Senate Health and Human Services Committee

Sophie Walsh 271-3469

HB 1734-FN, authorizing the establishment of experimental treatment centers.

Hearing Date: April 1, 2026

Time Opened: 9:51 a.m. **Time Closed**: 11:15 a.m.

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

Members of the Committee Absent: Senator Birdsell

Bill Analysis: This bill permits the establishment of experimental treatment centers. The centers would be authorized by the department of health and human services to provide treatment involving an investigational drug, biologic, or device that has successfully completed phase one of a clinical trial, but is not yet FDA-approved for general use and either remains under investigation in a clinical trial or has a demonstrated safety record from a qualified medical institution.

Sponsors:

Rep. Kesselring	Rep. Cole	Rep. Mazur
Rep. Polozov	Rep. D. McGuire	Rep. Markell
Rep. Bernardy	Rep. Kofalt	Rep. Osborne
Rep. Miles	Sen. Murphy	Sen. Sullivan
Sen. Innis	Sen. McGough	

Who supports the bill: 35 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: 21 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 Steven Kesselring, Hillsborough – District 18

- Representative Kesselring explained that this bill authorizes the establishment of an experimental treatment center model in New Hampshire. This will expand

patient access to cutting-edge medical treatments, while maintaining strong physician oversight and patient protections.

- This effort will position New Hampshire as a national leader in medical innovation, clinical research, and advanced care.
- Licensed providers and qualified entities authorized by the Department of Health and Human Services (DHHS) will operate the experimental treatment centers.
- This permits treatment using investigational drugs, biologics, and medical devices that have successfully completed Phase I clinical trials, but are not yet approved by the U.S. Food and Drug Administration (FDA).
- This bill takes what was learned last year during the Right to Try effort and makes it so that New Hampshire has the best laws and ability nationwide to provide treatment.
- Senator Rochefort referenced page 4 lines 29-35 and asked if it is sidestepping current FDA standards.
- Representative Kesselring explained that his understanding is that the referenced language was added to clarify the intent of the bill. He noted that he is willing to work with DHHS.
- Senator Rochefort asked if Representative Kesselring is open to changing the language, and he confirmed.

Representative Lucy Weber, Cheshire – District 5

- Representative Weber explained that while the bill sounds appealing on the surface, there are some troubling aspects to it.
- She noted that Phase I trials could include as few as twenty people with no long-term studies.
- Under this, a patient would not have to try conventional treatments before trying investigative ones.
- A qualified medical institution is only defined as having general safety information equivalent to a Phase I trial. In order to be authorized by DHHS, an institution only needs a medical director who is a physician.
- A patient can pay to participate, and then be required to pay both the provider and the manufacturer. All payments, including digital currency, are accepted. Records for this only have to be kept for 2 years.
- The Board of Medicine will have no authority to discipline providers participating under this chapter.
- Representative Weber believes this seems to allow manufacturers to dominate the process and proceed unchecked.
- Senator Prentiss noted two definitions that she finds to be vague: qualified medical institution and demonstrated safety. She asked if Representative Weber has any thoughts on those.

- Representative Weber explained that those are some of the things in the bill that are contradictory and depart from procedures intended to protect vulnerable patients.

Representative Janet Lucas, Grafton – District 7

- Representative Lucas noted that this bill does provide for some oversight, referencing page 2 lines 23-26.
- This bill does not require that research be ethical, risks be minimized, or that patients either try FDA-approved therapies or be ineligible for participation in an FDA-approved clinical trial.
- The 1974 National Research Act resulted in the ethical frameworks remaining in place today. This bill has the potential to ignore established ethical guidelines.
- Representative Lucas does not believe this bill follows through on the fundamental requirements to practice medicine. It endangers potential research subjects by subjecting them to a financially motivated process.
- Representative Lucas expressed concern that patients may be under the impression that they will miss out on a potentially lifesaving opportunity if they do not pay and continue.

Aydin Gokce, General Cybernetics

- Mr. Gokce explained that there are 6 companies nationwide developing similar technology to his company with no clear legal pathway to deploy it. This shows the level of conviction that investors and patients have in the life-saving potential of this technology.
- Mr. Gokce sees this bill as a way to create a home for many of these advanced therapies. There are many life-saving therapies in development that go abroad because the cost of completing clinical trials in the United States is too expensive. Many of these companies are interested in coming to New Hampshire, provided the regulatory infrastructure exists.
- This bill has the potential to transform New Hampshire into a leading area for research in advanced therapies.

Nancy Biederman

- 1-in-10 Americans are living with a rare disease, which equates to about 1,000 New Hampshire residents. There are over 7,000 rare conditions recognized by the National Organization of Rare Diseases.
- It takes an average of 10 years to get a rare disease diagnosis, unless it is caught during newborn screening. New Hampshire currently has only 37 tests for newborn screening, soon moving up to 40.

- Florida recently passed the Genetic Testing Act, allowing for the testing of 650-700 genetic genomes for rare conditions.
- Senator Avard asked if Ms. Biederman is in support of the bill, and she confirmed.
- Senator Avard asked if passing this legislation could take away some guardrails currently in place to prevent fraud.
- Ms. Biederman said she is not sure if it will prevent foreign entities from opening biolabs.

Maura Weston, New Hampshire Medical Society

- Ms. Weston said her understanding is that Phase I trials focus on evaluating potential safety and dosage issues, but not efficacy.
- The New Hampshire Medical Society believes that the administration of these drugs or devices prior to full clinical trials removes important input from the FDA.
- Ms. Weston referenced page 4 of the bill, which permits on-site manufacturing and use of treatments. She noted that this potentially exposes patients to harm.
- Ms. Weston expressed concern about the effects on patients.
- This bill raises ethical concerns, particularly in the context that experimental treatment centers can charge patients directly for experimental treatment, outside the scope of Insurance Department oversight.
- Senator Rochefort asked if Ms. Weston is aware of any correspondence received by Medical Society members warning about products with research-grade chemicals being introduced to the market and sold to patients as drugs.
- Ms. Weston explained that she is not aware of any specific communications, but her general understanding is that members have significant concerns about prescribing products outside the scope of the FDA.

Attorney Gretchen Wade, Granite Bio Innovation

- This bill will provide brick and mortar facilities in New Hampshire where patients can receive care.
- Currently, only those who can afford to go overseas can receive this care.
- This is already happening in other states, and Ms. Wade believes bringing these therapies to New Hampshire could allow us to be innovators and leaders.
- Senator Prentiss asked for Ms. Wade's thoughts on implementing this with the requirement that they only complete Phase I of FDA clinical trials.
- Ms. Wade explained that patients who are dying and have no other options still want this. She acknowledged that there is a population of patients who would not be interested in receiving this treatment, but it will be available for those who do want it.

John Clemente

- Mr. Clemente explained that this is personal for him, as his mother passed away from metastatic breast cancer.
- This is needed legislation because it could allow residents to seek therapy in New Hampshire. It is easier for people to participate in treatment where they live, rather than having to relocate to receive care.
- This bill will modernize New Hampshire to where the FDA is.

Todd White, Thalion Initiative

- Mr. White explained that while many biotech companies create one specific therapy, there is a whole ecosystem that goes into producing these therapies.
- It is important to recognize that this ecosystem is an opportunity for the state to up-skill medical practitioners and clinicians. This support system will contribute to the economic wellbeing of New Hampshire.
- Mr. White noted that many of these therapies have a small number of potential patients.
- Senator Avard noted concern about bad actors wanting to create their own biolabs in New Hampshire and the potential for this without much oversight.
- Mr. White explained that this could be done anywhere. There is likely a better chance of identifying these bad actors in a state where there is regulatory framework in place for experimental treatment centers.
- Senator Avard noted that he does not see a lot of oversight with these centers, and Mr. White said he knows of cases in Montana where there is an ethics review process in which practitioners would need to prove the benefits of what they are doing. He believes something similar would be established here as well.

Trey Goff, Blueprint for America

- Mr. Goff explained that the situation in Las Vegas involving bad actors occurred under our current legal and regulatory system with FDA oversight.
- The facilities created by this legislation would have a higher degree of oversight than what is common in an unregulated lab. They would have to be approved and licensed by DHHS, and will have oversight from the Scientific Review Board.
- Mr. Goff explained that when a high demand market is regulated too much, people are forced into an informal economy including underground labs that lack the oversight provided by this bill.
- Mr. Goff emphasized that there is a real human cost to not having facilities like this in the regulatory system. He told a personal story about his mother, who has cystic fibrosis and lost lung function while waiting for a drug to get approved.

- This effort does not create a "wild west" scenario. There are similar systems around the world, including Japan and Australia.

Bradley English
- Mr. English described prior testimony about 20 people in a Phase I trial as a red herring. It costs millions of dollars for each person that participates, and they are closely monitored. People are carefully included or excluded based on criteria for medical biomarkers and genetics.
- Mr. English said it is free speech to give someone else their free will and right to try.
- Senator Avard explained that while he believes people should have the right to try drugs that have not completed the FDA process, these biolabs need to be under greater scrutiny. He asked if this bill could facilitate bad actors weaponizing biological weapon material.
- Mr. English explained that the evidence he has seen for those things happening is because there are no opportunities for legitimate right to try therapies.
- Senator Avard asked how safeguards should be built into the bill, and Mr. English said he believes that if this does not work, then we need to find something that does.

Representative Yury Polozov, Merrimack – District 10
- Representative Polozov explained that while right to try now exists on both the federal and state level, it is still difficult to get into these programs.
- It is almost impossible to prove that you are terminally ill and will die without trying new treatment. Doctors also may not want to permit a patient to enter into a trial without some proof that they may improve with the treatment.
- Representative Polozov believes this will allow the security needed against biological weapons. The approval process will help authorities know what is going on in experimental treatment centers.
- Representative Polozov would support adding more security or review, as well as maintaining records for longer than 2 years.

Dylan Livingston, A4LI (Alliance for Longevity Initiatives)
- This bill will provide options for patients and biotech companies.
- In his professional role, Mr. Livingston sees many patients seek needed treatments in other countries. He emphasized that these treatments should be available in the United States, where the standard of care is higher.
- Mr. Livingston has seen many companies with promising therapeutics not be able to continue to Phase II trials due to costs. There are hundreds, potentially thousands, of promising assets and therapeutics sitting on a shelf.

- This legislation offers a way for companies to get their therapeutics into the hands of patients sooner and to collect data for investors and regulators.
- Mr. Livingston said he is open to changes and agrees there needs to be safeguards in place to prevent abuse in the system.
- Senator Long asked where Mr. Livingston's business operates out of, and he replied in the Washington D.C. area.
- Senator Long asked if there is data on the success rates of those who travel abroad for treatment.
- Mr. Livingston said there is not any that he knows of, as many of these places do not collect data.
- Senator Long asked if Mr. Livingston is aware of any experimental treatment centers that have expedited FDA approval.
- Mr. Livingston said he does not, as the concept is still new. He explained that Montana recently passed legislation, so things are still in development there.
- Mr. Livingston does not see this as encouraging the FDA to expedite approval, but rather as encouraging investors.
- Senator Prentiss asked if skipping to Phase II would allow biotech organizations to bring more investors in to get funding for further trials.
- Mr. Livingston explained that no one intends to skip Phase II, as Phase II and III are needed in order to get insurance coverage. Companies want to use a pathway to generate data and get them further along in the process.
- Senator Prentiss clarified that she did not think anyone was skipping, and confirmed that this is needed to raise money for Phase II and III trials. Mr. Livingston confirmed.
- Senator Rochefort asked if the most uniform approach would be to approach the FDA and ask for reforms on how drugs become available, and Mr. Livingston confirmed that is being done.
- Senator Rochefort commented that he thinks it would be a more uniform approach than changing laws at the state level.
- Mr. Livingston agreed and noted that he does not think right to try is a focus of the FDA currently.
- Senator Avard inquired about safeguards implemented in Montana's legislation, and Mr. Livingston explained that this bill is similar to Montana's. He noted he would be open to adding more safeguards.

Raechel Lambert

- Ms. Lambert explained that she has learned in her professional experience that many entrepreneurs are not familiar with New Hampshire. This bill will help change that.
- This bill will make New Hampshire a place where companies can relocate, grow, create jobs, and expand patient care.

- These treatments are post-Phase I trials, physician supervised, and consented to by patients.
- Many of these treatments can dramatically improve the quality of life for people with chronic and debilitating illnesses.
- A lawful, regulated pathway in New Hampshire could make these treatment options clearer, closer, and more affordable.

Ryan Lambert
- This bill provides an opportunity to see how fast innovation can be.
- If a treatment passes Phase I trials, it is safe.
- People are already seeking these experimental treatments outside of the United States. This bill will help bring these patients to New Hampshire.

Noah Keating, EpiBone
- Mr. Keating explained that less than 10% of biotech startups make it through FDA trials due to cost.
- His company, EpiBone, has an additional challenge in that it is hard for the FDA to classify the technology. Rather than being a biologic or medical device, it is tissue grown in a lab.
- EpiBone had to relocate to the United Arab Emirates to keep the company alive. The work being done in New Hampshire, Montana, and Florida is the reason the company came back.
- New Hampshire has the opportunity to be on the side of small pharma.

Joshua Berg, Vincere Biosciences
- This bill can continue to position New Hampshire as a leading state for biotechnology. Attracting this group of researchers through dedicated treatment centers can make New Hampshire even more of a destination.
- This promotes New Hampshire as both a destination for biologists and for patients to access lifechanging treatments.

Eric Morgen
- Mr. Morgen said he believes this bill will be good for patients and New Hampshire.
- There is a great need for small companies developing these innovative therapies to be able to test whether their drugs are effective in people.
- There are many companies who never get to test their therapies in people because they do not have the funding to complete FDA trials.
- This is a great opportunity for a venue where patients can fund their own trials to enable companies to get critical patient data. There is also opportunity with New Hampshire's proximity to Boston's biotech hub.

Stephen Martin, Infinita

- Mr. Martin explained that his work in Montana primarily involves sourcing biotech and clinical partners, in order to provide patients with a broader variety of treatment options.
- Drug approval is a very expensive process, usually costing around $1 billion for a company to complete the 10-year clinical approval pipeline. There are also time costs to consider.
- Mr. Martin referenced written testimony outlining the cost savings associated with this effort, showing that this could allow for a 200x decrease in costs. He emphasized that companies will be able to bring treatments to patients much cheaper.
- Senator Prentiss confirmed that Mr. Martin is working in Montana, and he explained that he works for a local hospital chain. They have been tapped to source treatments to use in an upcoming right to try facility in oncology, heart disease, neurodegeneration, and healthy aging.
- Senator Prentiss confirmed that the facility is not yet running in a way where data and evidence can be collected, and Mr. Martin confirmed not in terms of patient experience. The work they are currently doing is setting up for when licenses are opened up.
- Mr. Martin explained that the treatments will be heavily weighed towards cancer. There are entire genres of treatment in which tumor tissue samples can be genetically edited to reduce the likelihood of recurrence after surgery. Since a patient is no longer considered terminal after they have a successful surgery, this is considered preventative medicine. There are patients currently waiting for licensing to access some of these personalized cancer vaccines.

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