

HB 1782-FN - AS INTRODUCED

2026 SESSION

26-3136
07/08

HOUSE BILL **1782-FN**

AN ACT relative to access to rural maternal health care and directing the department of health and human services to develop a rural maternal health care delivery pilot program.

SPONSORS: Rep. Beauchemin, Hills. 3; Rep. Colby, Merr. 9; Rep. Jacobs, Ches. 15; Rep. Lucas, Graf. 7; Rep. Mandelbaum, Rock. 21; Rep. Weinstein, Rock. 10

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill establishes a rural maternal health care delivery pilot program and maternity care improvement commission to help provide prenatal and postnatal care to pregnant people living in rural areas where there is limited or no access to obstetric care services.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struck through.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

AN ACT relative to access to rural maternal health care and directing the department of health and human services to develop a rural maternal health care delivery pilot program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Sections; Occupations and Professions; Midwifery; Rural Maternal Health Care Delivery
2 Pilot Program. Amend RSA 326-D by inserting after section 14 the following new section:

3 326-D:15 Rural Maternal Health Care Delivery Pilot Program.

4 I. The department of health and human services shall coordinate, operationalize, and
5 determine best practices for a maternity home pilot program to provide prenatal and postnatal care
6 to pregnant people living in rural areas where there is limited or no access to obstetric care services.

7 II. The pilot program shall:

8 (a) Collaborate with physicians within a hospital system located within a clinically safe
9 distance from a maternity care home to provide appropriate clinical oversight.

10 (b) Offer care delivery by mid-level practitioners, including certified nurse midwives,
11 certified midwives, nurse practitioners, and other clinicians licensed to provide safe prenatal and
12 postnatal care.

13 (c) Contemplate changes to global reimbursements that ought to be made to allow for
14 reimbursement of individual prenatal and postpartum visits and care.

15 III. The department of health and human services shall develop a report on the pilot
16 program's structure and implementation process, current functionality, barriers and successes, and
17 viability of continuation and expansion. The department shall report its findings and any
18 recommendations for proposed legislation to the speaker of the house of representatives, the
19 president of the senate, the house clerk, the senate clerk, the governor, and the state library on or
20 before July 1, 2028.

21 326-D:16 Maternity Care Improvement Commission.

22 I. There is established a commission to study the development of strategic plans to improve
23 maternal health in this state.

24 II. Notwithstanding RSA 14:49, II(c), the members of the commission shall be as follows:

25 (a) Three members of the house of representatives, appointed by the speaker of the
26 house of representatives.

27 (b) Three members of the senate, appointed by the president of the senate.

28 (c) Two licensed New Hampshire obstetricians, appointed by the governor.

29 (d) Two certified nurse midwives, appointed by the governor.

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1 (e) Two certified midwives, appointed by the governor.

2 (f) Two licensed pediatricians, appointed by the governor.

3 (g) Two licensed family practice doctors, appointed by the governor.

4 (h) Two parents whom have not given birth to a child within the past 3 years, appointed
5 by the governor.

6 (i) Two resident nurses with experience and expertise in pre and post natal care,
7 appointed by the governor.

8 (j) Two mothers who have given birth within the past 3 years, appointed by the
9 governor.

10 III. Legislative members of the commission shall receive mileage at the legislative rate when
11 attending to the duties of the commission.

12 IV. The commission shall study the development of strategic plans to improve maternal
13 health in this state.

14 V. The members of the study commission shall elect a chairperson from among the
15 members. The first meeting of the commission shall be called by the first-named house member.
16 The first meeting of the commission shall be held within 45 days of the effective date of this section.
17 The commission shall meet every 91 days. Thirteen members of the commission shall constitute a
18 quorum.

19 VI. Notwithstanding RSA 14:49, the commission shall report its findings and any
20 recommendations for proposed legislation to the speaker of the house of representatives, the
21 president of the senate, the house clerk, the senate clerk, the governor, and the state library on or
22 before July 1, 2028.

23 2 Insurance Department; Medicaid Provider Audit. The insurance department shall conduct an
24 audit of all Medicaid providers in this state to ensure compliance with state laws regarding
25 contracting and reimbursements for certified nurse midwives and certified midwives.

26 3 Department of Health And Human Services; Loan Reimbursement Program. The department
27 of health and human services shall create and oversee a financial incentive program that will
28 provide loan reimbursement for certified nurse midwives and certified midwives who deliver
29 prenatal and postnatal care at least 32 hours per week to pregnant people living in rural areas
30 where there is limited or no access to obstetric care services. Any loan reimbursement offered
31 through this program shall be provided in exchange for a contractual commitment to provide
32 certified nurse midwife or certified midwife services in rural areas where there is limited or no
33 access to obstetric care services for at least 2 years.

34 4 Repeals.

35 I. RSA 326-D:15, relative to the rural maternal health care delivery pilot program, is
36 repealed.

37 II. RSA 326-D:16, relative to the maternity care improvement commission, is repealed.

1 **5** Effective Date.

2 I. Section 4 of this act shall take effect July 1, 2028.

3 II. The remainder of this act shall take effect July 1, 2026.

HB 1782-FN- FISCAL NOTE
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AN ACT relative to access to rural maternal health care and directing the department of health and human services to develop a rural maternal health care delivery pilot program.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	None			
Expenditures*	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
<i>Funding Source(s)</i>	General Fund			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

METHODOLOGY:

This bill establishes a rural maternal health care delivery pilot program, as well as a maternity care improvement commission. The bill requires the Department of Health and Human Services to coordinate, operationalize, and determine best practices for the pilot program. Among other things, the pilot program would collaborate with physicians within an established hospital system for the purposes of clinical oversight. Additionally, the Department would be required to create and oversee a financial incentive program that would provide loan reimbursement for certified nurse midwives and certified midwives who deliver prenatal and postnatal care at least 32 hours per week to pregnant women living in rural areas where there is limited or no access to obstetric care services.

The Department assumes that in order to develop and implement the pilot program, it will need to contract with an obstetrician to provide clinical guidance on best practices. The contract cost is assumed to be a minimum of \$50,000 per year. The contracted obstetrician would collaborate with other physicians in a hospital system to establish clinical protocols and best practices, support referrals, and provide clinical oversight to mid-level practitioners, including certified nurse midwives.

The Department assumes it will need one full-time state position to serve as the clinical nurse to monitor and evaluate the pilot program's development, implementation, and functionality, as well as its outcomes, barriers, and successes, at a cost of \$104,000 in FY 27 only.

The Department anticipates a significant increase in state expenditures to implement the loan reimbursement incentive program for certified nurse midwives and certified nurse midwives who deliver prenatal and postnatal care. This program would offer loan repayment to eligible professionals after two years of continuous service, modeled after the existing State Loan Repayment Program (SLRP). The current program loan repayment amounts are based on a tiered system (Tier 1 - \$75,000 for minimum service obligation of 36 months; Tier 2 - \$45,000 for a minimum service obligation of 36 months; Tier 3 - \$30,000 for a minimum service obligation of 36 months). Participants must work in areas of the state that are medically underserved or a DHHS-eligible site.

The Department provides the following cost estimates using the current SLRP model for Tier 2 professionals. Loan repayment awards for certified nurse midwives range from \$17,500 (part-time, for a minimum service obligation of 24 months) to \$45,000 (full-time for a minimum service obligation of 36 months). The Department notes that a hypothetical \$312,500 annual appropriation (not contained in the bill) could support:

- o 15 full-time certified nurse midwives at \$15,000 per year
- o 10 part-time certified nurse midwives at \$8,750 per year

Finally, the Department assumes that one new compliance officer would be needed to manage the loan repayment program, at a cost of \$80,000 in FY27, \$99,000 in FY28, and \$103,000 in FY29.

AGENCIES CONTACTED:

Department of Health and Human Services