

A photograph of the New Hampshire State House, a large, light-colored building with a central dome and classical columns. The building is surrounded by trees and a street lamp is visible in the foreground. The image is used as a background for the top section of the page.

# 2025 LEGISLATIVE SESSION

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession, and for the betterment of public health.

The 2025 Legislative Session has concluded. Legislators introduced 1170 pieces of legislation this year. Although a relative handful of those bills were withdrawn by the sponsors, we reviewed 1072 bills. Many of these bills impacted healthcare and our members in some way. We actively tracked 149 bills and sent out 16 Legislative Pulse emails to members, informing them of the bills' potential impact, upcoming hearings, opportunities to testify, and sharing draft testimony. NHMS and physician members drafted numerous advocacy articles, Op-Ed's and participated in coalition calls related to Medicaid, workforce, vaccines, reproductive health and the state budget. The NHMS legislative committee and the Friday subcommittee met regularly to discuss priorities, strategies, and testimony.

**As anticipated, healthcare policy dominated the legislative agenda. Numerous bills reflected a distrust of some of the cornerstones of our advocacy positions and evidence based public health policies.**

Our testimony focused on protecting the physician-patient relationships, supporting public health measures with proven efficacy, and opposing scope expansion proposals. We spent many hours educating elected officials to amend or kill proposed legislation that threatened harsh criminal and civil penalties for certain practices of medicine, including for failure to provide FDA medication guides to minors on Medicaid being prescribed psychotropic drugs ([HB732](#)).

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Bills Introduced

1170

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Bills Reviewed

1072

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Bills Tracked

149

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Bills Amended

12

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## NHMS Positions

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Bills Supported

27

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Bills Oppose

34

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Bills Monitored

88

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This year, being the first year of New Hampshire's biennial legislative session, largely focused on enacting a two-year balanced budget by June 30. Throughout the session, the budget dominated the attention of the Governor, the House, and the Senate. With the state facing a more difficult fiscal outlook than in recent budget years, heated public discussion continuously occurred surrounding proposed cuts which included everything from Medicaid to state agencies, higher education, and much more. Given the need to pass a balanced budget with the support of multiple political factions, many of the most contentious pieces of legislation were ultimately included in the budget policy trailer bill (HB2).

We thank every physician who took the time to be engaged this legislative session. **I especially want to thank the physicians who served in the legislature this year. These physicians were our boots and ears on the ground every day. They took some strong positions, sometimes with difficult political outcomes. Thank you!**

**David Nagel, MD | William Palmer, MD | Trini Tellez, MD | Gary Woods, MD**

We are proud to share a summary of the work we did this year.

Warm regards,

**Cathy Stratton, CEO**

New Hampshire Medical Society

# 2025 LEGISLATIVE SUMMARY

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## ***ENSURING MEDICAID REIMBURSEMENT RATES***

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The Legislature endured a grueling session, and the Medical Society battled increased skepticism toward physicians, the practice of medicine and public health more broadly. The House and Senate considered a 3% cut to Medicaid reimbursement rates, however, the Senate ultimately restored these cuts under pressure from the public and Governor Ayotte. The final version of the budget did not include changes to Medicaid reimbursement rates. The final version of the budget did, unfortunately, include a back-of-the-budget (across the board) cut to the Department of Health and Human Services, which the department will seek to achieve without reducing services.

Maternal Health has been a priority of Senate Democrats for a number of years. This session, with bipartisan support in the Senate, several maternal health related issues were passed in policy legislation and built into the budget.

- [HB 455 \(Signed by Governor\)](#) This bill requires the department of health and human services to provide quarterly reports regarding Medicaid enhancement for children and pregnant women for the biennium ending June 30, 2027 and to submit such reports annually thereafter.
- [SB 246 \(Included in Budget\)](#) This bill provides maternal depression screening for new mothers; increasing access to health care services for new mothers; enabling new parents to attend infant pediatric medical appointments; and developing a plan for perinatal peer support certification.

### **Continue Watching...**

- [SB 182 \(Retained\)](#) This bill renames the maternal mortality review panel as the maternal mortality review committee, revises its membership, and provides for the committee to be administered by the department of health and human services and facilitated by the New Hampshire perinatal quality collaborative (NHPQC) affiliated with Dartmouth Health. The bill also revises the definition of "pregnancy-related death" by removing the exclusion of accidental or incidental causes.

Several Bills both restricted safe effective healthcare procedures and created criminal penalties on providers for performing certain practices. Penalties for physicians who practice medicine in New Hampshire would fail our state's healthcare workforce and it would fail all of our patients. NHMS lobbied that the bills compromise a provider's ability to make vital treatment decisions – "entrust New Hampshire's physicians to provide the right care at the right time for their patients."

- [HB 10 \(Passed - Criminal penalties for physicians removed\)](#) This bill establishes a parents' bill of rights regarding their child's education, prohibits a school from infringing on such rights unless the action is narrowly tailored to address a compelling state interest, requires school boards to develop a policy to promote parental involvement and to provide notice of parental rights, and provides a private right of action for enforcement.
- [Hb 377 \(Passed - Criminal penalties for physicians removed\)](#) NHMS and physicians advocated fiercely against this bill though we were not successful at stopping the bill, we were able to protect and preserve HRT treatment for minors currently receiving this therapy and care. The Bill
  - a. Prohibits the performance of a medical procedure or the prescription or issuance of medication, upon or to a minor child, that is intended to alter the minor child's gender.

- b. Establishes the second Thursday in October as children's environmental health day.
- [HB 712 \(Passed - Criminal penalties for physicians removed\)](#) – a. Limits breast surgeries for minors to only those procedures needed to treat malignancy, injury, infection, or malformation and those needed to reconstruct the breasts after such procedures. b. Requires the collection and reporting of certain abortion statistics by health care providers, medical facilities, and the department of health and human services. The reporting requirement replaces a provision in the fetal life protection act stating that nothing in the subdivision shall be construed as creating or recognizing a right to abortion.
- [SB 72 \(Killed\)](#) - This bill establishes a parents' bill of rights, what constitutes a violation of such rights, and a mechanism to notify parents of their rights.
- [HB 732 \(Killed\)](#) - This bill requires medical care providers to review FDA medication guides with the parent, guardian, or state-designated caregiver before prescribing a psychotropic drug for a minor under Medicaid.

Continue Watching...

- [HB 232 \(Retained\)](#) - This bill provides that health care providers have a right to conscientiously object to participating in providing abortion, sterilization, or artificial contraception services. The bill requires health care institutions to prominently post a notice to this effect and establishes civil remedies, including fines, for its violation.

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## STOPPING SCOPE OF PRACTICE EXPANSIONS

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During the past several legislative sessions, scope of practice issues have been central in healthcare related policy debates. It is fair to say that providers of certain services aggressively advocate for greater rights as per those of physicians. Their arguments, which tend to be supported by strong grass roots efforts, have been challenging to defeat.

- [SB 250 \(Passed\)](#) This bill allows pharmacists to administer certain long-acting controlled drugs pursuant to a prescription.
- [SB 285 \(Passed\)](#) This bill updates the laws to reflect the title change of "physician assistant" to "physician associate" but makes clear that no substantive change to any law is being made by this update.

Continue Watching...

- [HB 349 \(Retained\)](#) This bill authorizes optometrists who meet criteria established by the board of registration in optometry to perform certain ophthalmic laser procedures
- [HB 360 \(Retained\)](#) The bill prohibits school health services to include school nurse services and school physician services public schools from performing diagnostic tests, surgical procedures, or prescribing of pharmaceutical drugs.
- [HB 470 \(Rereferred\)](#) The bill would allow dentists to administer moderate sedation to patients under the age of 13 without the physician oversight.



Numerous bills proposed to restrict government support of vaccines, particularly in the school setting. We worked with coalition partners to defeat a bill that proposed to dismantle the funding and distribution program (Vaccine Association) that has been effective for nearly 20 years. Along with our coalition partners we fought bills to discredit vaccines and their public health function and repealing vaccine related requirements for enrollment in public schools. Many of these measures were defeated or retained for further study. We were disappointed that HB 357, though on the path to defeat, was included in the State Budget Bill (HB 2) and has been signed into law. Several important and mandatory immunizations will now sunset. Additionally, any future proposed vaccine requirement will need legislative approval.

- [HB 357 \(Included in the Budget\)](#) This bill limits childhood immunization requirements to diseases identified in statute. The bill removes the authority of the commissioner of health and human services to adopt rules requiring immunization for additional childhood diseases.
- [HB 358 \(Passed\)](#) This bill provides that a parent or legal guardian may claim an exemption from childhood immunization requirements on the basis of religious belief by providing a signed statement to that effect. The bill removes the statutory reference to a form used for such purpose.
- [HB 664 \(Killed\)](#) This bill provides that childhood immunization requirements shall not require a vaccine that has not been tested with an inert placebo in clinical trials.
- [HB 679 \(Killed\)](#) This bill provides that no childhood immunization requirement shall require a vaccine that has not been shown in clinical trials to prevent transmission of any disease.

### Continue Watching...

- [HB 524 \(Retained\)](#) This bill repeals RSA 126-Q, relative to the New Hampshire vaccine association.



Given Republican control of the Governor's office, House and Senate, reproductive rights was a significant topic of conversation and for many of these elected officials is part of the platform on which they were elected. This dynamic created a challenging environment in which to advance certain arguments and objectives.

- [HB 455 \(Signed by the Governor\)](#) This bill requires the department of health and human services to provide quarterly reports regarding Medicaid enhancement for children and pregnant women for the biennium ending June 30, 2027 and to submit such reports annually thereafter.
- [HB 606 \(Passed\)](#) This bill affirms a patient's right to receive appropriate reproductive care for a medical condition when such care may include a procedure or medication that leaves the patient



sterile or unable to have children. This complicated bill attempts to define "medical condition" and what is "appropriate reproductive care for medical condition", something too complex for statute and law. The law now requires a physician to provide medical care that would leave a patient sterile or unable to have children to patients 18 years or older. This conflicts with Medicaid requirements which limit such care to individuals who are 21 years or older.

- [SB 246 \(Included in Budget \(HB2\)\)](#) providing maternal depression screening for new mothers; increasing access to health care services for new mothers; enabling new parents to attend infant pediatric medical appointments; and developing a plan for perinatal peer support certification.
- [SB 260 \(Killed\)](#) This bill provides that the state shall not infringe upon an individual's right to terminate their pregnancy prior to 24 weeks gestation.
- [HB 476 \(Withdrawn\)](#) This bill proposed to further restrict abortions, making an elective abortion after 15 weeks gestational age illegal except in the case of a medical emergency or a fetal abnormality incompatible with life. This bill was withdrawn given the overwhelming opposition to the 15-week restriction.

#### Continue Watching...

- [SB 182 \(retained\)](#) This bill renames the maternal mortality review panel as the maternal mortality review committee, revises its membership, and provides for the committee to be administered by the department of health and human services and facilitated by the New Hampshire perinatal quality collaborative (NHPQC) affiliated with Dartmouth Health. The bill also revises the definition of "pregnancy-related death" by removing the exclusion of accidental or incidental causes.

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### ***PARENTAL RIGHTS THAT IMPACT THE PHYSICIAN-PATIENT RELATIONSHIP***

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Several parental rights bills were introduced. This was a high priority of both Senate and House leadership. Though this wasn't initially part of NHMS' advocacy priorities, many of these bills, though primarily focused on parental rights in the educational setting, proposed reduced medical decision-making authority available to minors, limited medical privacy for minors, and created civil and criminal penalties for physicians violating the statutes. The legislature passed and Governor Ayotte signed into law a number of measures.

NHMS and many physicians worked together throughout the legislative session and we were able to remove sections that interfered with the physician-patient relationship and removed provisions that sought to remove privacy and decision-making authority available to minors. We also were able to amend provisions in the bills to remove the criminal and civil penalties.

We suspect that a parental bill of rights related to a minor's medical care will be introduced in the next session.

- [HB 10 \(Passed\)](#) This bill establishes a parents' bill of rights regarding their child's education, prohibits a school from infringing on such rights unless the action is narrowly tailored to address a compelling state interest, requires school boards to develop a policy to promote parental involvement and to provide notice of parental rights, and provides a private right of action for enforcement. This was a complicated bill as introduced.
- [HB 231 \(Passed\)](#) prohibiting school district personnel from transporting students to medical or mental health appointments, visits, or procedures without parental consent.

Continue Watching...

- [HB 191 \(Re-referred\)](#) provided criminal and civil penalties for anyone transporting an unemancipated minor in order to obtain a surgical procedure without parental permission.
- [SB 189 \(Retained in Committee\)](#) This bill changes and updates requirements and procedures for fetal death records.

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## ***IMPROVING ACCESS TO QUALITY MENTAL HEALTH SERVICES***

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- [SB 246 \(In Budget\)](#) The bill, "The New Hampshire Omnibus 2.0," seeks to improve maternal health and wellness through several significant provisions. It mandates maternal depression screenings for new mothers during well-child visits under the state Medicaid program, with health care providers recommended to conduct these screenings. Additionally, health insurance carriers are required to cover these screenings for pregnant and postpartum patients, including periodic screenings at designated well-child visits. The bill also allocates funds for establishing a perinatal psychiatric provider consult line, supporting rural maternal health EMS services, and studying barriers to independent birth centers. Furthermore, it expands employee protections, allowing new parents to attend medical appointments related to postpartum care and their infants.
- [HB 370 \(Passed\)](#) This bill reestablishes the commission to study the delivery of behavioral crisis services to individuals with mental illness with an impairment primarily due to intellectual disability.
- [HB 507 \(Passed\)](#) This bill requires health carriers to process credentialing applications by mental health providers within 30 days of submission of a complete application.
- [HB 597 \(Passed\)](#) establishing a designated behavioral health access point within the enhanced 911 system.

Continue Watching...

- [HB 751 \(Retained\)](#) This bill mandates that outpatient substance use disorder treatment programs must be licensed by the Department of Health and Human Services (DHHS). It introduces new provisions that require the DHHS to designate a behavioral health specialist within the office of the ombudsman to specifically investigate and resolve complaints related to substance use and mental health treatment facilities.

- [SB 128 \(Tabled\)](#) The bill establishes the New Hampshire Children's Behavioral Health Association as a nonprofit corporation dedicated to evaluating the costs associated with childhood behavioral health services for children aged 18 and younger.
- [SB 137 \(Tabled\)](#) This bill mandates the Department of Health and Human Services to create an administrative day rate and a swing bed rate under the state Medicaid plan specifically for certain hospital stays involving parents of newborns.

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## **PREVENTING GUN VIOLENCE**

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- [HB 56 \(Killed\)](#) This bill, designated as RSA 159-G, mandates that all firearm transfers in New Hampshire be conducted through a licensed firearms dealer who will perform a criminal background check and maintain a record of the transfer, in alignment with federal law.

### **Continue Watching...**

- [HB 159 \(Tabled\)](#) The "Chief Bradley Haas Mental Health Firearms Reporting Act" establishes a framework in New Hampshire for reporting mental health data relevant to firearms background checks. It amends existing laws to incorporate mental health record checks into the firearms sale process and creates a new chapter titled "Mental Health Reporting for Firearm Background Checks."
- [HB 609 \(Retained\)](#) This bill amends New Hampshire law to grant the general court authority and jurisdiction over the regulation of firearms, stun guns, Tasers, pepper spray devices, knives, and other self-defense tools. The bill also expands the list of regulated items to include stun guns, Tasers, and pepper spray devices, while nullifying any municipal ordinances or regulations that are not authorized under this new framework. Additionally, it allows individuals aggrieved by violations of this chapter to petition the superior court for remedies.

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## **HIGHLIGHTING PHYSICIAN WELLBEING**

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- [HR 16 \(Passed\)](#) This resolution recognizes the essential contributions of frontline health workers in assisting the state to recover from the COVID-19 pandemic and urges greater attention and support for local frontline health workers.



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## **OTHER MAJOR LEGISLATIVE ISSUES**

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### **Group II Retirement**

Funding for pensions for mid-tier first responders was first taken away in 2011. It has been made a top priority for Governor Ayotte to restore funding for these benefits at about \$27 million a year for 10 years. This issue became the most controversial subject of the legislative session, highlighting sharp disagreements in priorities between the Governor and the Senate President. Most notably, funding for Group II passed in both the Senate and House versions of the budget, only to be slashed in last-minute private discussions between House and Senate conferees during the Committee of Conference on the budget. Governor Ayotte threatened to veto the budget over these changes. However, in the 11th hour, the governor and legislature reached an agreement that included a cap on total pension for certain retirees, paving the way for the budget to be signed into law.

### **Higher Education Funding**

The Governor's budget proposal included a slight reduction in funding for the University System of New Hampshire (USNH) from the previous biennium. The House sought to make deeper cuts that would have forced significant reductions in services. Additionally, the House used \$15 million per year from the UNIQUE scholarship fund to put toward other higher education spending. The Senate and Governor pushed back, and much of the funding for USNH was restored in the first year of the biennium (\$87 million for FY26). However, the House insisted on a deeper cut for year two, with the committee of conference agreeing to \$77 million for FY27. The final budget also restored much of the UNIQUE cuts, with only \$6m per year being diverted to the General Fund. The Community College System of NH received funding relatively close to the Governor's proposal, ending the budget process with \$68.5 million for each of FY 26 and 27.

### **Legalization of Video Lottery Terminals (VLTs)**

The Governor, though public avowedly against expanding gaming, reluctantly proposed the legislation of VLTS, also known as slots, in her initial budget proposal for the sole purpose to generating higher revenue to fund Group II retirement. VLTs were initially proposed at a 40% tax rate, and after a series of amendments to lower the rate, it landed at 31.25%. Max bet limits were also removed. Historic Horse Racing (HHR) remains legal and the current tax rate of 25% remains unchanged.

### **Youth Development Center (YDC) Settlement Fund**

The legislature is permitted to allocate up to \$75 million a year (\$150 million for the biennium), to the YDC Settlement Fund. The fund is an opportunity for survivors of abuse at the YDC Center to seek justice and resolve their claims through an expedited, trauma-informed, victim-friendly process. This year, the legislature allocated \$20 million to the fund in the first year of the

biennium and dedicated the proceeds of the sale of the Sununu Center building, for an estimated total of \$80 million for the second

year. Selling a state building is expected to take 18 months to complete if a buyer comes forward in a timely manner. The legislature also made a series of changes to the fund that give more power to the State in this process, leading to concerns among victims regarding the integrity and impartiality of the process.

### **Solid Waste Evaluation Committee**

The Governor's budget proposal to establish a Solid Waste Evaluation Committee (SWEC) as an additional required step for projects requiring a solid waste permit. The committee, comprised of appointees including members of the public, would have the authority to deny or approve solid waste permits based on scientific and subject criteria. The waste industry voiced concerns that this would allow communities to dictate the state's solid waste capacity solely based on "NIMBY" arguments, rather than scientific and economic assessments.

### **Cell Phone Ban in Public K-12 Schools**

The Governor strongly backed a bell-to-bell ban on cell phone use by students in New Hampshire's public K-12 schools. This measure was debated intensely with the House and Senate struggling to reach agreement. However, the bell-to-bell ban was included in the budget trailer bill (HB2) and signed into law by the Governor.

### **Energy**

The Republican majority took the opportunity this year to enshrine their energy policy priorities into statute by redefining clean energy to explicitly include nuclear, allowing utilities to own and operate small nuclear reactors in HB 710, and, in the budget, redirecting dollars in the Renewable Energy Fund to ratepayer rebates.

### **Housing**

The legislature fast tracked SB 4 at the beginning of the session to overhaul the C-PACER program to enable energy efficient housing development. Governor Ayotte signed SB 4 into law. Proposals to expand accessory dwelling unit regulations and adjustments to residential lot sizes have been stalled.

### **Sanctuary Cities**

Governor Ayotte ran on eliminating sanctuary cities in New Hampshire and was able to sign into law two pieces of anti-sanctuary city legislation. HB 511 requires New Hampshire municipalities to comply with ICE immigration officials and prohibits policies ignoring federal immigration-related directives and authorities. SB62 eliminates state or local governments' authority to prohibit their affiliated law enforcement entities from entering into voluntary agreements with ICE.

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## ***TIMELINE – MARK YOUR CALENDARS!***

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### **House Deadlines**

- Monday, September 15, 2025 - First day to file legislation for the 2026 Session
- Friday, September 19, 2025 - Last day to file legislation for the 2026 Session
- Friday, November 21, 2025 - Last day to sign off legislation for the 2026 Session; and last day to report all retained bills
- **Thursday, January 8, 2026 - Last day to introduce House Bills**

### **Senate Deadlines**

- Wednesday, September 3, 2025 - First day to file legislation for 2026 Senate Session
- Friday, September 12, 2025 - Deadline for the Office of Legislative Services to accept drafting of a Bill, Senate Concurrent Resolution, or Senate Joint Resolution with complete information for the 2026 Senate Session
- Thursday, November 13, 2025 - Deadline for prime sponsors to sign off on legislation
- Thursday, December 11, 2025 - Deadline for co-sponsors to sign off on legislation
- Thursday, December 11, 2025 - Deadline to report rereferred bills out of committee
- **Wednesday, January 7, 2026 - Convening Day**

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## PHYSICIANS IN ACTION 2025!

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Figure 1: NHMS Travis Harker, MD, MPH and Patrick Ho, MD, MPH meet with Governor Ayotte (6/4/2025)



Figure 2: Gary Sobelson, MD testifies before Senate Committee (4-9-2025)



Figure 3: Wendy Gladstone, MD testifies before House Committee on HB 524 (3-18-2025)



Figure 4: Oge Young, MD testifies before House committee (2-19-2025)



Figure 5: Danielle Albushies, MD in the Hall of Flags before testifying. (2-19-2025)



Figure 6: Maris Toland, MD testifies before House Committee... (1-27-2025)



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## NHMS ADVOCACY EXECUTIVE TEAM

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The New Hampshire Medical Society’s Legislative Committee is comprised of a broad and diverse group of over 40 physicians. The Society is guided by a group of New Hampshire physicians that represent the greater physician community. The NHMS Council and legislative committee work in tandem to establish the Medical Society's position and commitment to negotiating or advocating on these issues. **We would like to recognize key advisors who met weekly on Friday to review hearing schedules, prioritize advocacy, and plan communications with other stakeholders.**

Patrick Ho (Chair)	Travis Harker	Gary Sobelson
Cathy Stratton (CEO)	Amy Lee	Maura Weston
Danielle Albushies	Frances Lim Liberty	
Maria Boylan	Marie Ramas	

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## NEW HAMPSHIRE MEDICAL SOCIETY LOBBY TEAM

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### Cathy Stratton

In her role as Chief Executive Officer, Cathy oversees all Society activities and staff. As CEO her responsibilities include strategic leadership, executive management, partnership cultivation, and advancing New Hampshire Medical Society's advocacy agenda. Her career in executive management has been marked by years of leadership service and achievements.



### Maura Weston

Maura is an accomplished government relations professional who provides a wealth of knowledge and experience in political and legislative advocacy. She has extensive experience representing a wide range of clients before the New Hampshire legislature and regulatory agencies, she specializes in crafting and executing both short- and long-term legislative strategies, drafting testimony and working closely with policymakers to advance client interests.



### Cornerstone Government Affairs

CGA is a bipartisan, employee-owned consulting firm specializing in federal and state government relations, public affairs and strategic communications, political consulting, grant consulting and business advisory services. They provide extensive knowledge of New Hampshire’s government processes to the table.