

# Senate Health and Human Services Committee

*Sophie Walsh 271-3469*

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

**Hearing Date:** February 11, 2026

**Time Opened:** 9:02 a.m.

**Time Closed:** 9:37 a.m.

**Members of the Committee Present:** Senators Rochefort, Avard, Prentiss and Long

**Members of the Committee Absent:** Senator Birdsell

**Bill Analysis:** This bill directs hospitals, ambulatory surgical centers, and emergency medical care centers to develop a screening and treatment plan for venous thromboembolism. The bill also directs the department of health and human services to contract with a qualified entity to establish and maintain a statewide venous thromboembolism registry.

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**Sponsors:**

Sen. Carson

Sen. Rochefort

Sen. Ward

Rep. W. MacDonald

Rep. Lundgren

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**Who supports the bill:** Sen. Carson, Sen. Rochefort, Diane Morrissette, and Georgina Lambert.

**Who opposes the bill:** Ben Bradley (NH Hospital Association) and Pamela Harders.

**Who is neutral on the bill:** Kelly Keefe and John Williams, Esq. (DHHS).

**Summary of testimony presented:**

Senator Sharon Carson, Senate District 14

- Senator Carson explained that she filed this legislation on behalf of a grieving mother who lost her daughter to a postpartum blood clot.
- Blood clots are a leading cause of maternal morbidity and mortality, even more so when postpartum education and system-level safeguards are missing.
- New Hampshire mothers with risk factors such as C-sections, Preeclampsia, or prolonged labor deserve targeted screening, education, and systemic support to prevent avoidable loss.

- This bill takes an important step in stopping these preventable deaths by requiring that hospitals, ambulatory surgical centers, and emergency medical care centers develop a screening and treatment plan for venous thromboembolism in women who have just given birth.
- This bill also directs the Department of Health and Human Services to contract with a qualified non-profit to establish and maintain a statewide venous thromboembolism registry. This will collect anonymous data on diagnosis for the purpose of improving treatment.
- The goal of this bill is to save the lives of mothers in New Hampshire and increase awareness and education for this condition.
- Senator Prentiss noted that there is no fiscal note and asked if the state would be funding the registry.
- Senator Carson said she was surprised that there was no fiscal note and noted the Department may be able to speak to that.
- Senator Prentiss acknowledged that we have other registries, so the Department may be planning to use existing infrastructure.
- Senator Rochefort referenced page 2 line 20 and asked if Senator Carson would be okay with amending the bill to require the county of a patient for data reporting, rather than the specific zip code.
- Senator Carson said this bill now belongs to the Committee, so she would be okay with that.

John Williams, Esq. & Kelly Keefe, Department of Health and Human Services

- Mr. Williams explained that the Department is also surprised that there is no fiscal note for the bill, as they were requested to complete a financial analysis.
- In their fiscal analysis, the Department made the assumption that the non-profit would be charged with the expenditure of standing up the registry, as there is no money associated with the legislation itself.
- Mr. Williams' understanding is that there is a vendor out there to do this.
- Mr. Williams questioned how language can be put in the bill to safeguard the Department in scenarios in which the non-profit entity may no longer exist or be able to meet financial obligations.
- This raises certain questions regarding outreach to the Office of Professional Licensure and Certification (OPLC) because there may be involvement with oversight of the provider community and facilities.
- The Department also made the determination in the fiscal analysis that there would not be a direct impact to the Department, as the costs would be borne by the private entity.
- Mr. Williams noted that there may be costs associated within the provider community itself.

- Mr. Williams stated that the Department has recommended amendment language, and Senator Rochefort said he would like to see it.
- On page 2 line 31, Mr. Williams suggested adding traditional, standard safety valve language.
- Mr. Williams addressed Senator Rochefort's question about amending page 2 line 20 and said that would be a reasonable suggestion.
- Senator Avaré questioned why things like screenings are not already being done.
- Ms. Keefe confirmed that it should already be done in clinical practice and explained those regulations would fall with OPLC. Each hospital likely already has policies and procedures for assessing, triaging, and treating.
- Senator Avaré asked if this could be a potentially endless list of things the legislature is telling clinicians to do.
- Mr. Williams emphasized that outreach to OPLC or the New Hampshire Hospital Association may be helpful. While the Department is not taking a position on this bill, Mr. Williams said it is important legislation.
- Senator Prentiss recalled her experience working in an emergency department and asked if there is an inventory of what the practices already are.
- Mr. Williams deferred to the Hospital Association.
- Senator Prentiss asked if this data is already available in the ambulatory care data set or outpatient data set.
- Ms. Keefe explained that this would fall under adverse events, which hospitals and ambulatory centers are obligated to do.

#### Diane Morrissette

- Ms. Morrissette stated that she is speaking in support of the bill.
- She told a personal story about her daughter passing away from a postpartum pulmonary embolism. While she had multiple known risk factors and they talked to the doctors in the hospital, blood clots were not a consideration.
- Ms. Morrissette explained that in her advocacy work, she has learned that this is not just an issue for pregnant women. Many young people have died because blood clots are overlooked.
- Ms. Morrissette referenced similar legislation that was passed in Florida. Their situation included the same systematic gaps of missed risk assessments, lack of education, and delayed recognition.
- This bill is important because it focuses on prevention at the system level. When hospitals used standardized risk training, provide clear discharge education, and ensure provider awareness, blood clots are more likely to be identified before they become fatal. These are practical, preventative measures.
- Blood clots are the leading cause of preventable deaths, yet awareness and education is inconsistent.

- Senator Avard asked if there are long-term studies on this or if this issue is a recent spike.
- Ms. Morrisette explained that she is not sure because she sees more cases than studies. She is focused on patient stories, most of which she has heard in the past few years.

Ben Bradley, New Hampshire Hospital Association

- Mr. Bradley recently circulated questions on this bill to a colleague from the Foundation for Healthy Communities. He was made aware of existing CME venous thromboembolism quality measures that are designed to enforce evidence-based screening and treatment. He noted that this seems to align with the goals of this bill.
- For hospitals to successfully meet CMS measures, clinical staff receive education and training on screening tools and best practices. They design their electronic health record systems with order sets, documentation, templates, and clinical decision-making support tools to ensure compliance.
- If a patient does not receive prophylaxis for venous thromboembolism, a valid reason must be documented.
- The colleague Mr. Bradley spoke with is also the administrator for New Hampshire's Health Care Quality and Patient Safety Commission. The Commission's charge is to analyze quality of care and patient safety issues and to propose policy changes to improve health care in New Hampshire. Mr. Bradley noted that each hospital is represented on the Commission and that a report is submitted annually.
- Mr. Bradley explained that the intention of this bill aligns with this Commission's charge. He is not sure that an equivalent commission exists in Florida where this bill originated.
- Mr. Bradley questioned if it is necessary to embrace this model language if the bill's intent can be reached using our existing resources.
- Mr. Bradley noted that the bill contains technical challenges for compliance.
- Senator Avard noted that while there are existing policies to deal with this issue, the issue is still there.
- Mr. Bradley explained that hospitals have put significant effort and resources towards preventing preventable harm. Yet, there are still occasions in which tragedies occur. There are outlets in New Hampshire providing the opportunity for clinicians to gather and come up with a standard of practice and proposals to address these circumstances.
- Senator Avard asked if this is what the bill is trying to do now.
- Mr. Bradley agreed that it appears to be the case. He emphasized that there may be outlets that exist in New Hampshire, but not other places. These outlets could be leveraged instead of putting more on hospitals and other facilities. He

emphasized that he is not dismissing the importance of this issue, but rather suggesting there may be other mechanisms to address it.

- Senator Rochefort asked Mr. Bradley to expand on what CMS requires in comparison to what this bill would require.
- Mr. Bradley explained that CMS has two clinical measures put forth for their quality reporting, including in-patient screening and ICU screening for venous thromboembolism. Those measures are applied to the quality metrics for hospital payment. This bill would require training for all non-physician personnel in the patient-facing space, which is very extensive. There are also several metrics that would have to be reported. While this is integrated into the electronic health records for CMS requirements, this would need to be integrated in some way under this bill to capture data properly.
- Mr. Bradley referenced the Commission and emphasized that New Hampshire's small amount of hospitals allows them to gather in this setting and address best practice.
- Senator Rochefort asked what the standard of care is for postpartum venous thromboembolism. He imagines it would include consultation and advisory.
- Mr. Bradley said he would have to get back to the Committee with an answer, but noted that the legislature has done a good job in the past in addressing pre and postpartum care.
- Senator Prentiss asked if this would apply to all patients, and Mr. Bradley confirmed.
- Senator Prentiss asked if it is Mr. Bradley's position that this would be within the Commission's purview and the infrastructure to address this exists.
- Mr. Bradley said the Commission would be a great venue and noted that they are accountable for annual reports. He spoke with his colleague on the Commission about this, and they said it would be possible to have a sub-focus on venous thromboembolism.

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- Senator Rochefort asked if the Department could provide an example of one of the Commission's past reports.
- Mr. Williams explained that while he knows they do a good job from his work with the Health and Human Services Oversight Committee, he believes Mr. Bradley would be better suited to provide a report.