

Senate Health and Human Services Committee

Declan Donahue 271-3324

HB 1378, relative to parental access to a minor child's electronic medical records.

Hearing Date: April 15, 2026

Time Opened: 10:10 a.m.

Time Closed: 11:00 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 parents of minor children full access to their minor children's medical record except under certain circumstances.

Sponsors:

Rep. Litchfield

Rep. Love

Rep. McFarlane

Rep. Giasson

Rep. Peternel

Rep. L. Miner

Rep. Korzen

Rep. DeVito

Rep. Polozov

Sen. Gannon

Sen. Sullivan

Who supports the bill: Rep. Robert Wherry, Aubrey Freedman, Simon B. Amaya Price, Claire Aberhathy, Melissa Blasek, and 174 other people who signed in online support this bill. Contact Sophie Walsh (sophie.walsh@gc.nh.gov) for a comprehensive list.

Who opposes the bill: Ben Bradley, Dr. Cynthia Whitaker, Courtney Tanner, Maura Weston, Natalie Sennet, Alexandra Prescott, Stefanie Griffin, Mary Jenkins, Daniel Richardson, Liz Canada, and the NH Academy of Pediatrics oppose this bill.

Summary of testimony presented:

Senator David Rochefort (District 1)

- Senator Rochefort introduced the bill in lieu of the prime sponsor, who was not present.

Ben Bradley (NH Hospital Association)

- Parents already have access to their minor child's medical records under RSA 332-i:1; this bill presumes they do not currently have such access.

- Patient portals are not typically treated as an official medical record, but this bill treats them as such.
- Certain federal and state laws contain confidentiality protections for adolescents' health information, such as when a minor can consent to care on their own. These protections are intended to allow minors to seek necessary care in a timely manner.
- Certain patient portals are not capable of discerning protected information from non-protected information, meaning some healthcare providers would be unable to comply and would terminate portals altogether.
- **Senator Rochefort** noted that when he has tried to get his children's medical records, he sends an email and it takes a day. He views portals more as a customer service tool than a formal medical record.
 - The distinction being made is that the portal is an interface, not the medical record itself. If it were to be treated as a medical record, providers would not be able to comply in a way that protects the private medical information of adolescents.
- **Senator Rochefort** observed that hospitals have their own medical records departments, but portals are often contracted with a third party, making it difficult to apply standards designed for in-house services to contracted work.
 - That is true.
- **Senator Birdsell** asked what kind of information is in the portal that parents do not have access to.
 - Adolescents can consent to certain care for themselves, like substance misuse and behavioral health, where the law affords them the ability to seek care without the consent of a parent. These portals are not able to parse out information that has protections from those that do not. Hospitals would likely shut down access if their software cannot comply.
- **Senator Birdsell** asked if parents would find out anyway because they pay for treatment and insurance.
 - This bill does not try to address the question of consent and confidentiality laws for adolescents in New Hampshire.
- **Senator Rochefort** asked if there would have to be a rewrite of other laws because of privacy protections in other statutes and federal laws.
 - Yes. There are certain things adolescents can consent to on their own. We strongly encourage parental involvement.

- **Senator Rochefort** asked if turning the portal off actually affects what parents can and cannot see in terms of minor medical records.
 - Yes, and it eliminates a powerful tool that helps people interact with their healthcare.
- **Senator Avard** asked if these records are held captive by the portal.
 - No.
- **Senator Avard** stated that not being able to see an MRI for a child is ridiculous.
 - That is incorrect; a parent can request a child's medical record at any time and it will be provided in compliance with the law. The patient portal is a separate user interface and is not an official or complete medical record.
- **Senator Avard** asked how state and federal law compare on this privacy issue.
 - Information can be provided on this issue in regard to the various regulatory protections.
- **Senator Avard** asked if asking for a certain type of care would be under contract law.
 - You don't sign a contract to get care.
- **Senator Rochefort** noted that in normal circumstances, you would need an adult.
 - I wouldn't say that's a signed agreement to receive care. It's not any type of contract.
- **Senator Birdsell** asked if hospitals would have to shut down portals if they cannot differentiate between protected and non-protected information.
 - Yes. The hospital will always be on the side of ensuring compliance with protecting health information.

Courtney Tanner (Senior Director of Government Relations, Dartmouth Health)

- Dartmouth Health is the only children's hospital in the state and includes the children's advocacy protection program for children who have experienced abuse and neglect.

- While there is a general rule for information sharing, exceptions exist for abuse and neglect cases where it would not be appropriate to share all information with parents.
- Concerns exist regarding how the bill was drafted in relation to abuse and neglect, and amendments have been proposed to address these issues.
- The portion of the bill regarding protective orders references New Hampshire RSA, but fails to account for orders issued by other states.
- Currently, if a 17-year-old is treated for an STI, the medical record is redacted; the explanation of benefits would simply reflect a primary care visit.
- **Senator Rochefort** asked if the bill passes and a compliant portal is developed, whether parents would still be unable to see certain items due to federal and state laws.
 - Yes. Access to certain information in the portal changes once a child reaches age 12.
- **Senator Rochefort** asked if the proper way to achieve the bill's goal would be to change every state and federal law related to protected care.
 - Yes, that would require significant drafting.
- **Senator Avard** asked if the hospital could make this proposal work.
 - Efforts have been made for years and it is possible, but it would require a great deal of work. There are ideas on how the bill could be amended to become a viable proposal.

Aubrey Freedman

- Mr. Freedman supports the bill, as parents should get the information they need and remain financially responsible for their children's care.
- He disagrees with the point that children are treated like adults at age 12 to keep information from their parents, though that would be a separate bill.
- While adjusting and upgrading portals would be an expense, hospitals can figure out a way to comply; they simply do not want to, nor do they want to provide records the traditional way.

Maura Weston (NH Medical Society)

- Recognizes the responsibility of parents in raising children and coordinating their care.
- Emphasizes that providing adolescents access to confidential medical care under state and federal law is also important.
- Studies show that confidential access to care for substance abuse, sexual and reproductive health, and mental health is very important.
- Opposes the inclusion of portals in the definition of medical records.
- The bill as drafted does not adequately protect access to care for minors.
- **Senator Rochefort** asked if it is true that the court does not view patient portals as a medical record.
 - The portal itself is a customer service option meant for coordination of care and does not serve as a medical record.

Simon Amaya Price

- The U.S. Supreme Court recognizes the right of parents to direct the upbringing of their children, especially regarding healthcare; fit parents must be presumed to act in their child's best interest.
- Adolescent privacy protections are being cited to hide portal information from parents, effectively concealing medications and treatments a child may be receiving.
- Parents cannot direct healthcare if they are kept in the dark. After gender ideology was introduced in his 9th-grade health class, he believed he was a girl trapped in a boy's body.
- Without his father's intervention, he could have been on a path to irreversible medical harm. Medical records from that time still contain inaccuracies, such as listing female reproductive organs that never existed.
- This bill ensures parents have meaningful access to minor medical records to see the full picture and is not intended to deny teenagers all privacy.
- Exceptions under sections 2 a through c of the bill address many of the concerns raised by prior testifiers.
- **Senator Rochefort** asked for clarification on the statement that four hospitals currently block electronic medical records.

- Concord, Spere, DMC Primary Care, and Dartmouth Health all have a patchwork of policies regarding access.
- **Senator Rochefort** asked if a parent calling those facilities would be denied information.
 - In certain situations, especially those involving gender dysphoria or substance disorders, they would be denied. Concord Hospital states they automatically remove online access for parents once a child turns 12.
- **Senator Rochefort** asked if parents would be denied access even if they called the medical records department directly.
 - That is my understanding.
- **Senator Rochefort** noted that if certain protections for 12-year-olds exist outside of the portal, this bill may not achieve full transparency.
 - This bill is a necessary first step and does not conflict with existing state and federal law, as clarified in section 2a.
- **Senator Avard** asked how the cited Supreme Court case affects federal law and if it has been challenged.
 - *Parham v. J.R.* (1979) concerned the ability of parents to commit a child to a mental health institution when deemed necessary without state interjection, granting parents plenary authority.
- **Senator Avard** asked if this bill would prevent certain medical society "leanings" from occurring without parental consent.
 - Yes. For example, the Manchester School District's gender support plans allow for transitions without parental consent. If a child is lied to until age 18, they cannot make a meaningfully informed decision regarding cross-sex hormones or surgeries at that age.
- **Senator Avard** asked if the lack of this bill allows those practices to remain covered.
 - Yes.
- **Senator Rochefort** expressed his struggle in seeing how the bill changes access if certain items remain protected by other statutes regardless of this legislation.
 - Places like Concord Hospital remove access automatically at age 12, creating artificial barriers to general access.

- **Senator Rochefort** stated that if the hospitals are blocking all access, that contradicts what the committee has been told.
 - Doctors may make unilateral decisions to socially transition a child or provide psychological therapies and withhold that information because they believe it is in the child's best interest.
- **Senator Avard** noted the tension between parental rights and the need for privacy in cases of actual abuse, asking if common ground can be found.
 - Under section 2c of the bill, a healthcare provider can withhold records if they believe it would result in abuse or neglect.
 - Other pending legislation specifies that raising a child in accordance with their natal sex does not constitute abuse or neglect.

Claire Abernathy

- Ms. Abernathy is a 21-year-old detransitioner who asserts that the bill is rooted in common sense regarding a parent's right to direct the upbringing of their child.
- Parents, not institutions, bear the primary responsibility for guiding children through their formative years; however, medical providers are increasingly positioning themselves as obstacles between parents and children.
- No one knows a child better than their parents, and no one is more accountable for their long-term well-being.
- As a minor, she was placed on a medical pathway that altered her body in profound and irreversible ways before she was developed enough to understand the consequences.
- Medical records are not trivial documents, they provide the information necessary for parents to ask questions, seek second opinions, and intervene when necessary.
- Restricting parental access is often framed as protecting autonomy, but children are not miniature adults and rely on the adults in their lives to make collaborative, informed decisions.

Melissa Blazik (RebuildNH)

- Ms. Blazik has worked on this legislation for four years and noted that similar language passed both the House and Senate last year before being altered by other amendments.
- Federal law grants parents the right to access physical paper medical records, which are manually redacted for addiction, STI testing/treatment, and birth control if the child is over 12.
- At age 12, parents are routinely cut off from electronic portal access; the witness has yet to see evidence that parents can reliably access records through any other primary means.
- Her review of available hospital policies found no practice in the state that did not have a portal cutoff age of either 12 or 14.
- The bill does not attempt to change state or federal laws regarding the three specific areas of redacted care.
- Parents should be granted access to portals with those specific items redacted; given the existence of medical codes, creating a plugin to redact those three things upon a parental sign-in should not be overly difficult.

DD
Date Hearing Report completed: April 20, 2026