

Senate Health and Human Services Committee

Sophie Walsh 271-3469

HB 232-FN, relative to the rights of conscience for medical professionals.

Hearing Date: March 18, 2026

Time Opened: 9:31 a.m.

Time Closed: 10:42 a.m.

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

Members of the Committee Absent: None

Bill Analysis: This bill provides that health care providers have a right to conscientiously object to participating in providing abortion. The bill requires health care institutions to prominently post a notice to this effect and establishes civil remedies, including fines, for its violation.

Sponsors:

Rep. M. Pearson

Rep. DeSimone

Rep. Bernardy

Rep. Edwards

Rep. Peternel

Rep. Terry

Rep. Mooney

Sen. Gannon

Sen. Sullivan

Who supports the bill: 18 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who opposes the bill: 316 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Who is neutral on the bill: 1 person signed in neutral on the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

Summary of testimony presented:

Representative Mark Pearson, Rockingham – District 34

- Representative Pearson explained that one of the emphases of the Democratic Party when he was growing up was freedom of conscience.
- This bill addresses one item and one profession intentionally.
- New Hampshire is one of three states that do not protect health care providers for reasons of conscience regarding abortion. New York and Massachusetts both

have such protections with no exception for emergency procedures. Some states also include penalties for violations.

- Representative Pearson emphasized that this is not an abortion bill. No changes are made to the availability of abortion because if a physician exercises their right of refusal, someone else would do the procedure.
- The bill also now includes some limitations, at the suggestion of the House committee.
- The bill does not cover individuals who are employed at a facility where abortion is practiced but do not take part in the procedure.
- The bill does not cover individuals who are against abortion but work at a facility where abortions comprise a good portion of the work.
- The bill does not apply to health care providers who are the only provider present in an emergency situation.
- Representative Pearson acknowledged that some may say this is a solution in search of a problem and shared a personal story about this occurring in New Hampshire. His wife is a family practice physician who advises young women physicians. Through his wife, Representative Pearson met a woman who was fired for exercising her conscience in the facility where she worked. He explained that her objection did not prevent an abortion and there were other physicians who could have stepped in, one of whom did. He emphasized that this is about the facility choosing to dishonor her for her beliefs.
- Representative Pearson stated that we know of other situations like this and emphasized that it is a problem that needs a solution.
- Representative Pearson explained that we need more medical providers in New Hampshire, especially OB/GYNs. Passing this legislation will not keep those who practice abortion out of our state, but not passing this legislation will keep those who do not wish to practice abortions away from our state.
- Senator Long asked if Representative Pearson is aware of federal protections in place.
- Representative Pearson confirmed and explained that federal protections do not always reach the ground level. He is suggesting that these protections be duplicated in New Hampshire.
- Senator Long referenced Representative Pearson's story and comment that there has been a few more incidents like it. He said he would be interested in those examples.
- Representative Pearson said he will ask his wife about that and explained that this individual wished to not file a lawsuit, although people were encouraging them to do so. Rather, she chose to go elsewhere.
- Senator Prentiss asked for examples of where this is currently a problem in New Hampshire.

- Representative Pearson explained that the problem is for the particular individual who he has met. He noted that he cited there were other incidents and said he would try to get the Committee more information on those. He emphasized that New Hampshire is one of three states that do not have specific protections and said that if a few individuals are having their rights violated, he wants to help.
- Senator Birdsell asked where this individual went, and Representative Pearson said he believes she went to Wisconsin where there are protections.
- Senator Birdsell asked if Representative Pearson is saying we lost a health care provider, and he confirmed.
- Senator Prentiss expressed concern about the language being broad sweeping from scheduling and reception staff to care providers. She asked Representative Pearson for his perspective on how this language is not considered broad.
- Representative Pearson said he would have to review the bill to find the specific section, and Senator Prentiss said it would be great if he could follow up.
- Senator Birdsell referenced the definition of “health care provider” on page 2 line 10 of the bill and noted that she thinks it seems specific.
- Representative Pearson noted that the definition does not include janitors, front desk staff, or various other positions within facilities. The definition refers to people actively performing abortions.
- Senator Rochefort referenced the definition and noted that it does include “but not limited to.” He acknowledged that the bill has to do with abortion and that the definition including “but not limited to” also includes hospital or clinic employees.
- He put forward a scenario in which this bill passes and there is a medical practice where a physician is performing these procedures, but there is an employee responsible for scheduling who has a conscience objection to such procedures and thus does not schedule them. He emphasized that he is trying to see if this is providing protection for someone that may get in the way of this care while not having an actual role in carrying out these procedures.
- Representative Pearson said that was not the intent of the bill, which is why those categories of employees are not mentioned.
- Senator Rochefort said he understands that and emphasized that the language includes “but not limited to,” which could open up other possibilities.
- Senator Avard asked if it would be an issue if the “but not limited to” language was struck from the bill, and Representative Pearson said it would not be an issue for him.
- Senator Long referenced page 2 line 32 of the bill, which states the section shall not apply to health care providers employed by a health care institution that provides abortion as a major part of its services. He asked if “a major part of its

services” is defined, noting that people may have different ideas of what constitutes major.

- Representative Pearson said that anyone who is anti-abortion would not work for Planned Parenthood unless they were specifically doing so to disrupt service. He emphasized that this bill does not protect these situations.
- Senator Long inquired about how the hiring process may be impacted by this, noting that questions may be asked around conscience on abortion.
- Representative Pearson explained that as a part-time chief executive of small medical center who conducts final interviews, there are certain questions he asks to avoid surprises. He suspects that either an interviewer or candidate would bring the subject up.
- He referenced his earlier story and said that it never came up in this individual’s interview, but when she started working she said she cannot specifically participate in abortion. He noted that it was about 10-15% of what the facility did and there were several doctors included in staff. He said it seems like this individual was intentionally assigned to go against their conscience when another staff member could have stepped in.
- Senator Prentiss referenced Senator Long’s question about the definition of “major part of its services” and emphasized that while Planned Parenthood has been mentioned, there are other health care organizations providing these services. She asked where that line is drawn with this.
- Representative Pearson said it would be difficult to quantify and draw a line with a specific number attached. He acknowledged there are other facilities where a good percentage of what they do is abortions and said he is not sure how he would pick a number.
- Senator Prentiss explained that legislators often try to be as specific as possible in writing legislation to avoid gray areas. She emphasized that if this bill were to move forward, the definition of that language needs to be considered.
- Representative Pearson noted that this bill includes more carve outs than many other states’ legislation.

Representative Lucy Weber, Cheshire – District 5

- Representative Weber stated that she is speaking in opposition to the bill.
- She is concerned about a trend she has seen in which bills are passed to dilute existing law.
- Representative Weber is concerned about rights of conscience, but with personal freedoms come personal responsibilities. She said if someone has a disturbed conscience, they ought to take a different job.
- As drafted, this bill provides significant opportunity for disruptive behavior. She referenced the “major part of its services” language and explained that she knows of reproductive health care centers providing a vast array of reproductive

health care services. Even for those facilities that perform abortions, it is a minor part of what they do.

- Representative Weber noted that there is a civil penalty of \$10,000 every time the statute is violated. She noted that there are specific posting requirements included in the bill and referenced page 3 lines 5-7, expressing concern about the significant risk to organizations for technical violations of the statute.
- Representative Weber said she thinks the intent behind this is good, but the bill has the potential to turn into a 'gotcha bill.'
- Senator Rochefort asked if the House Health, Human Services, and Elderly Affairs Committee heard testimony from people affected by this issue, and Representative Weber explained that the bill was heard in the House Judiciary Committee.
- Senator Birdsell questioned why an individual should have to find another job when there are other doctors that could have replaced them.
- Representative Weber explained that she was speaking to the broader notion of making choices about what one's conscience dictates. She emphasized that there are federal protections in place and said her understanding is that our institutions have policies about conscience. She said she thinks it is bad legislating to take a few people who had bad experiences and did not seek available remedies and change the entire law based on that small experience.
- Senator Birdsell expressed concern about the institution from Representative Pearson's story violating federal law and essentially getting away with it.
- Representative Weber said she understands that. She does not know anything of that situation, but she recalled from Representative Pearson's testimony that the individual was encouraged to take action and chose not to do so.

Representative Janet Lucas, Grafton – District 7

- Representative Lucas stated that she is speaking in opposition to the bill and noted that she is a retired OB/GYN.
- She referenced the definition of "health care provider" on page 2 of the bill and explained that there are employees who have not had medical training but still play vital roles in the support of a health care facility, such as reception and maintenance crews. These positions enable patients to access care, including abortions.
- She is concerned that the passage of this bill would encourage unauthorized access to medical records by any employee to facilitate the exercise of a right of conscience. This would commit a violation of the 1996 Health Insurance Portability and Accountability Act (HIPAA). These violations can trigger severe civil penalties, professional licensure or disciplinary actions, or criminal charges.

- Representative Lucas explained that some individuals may feel compelled to seek employment with abortion providers with the intent to sabotage patient care. She expressed concern for patient safety, noting that women with ectopic pregnancies or miscarriages who are turned away will experience a delay in care that may result in loss of future reproductive function, fatal sepsis, or death from catastrophic hemorrhage.
- More than 100 pregnant women in medical distress who sought help from emergency rooms were turned away or negligently treated between 2022 and 2024. Women living in states with abortion bans are at nearly twice the risk of dying during pregnancy, childbirth, or in the immediate postpartum period than women who have unimpeded access to health care.
- Representative Lucas stated that this bill is a proxy-abortion bill that would have dangerous, unintended consequences.

Dr. Oge Young, American College of Obstetricians & Gynecologists

- Dr. Young stated that he is speaking in opposition to the bill as a retired OB/GYN.
- Dr. Young explained that this bill does not make sense to him, as it would serve no purpose if made to be law.
- In his 40 years of practice, Dr. Young has never seen a physician, medical practice, hospital, or any other medical institution ask a provider to perform or participate in an abortion against their will.
- Dr. Young stated that this bill offends the medical profession, as it suggests that doctors are asked to provide forms of care against their will. He emphasized that as caregivers, they do not need to be protected from providing care that they choose not to provide.
- Dr. Young practiced in a five-physician group for many years. Three of the physicians felt that women should be able to choose if and when they wanted to have children, and the other two believed that abortion was not consistent with their faith. All of the physicians remained respectful of each other and never asked anyone to change their convictions. He emphasized that the three physicians providing abortions never suggested the other two physicians perform an abortion because they knew how they felt.
- Dr. Young said he does not believe there is a problem. He thinks this bill is more about politics and not about protecting health care providers or health care for women.
- Senator Long asked for clarification on if someone other than a physician with a moral conviction on abortion would not have to treat somebody, and Dr. Young confirmed that is correct. He explained there was a number of women in his office who did not agree with abortion, and they were never asked to participate in the procedure.

- Senator Birdsell acknowledged that while this may have not been an issue in Dr. Young's practice, it seems as though there are other practices not adhering to federal law based on Representative Pearson's story.
- Dr. Young explained that family medicine practices do not perform abortions, so perhaps the individual wasn't made to perform an abortion, but rather left because they did not want to be part of a practice that provided referrals for abortions. He said he would need to hear more about the specific situation, as it is hard for him to imagine that this individual felt coerced to provide abortion care.
- Senator Rochefort noted that his first impression of the bill is that it is protective of physicians, but he is hearing from physicians that they do not need this. He asked if Dr. Young knows of any physicians in New Hampshire who have been affected by this.
- Dr. Young emphasized that he has never known of a physician or other health care provider being asked to perform an abortion against their will.
- Senator Avard referenced Representative Pearson's story and other prior testimony about remedy processes. He noted the potential repercussions of filing a federal lawsuit relating to difficulty, time, cost, and reputation. He noted that Dr. Young testified he has never seen this and said that does not necessarily mean it does not happen. He asked Dr. Young why he is opposed to implementing this change, given the importance of conscience and the fact that 47 states have already done so.
- Dr. Young explained that the American Medical Association specifically states that no provider has to perform or provide health care against their moral and ethical convictions.
- Senator Avard noted that this does not necessarily solve the problem, and Dr. Young said he is having a hard time knowing what the problem is.
- Senator Avard emphasized that there is testimony that someone was forced to do this against their will or leave their job, which he understands to be the impetus for the bill.
- Dr. Young said he heard the prime sponsor's wife was part of a family practice where one of the physicians left.
- Senator Avard said he understands the bottom line to be that someone's conscience was violated and that 47 other states have done this. He questioned why the legislature would not protect somebody's conscience on this particular issue, noting that corporations or practices could purge out those that have a conscience on this issue.
- Senator Avard referenced Dr. Young's recollection of Representative Pearson's testimony and emphasized the seriousness of this issue, noting that there are

people who want to practice medicine but do want to engage in this or fear repercussions for not doing so.

- Senator Rochefort suggested that Representative Pearson speak again and asked Dr. Young to send the American Medical Association statement to the Committee. Dr. Young agreed.

Rachel Potter, ACLU of New Hampshire

- Ms. Potter stated that she is speaking in opposition to the bill.
- The ACLU believes that health care providers deserve religious freedom, but they also believe that patients deserve access to care. Laws should balance those interests, not grant sweeping refusal rights that jeopardize patient health and undermine non-discrimination protections.
- A 2025 New Hampshire Hospital Association report found that hospitals are operating at a 90% capacity while facing severe workforce shortages, particularly in maternity care.
- New Hampshire has already seen multiple labor & delivery unit closures, resulting in the average drive time to reach a labor & delivery unit doubling in the past decade.
- Ms. Potter emphasized that legislation like this does not help to address the crisis in reproductive health care access that we are already facing.
- Ms. Potter explained that the bill is also very broad, noting that the definition of “health care provider” potentially includes a variety of employees. The bill’s definition of a “health care institution” participating in an abortion is also broad, potentially including providers at centers where abortions are not provided and insurance carriers.
- Ms. Potter explained that we have seen consequences in other states with laws like this.
- This bill creates legal risks for hospitals by explicitly allowing employees to sue their employers, while preventing hospitals from raising staffing shortages as a defense.
- The bill limits civil and criminal enforcement by public officials, potentially shielding employees from accountability from the Attorney General.
- Ms. Potter emphasized that the religious accommodation in the workplace is already protected under federal law. This bill goes too far beyond those protections by expanding refusal rights in a way that could allow personal, religious, or moral beliefs to interfere with patient safety and ultimately undermine medical professionalism.

Representative Cyril Aures, Merrimack – District 13

- Representative Aures stated that he is speaking in support of the bill.

- He told a personal story about his career as a corporate executive, emphasizing that he has seen the intimidation process work.
- Representative Aures said that to put a provider through the process of an abortion when they do not want to be involved is unconscionable.
- Senator Rochefort asked if Representative Aures is aware of any medical providers in New Hampshire who have been forced to do this against their conscience, and Representative Aures responded not in New Hampshire.

Bob Dunn, Roman Catholic Bishop of Manchester

- Mr. Dunn stated that he is speaking in support of the bill, as it creates greater protections for health care providers around abortion and conscience.
- Mr. Dunn referenced a document from the U.S. Conference of Catholic Bishops regarding ethical and religious directives for health care providers. This requires Catholic health care providers to form consciences based on moral norms for proper health care.
- Mr. Dunn referenced Part 1, Article 4 of the New Hampshire Constitution, emphasizing that it recognizes rights of conscience as inherent rather than establish them.
- Mr. Dunn said there can be no graver reason to have a person look to their right of conscience than when we are talking about taking a human life.
- He emphasized that if there is to be any logical consistency within the context of abortion and choice, it cannot be that the choice made by one person is to be vindicated at all costs while the choice of another must be thwarted at all costs.

Jason Hennessey, New Hampshire Right to Life

- Mr. Hennessey stated that he is speaking in support of the bill.
- Many Christian and non-Christian medical providers find abortion to be the taking of a human life.
- 96% of the country has a law to actively protect conscience rights.
- Mr. Hennessey cited an example from Vermont in which a nurse was forced to assist in an abortion after objecting, as she feared that she would be fired or reported to licensing authorities.
- He referenced a report from the U.S. Department of Health and Human Services on this situation and explained that this case was dropped after an administration change. He emphasized that this is why New Hampshire needs a law.
- Mr. Hennessey cited a policy from the Dartmouth Hitchcock website that specifically requires resident physicians to refer for abortion, even if it is against their conscience.
- Mr. Hennessey told a story about friend who was a Dartmouth medical student. He said she did not want to do her residency in New Hampshire because

Dartmouth is known for pushing abortion of medical residents. He said she has left the state and not come back.

- Mr. Hennessey referenced two studies assessing the percentage of OB/GYNs who actually perform abortions, with a range of 7-14%. He questioned if New Hampshire wants to appeal to the minority or majority in trying to attract these providers to the state. He suggested legislation like this would allow New Hampshire to recruit and retain OB/GYNs.
- Mr. Hennessey referenced the “major part of its services” language and said it is unclear. He could not find any similar language in a survey of other states with these laws.
- Mr. Hennessey said he supports having an emergency exception.

Representative Mark Pearson, Rockingham – District 34

- Senator Avard asked Representative Pearson to clarify his understanding of the individual’s story.
- Representative Pearson explained that his wife is a family practice physician who mentors young women physicians around the state, some of whom are not necessarily family practice doctors.
- The individual who got fired and went out-of-state was not in a family practice position. They were in a position where abortions were taking place and others could have stepped in.
- He emphasized that there are places where conscience is not observed and that is what took place in this situation.

Courtney Tanner, Dartmouth Health

- Dartmouth Health has 16,000 employees across their system providing care across the state. There are currently 1,500 clinical vacancies, so it is critical to Dartmouth Health that employees are respected and federal law is complied with.
- Dartmouth Health wants to ensure patients have access to all types of care. It is equally important that employees feel welcomed, safe, and respected.
- Ms. Tanner said she does not believe this bill is necessary in New Hampshire. There are federal protections and a process if those protections are violated by employers.
- Ms. Tanner said it is unfortunate that this happened in the state. She emphasized that if it did happen, it would be helpful to seek a remedy so that these instances can be tracked.
- Passing this legislation is not going to change somebody’s ability to access remedies because a federal process is already in place.
- If the Committee chooses to put protections in state statute, Ms. Tanner has concerns about Dartmouth Health’s ability to comply with both state and federal

law. She noted contradictions between the proposed statute and federal protections.

- She referenced the “but not limited to” language and expressed concern about access to care issues. There is no requirement in the bill for warm handoffs.
- There are no provisions in the bill around access to rural care.
- There are concerns around how this will be operationalized when an employee asserts protections. She emphasized that this is a strict protection, in which there cannot be a transfer of duties or administrative responsibilities.
- She questioned how “major parts of its services” would be defined and emphasized that clarity is needed.
- She questioned how rights will be balanced with this statute.
- If work is going to be done on this, Dartmouth Health wants to be at the table to think through some of these components.
- Senator Avaré referenced prior testimony about Dartmouth Health’s policy.
- Ms. Tanner said what she heard in that testimony is that there is a requirement for residents, who are providers learning to practice. She said she would check back with her team, but emphasized that they comply with federal law and those protections stand.
- Senator Rochefort asked Ms. Tanner to send that information to the Committee.