

SB 616-FN - AS INTRODUCED

2026 SESSION

26-2247

05/08

SENATE BILL **616-FN**

AN ACT relative to reporting requirements under the right to try act.

SPONSORS: Sen. Prentiss, Dist 5

COMMITTEE: Health and Human Services

ANALYSIS

This bill establishes a reporting requirement for providers and facilities providing services under the right to try act. The bill also directs the department of health and human services to provide a report to the general court and to adopt rules regarding the collection and reporting of such information.

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 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 reporting requirements under the right to try act.

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

1 1 New Section; Right to Try Act; Reporting Requirement. Amend RSA 126-Z by inserting after
2 section 8 the following new section:

3 126-Z:9 Reporting Requirement.

4 I. Any health care provider providing any type of care under this chapter shall report the
5 following information, in writing, to the facility in which the care is rendered:

6 (a) The illness the patient suffers from.

7 (b) Residence of patient as “in-state” or “out-of-state” when the initial consultation was
8 made.

9 (c) Residence of patient as “in-state” or “out-of-state” when the treatments began.

10 (d) What authorities the provider is licensed under.

11 (e) Whether the treatment was covered by the patient’s insurance.

12 II. A report containing the information and data required by this section shall be
13 transmitted by any facility with providers providing treatment of any kind under RSA 126-Z to the
14 department of health and human services. These reports shall not identify the patient or health
15 care provider by name or include other personally identifiable information. The reports shall be
16 submitted to the commissioner of the department of health and human services in accordance with
17 the schedule established by the commissioner in rules under paragraph IV.

18 III. The commissioner of the department of health and human services shall make an
19 annual aggregated report of the data reported to the department by providers under this chapter to
20 the general court. This report shall be due February 1 of each year, beginning February 1, 2027.

21 IV. The commissioner of health and human services shall adopt rules, pursuant to RSA 541-
22 A, relative to:

23 (a) The form in which data shall be filed under paragraph I.

24 (b) The cadence of reporting from facilities under paragraph II.

25 (c) Confidentiality of data collected and disclosed under this section subject to the
26 provisions of this section.

27 (d) Procedures and written requirements for obtaining, using, and protecting data
28 provided by the department of health and human services under this section.

29 V. Any medical facility that willfully fails to comply with the provisions of this section shall
30 be subject to an administrative fine of \$100 for each business day of noncompliance.

31 2 Effective Date. This act shall take effect 60 days after its passage.

**SB 616-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to reporting requirements under the right to try act.

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	Indeterminable Increase	Indeterminable Increase
<i>Revenue Fund(s)</i>	Administrative Fine Revenue			
Expenditures*	\$0	\$97,000 - \$882,000	\$105,000 - \$121,000	\$130,000 - \$149,000
<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 amends RSA 126-Z, the Right to Try Act, by requiring any health care provider providing any type of care under RSA 126-Z to report specific information, in writing, to the facility in which the care is rendered. Facilities would be responsible for reporting data to the Department of Health and Human Services, which would be required to make an annual aggregated report to the General Court. The Department would be required to adopt rules relative to (1) the form in which the data shall be filed; (2) the cadence of reporting from facilities; (3) the confidentiality of data collected and disclosed; and (4) procedures and written requirements for obtaining, using, and protecting data provided by the Department. The bill allows for the imposition of a \$100 per day administrative fine upon any medical facility that willfully fails to comply with its provisions.

The Department notes that Chapter 287, Laws of 2025 requires it to establish a reporting system to collect reporting related to abortion statistics. Although that law has a later effective date (January 1, 2027) than the bill contemplated here (60 days after passage), the Department could potentially leverage that system to satisfy both requirements. If so, the Department estimates a one-time cost of \$97,000 to create a reporting module for the Right to Try Act, and ongoing annual maintenance and personnel costs of \$105,000 in FY28 and \$130,000 in FY29 to establish

a developer/programmer position to provide technical support both to the internal program(s) and external IT staff in facilities.

The Department states that in the event it is unable to leverage the reporting system required by the 2025 law, it would need 8-10 months to develop and establish a surveillance reporting system utilizing. The Department would need to establish a Memorandum of Understanding (MOU) with the Office Professional Licensure and Certification (OPLC) to connect to OPLC's licensing database for validating the health care facility. The Department estimates the cost at \$882,000 in SFY 27, along with personnel costs of \$121,000 in FY28 and \$149,000 in FY29 to establish one full-time system administrator.

Depending on the options available, therefore, the bill's cost could range from \$97,000 to \$882,000 in FY27, \$105,000 to \$121,000 in FY28, and \$130,000 to \$149,000 in FY29. It is assumed that these expenses would be all general funds.

AGENCIES CONTACTED:

Department of Health and Human Services