HB 1117-FN - AS AMENDED BY THE HOUSE

11Mar2026... 1026h

2026 SESSION

26-2567
05/09

HOUSE BILL ***1117-FN***

AN ACT relative to the right of licensed health care providers to freely communicate with patients, colleagues, and the public about medical information, emerging therapies, and treatment options.

SPONSORS: Rep. McGrath, Rock. 40; Rep. DeRoy, Straf. 3; Rep. DeVito, Rock. 8; Rep. Litchfield, Rock. 32; Rep. Morton, Hills. 39; Rep. Perez, Rock. 16; Rep. Sabourin dit Choiniere, Rock. 30; Rep. Terry, Belk. 7; Rep. Wherry, Hills. 13; Rep. Bernardy, Rock. 36

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill provides that a health care provider shall not be subject to disciplinary action, professional sanction, or civil or criminal liability for communicating with a patient, another provider, or the public about emerging medical research, experimental treatments, innovative therapies, or off-label uses of medications, provided the communication is made in good faith and not knowingly false or misleading.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 the right of licensed health care providers to freely communicate with patients, colleagues, and the public about medical information, emerging therapies, and treatment options.

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

1 Short Title. This act shall be known as the "Health Care Provider Free Speech and Innovation Act".

2 Findings and Purpose.

I. The New Hampshire general court finds the following:

(a) According to the National Institute of Medicine (now the National Academy of Medicine), it can take an average of 17 years for a new medical discovery or best practice to be incorporated into the standard clinical practice of the average physician or surgeon.

(b) This delay impedes the timely adoption of potentially life-saving or life-improving innovations in medicine and health care.

(c) Medical progress often emerges first through individual research, clinical innovation, and professional dialogue before reaching mainstream consensus.

(d) Health care providers are uniquely qualified to assess, communicate, and make clinical decisions in consultation with their patients based on the latest research, clinical data, and individual patient needs.

(e) The open exchange of ideas and information is a fundamental right protected under the First Amendment to the United States Constitution and part I article 22 of the New Hampshire constitution.

II. The purpose of this act is to:

(a) Protect the rights of licensed health care providers to freely communicate with patients, colleagues, and the public about medical information, emerging therapies, and treatment options.

(b) Enable health care providers to explore and recommend innovative or off-label treatments in good faith and consistent with professional standards, without fear of punitive action, censorship, or disciplinary measures based solely on divergence from prevailing or consensus medical opinion.

3 New Chapter; Protection of Free Speech in Health Care Settings. Amend RSA by inserting after chapter 332-N the following new chapter:

CHAPTER 332-O

PROTECTION OF FREE SPEECH IN HEALTH CARE SETTINGS

332-O:1 Definitions.

In this chapter:

I. "Health care provider" means a person licensed, certified, or otherwise authorized to provide medical or health care services, including but not limited to physicians, surgeons, nurse practitioners, physician associates, and other allied health professionals.

II. "Innovative therapy" means any medical treatment, approach, or product, including off-label uses, that is supported by credible scientific evidence but has not yet become part of widely recognized standard care.

III. "Disciplinary action" includes suspension, revocation, investigation, censure, fines, or any adverse action by licensing boards, employers, insurers, or governmental agencies.

IV. "Good faith" means an honest belief, without malice or intent to mislead, that the information or recommendation is accurate, based on available evidence, and made with the patient's best interests in mind.

332-O:2 Protection of Medical Free Speech.

I. A licensed health care provider shall not be subject to disciplinary action, professional sanction, or civil or criminal liability for:

(a) Communicating with a patient, another health care provider, or the public about emerging medical research, experimental treatments, innovative therapies, or off-label uses of FDA-approved medications, provided the communication is made in good faith and not knowingly false or misleading.

(b) Recommending, prescribing, or utilizing a therapy that is not part of the current standard of care, so long as:

(1) The provider reasonably believes it may benefit the patient;

(2) The patient gives informed consent; and

(3) The therapy is not expressly prohibited by law.

II. Health care providers shall not face retaliation from state licensing boards, employers, or insurers for exercising the rights protected under this chapter.

332-O:3 Limitations.

This chapter shall not be construed to:

I. Compel any insurer, hospital, or employer to adopt, fund, or provide coverage for non-standard treatments.

II. Interfere with private contractual agreements, unless they violate this chapter.

332-O:4 Enforcement and Remedies.

I. A health care provider who alleges a violation of this chapter may bring a civil action in the superior court against any person or entity responsible for the violation. The provider may seek declaratory judgment, reinstatement to professional position or licensure status if applicable,

compensatory damages, punitive damages where appropriate, costs, reasonable attorney's fees, and any other relief the court deems just and proper.

II. In any action under this section, the court shall recognize the protections afforded by the First Amendment to the United States Constitution and shall evaluate any restriction on the provider's speech or professional communication under the applicable level of constitutional scrutiny. The court shall also consider that medical and scientific knowledge is continually evolving and that good faith discussions of emerging research, innovative therapies, or treatment options consistent with this chapter are protected.

332-O:5 Severability.

If any provision of this chapter is held invalid, the remainder of the chapter shall not be affected and shall continue in full force and effect.

4 Applicability. This act shall apply to all actions occurring on or after the effective date of this act.

5 Effective Date. This act shall take effect 60 days after its passage.

LBA
26-2567
3/17/26

HB 1117-FN- FISCAL NOTE

AS AMENDED BY THE HOUSE (AMENDMENT #2026-1026h)

AN ACT relative to the right of licensed health care providers to freely communicate with patients, colleagues, and the public about medical information, emerging therapies, and treatment options.

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	Indeterminable	Indeterminable	Indeterminable
Revenue Fund(s)	Superior Court civil case fees			
Expenditures*	$0	Indeterminable	Indeterminable	Indeterminable
Funding Source(s)	General Fund and Various Agency Funds			
Appropriations*	$0	$0	$0	$0
Funding Source(s)	None			

***Expenditure = Cost of bill** ***Appropriation = Authorized funding to cover cost of bill**

METHODOLOGY:

This bill allows medical providers to communicate with patients and others about medical information, emerging therapies, and treatment options. It allows health care providers aggrieved under the chapter to bring civil actions for injunctive relief and other remedies. The Judicial Branch has provided the following information about costs and fee revenue related to civil cases:

NH Judicial Branch Average Civil Case Estimates

Judicial Branch Average Cost	**FY 2026**	**FY 2027**
Superior Court Complex Civil Case	$1,283	$1,342
Superior Court Routine Civil Case	$476	$495

Common Civil Case Fees

Superior Court Fees	**As of 07/01/25**
Original Entry Fee	$325
Third-Party Claim	$325

Motion to Reopen	$195

The full fee schedule can be found here:

https://www.courts.nh.gov/sites/g/files/ehbemt471/files/documents/2021-06/filing_fees_superior.pdf

It is assumed any fiscal impact, if any, will not occur until FY 2027.

AGENCIES CONTACTED:

Judicial Branch