT SAFETY

### HB 1590, relative to training regarding child abuse and neglect for licensed physicians, advance practice nurses, and physician assistants

Prime Sponsor: Rep. Patrick Long (D)

HB 1590 would put into law a requirement for all employers of licensed physicians, advance practice registered nurses (APRNs), or physician assistants to provide at least two hours of training focused on child abuse and neglect and mandated

reporting requirements. NHHA [testified](#) with concerns about mandating topic specific training for providers in statute. The House referred the bill to interim study.

UPDATE: The bill will have no further consideration this session.

**Position: Opposed**

**[SB 185-FN, establishing a committee to study the various barriers to discharge for patients to be safely discharged from acute care facilities](#)**

Prime Sponsor: Sen. Suzanne Prentiss (D)

SB 185, as amended, would create a committee to study the barriers to discharge for patients waiting to be safely discharged from a hospital. The bill passed the Senate.

UPDATE: The House voted inexpedient to legislate on SB 185 believing a study committee is not necessary to develop solutions for future legislative consideration. NHHA and the Foundation for Healthy Communities will continue working on solutions for knocking down barriers to discharge in preparation of the next legislative session.

**Position: Support**

## WORKFORCE

**[SB 403-FN, relative to the health care workforce](#)**

Prime Sponsor: Sen. Cindy Rosenwald (D)

SB 403 began as a comprehensive healthcare workforce investment bill, which directed the state to reallocate unspent ARPA (federal recovery) dollars toward investments in New Hampshire's healthcare workforce. Given 2024 is not a budget year, the bill was pared down in the Senate while maintaining the provisions of the original bill that outline a voluntary license for community health workers (CHWs).

UPDATE: The House-amended version of the bill extends the deadline for the Commission on the Interdisciplinary Primary Care Workforce to November 1, 2026; establishes RSA 326-N, "Community Health Workers," which maintains the voluntary licensure for CHWs; and allows DHHS to contract with community-based organizations to deploy CHWs. The Senate concurred with the House amendment. The version adopted by both bodies now awaits signature or veto from the governor.

**Position: Support**

**[SB 456-FN, relative to the state loan repayment program for qualified nursing professionals, and making an appropriation therefor](#)**

Prime Sponsor: Sen. Bill Gannon (R)

SB 456-FN as amended directs DHHS to create a report with a budget proposal for a new nurse student loan repayment program and appropriates \$300,000 for deposit into the existing Student Loan Repayment Program (SLRP) specifically for qualified nursing professionals working in a qualified setting for the biennium ending June 30, 2025. The bill passed the Senate.

UPDATE: The House voted inexpedient to legislate on SB 456. However, determined to have the bill survive, Senator Bill Gannon amended [HB 1585](#) to include the nurse school loan repayment program language. HB 1585, relative to the position of certified assisted living medication aide passed the House and Senate. The version of HB 1585 adopted by both bodies that includes the loan repayment appropriation for the SLRP now awaits signature or veto from the governor.

**Position: Support**



# Federal Update

## **Summer is the Perfect Time to Meet with Members of the NH Congressional Delegation**

With this being an election year, members of the congressional delegation will be spending more time in New Hampshire than in Washington, D.C. Congress will take its traditional summer recess August 5-September 6, along with additional breaks July 1-5, July 15-19 and October 1-November 11. While members of Congress are home, it is the perfect time to invite them to tour your hospital and discuss your priorities and challenges.

**We would be happy to help schedule these visits to your hospital this summer. Please reach out to Kathy Bizarro-Thunberg, Executive Vice President at [kbizarro@nhha.org](mailto:kbizarro@nhha.org) for assistance.**

It's important to invite Senators Shaheen and Hassan, Congresswoman Kuster and Congressman Pappas to visit your hospital for them to see firsthand the efforts you are undertaking to care of your patients and communities as well as the challenges you are facing now and into the future.

When lawmakers return to Washington, D.C. after the election, there will only be a few short weeks of legislating left before the end of the year. Many of hospitals' most important concerns are still on the table, including site-neutral payment policies, rural funding, waiver extensions and more. Lawmakers need to return to the table with an understanding of their local hospitals' positions and priorities to ensure helpful legislation moves forward and harmful policies are avoided.

## **We Care, We Vote**

We Care, We Vote is an American Hospital Association program designed for this campaign cycle to ask questions of candidates to get our issues on the table. It also has resources available to get individuals registered to vote, sample CEO messaging, social media resources and legal guidance on election-related activities.

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