

HB 70-FN - AS INTRODUCED

2025 SESSION

25-0057

05/02

HOUSE BILL ***70-FN***

AN ACT relative to the use of electronic medical records.

SPONSORS: Rep. Nagel, Belk. 6; Rep. Kofalt, Hills. 32

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill prohibits health carriers from requiring that providers use electronic medical records.

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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 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 Five

AN ACT relative to the use of electronic medical records.

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

1 1 New Section; Electronic Medical Records. Amend RSA 332-I by inserting after section 13 the
2 following new section:

3 332-I:14 Electronic Medical Records.

4 I. In this section, "electronic medical record" or "EMR" means a digital version of the paper
5 charts in medical provider's offices, clinics, and hospitals. EMRs contain notes and information
6 collected by and for the clinicians in that office, clinic, or hospital and are mostly used by providers
7 for diagnosis and treatment.

8 II. No public or private health carrier governed by state law and when there is no conflict
9 with federal law shall:

10 (a) Require a health care provider to use an EMR.

11 (b) Withhold any portion of a provider's fee for not using an EMR.

12 (c) Require any specific format of EMR.

13 (d) Require any specific information in the EMR other than certain demographic
14 information required to identify the patient, the purpose of the health care interaction, and
15 treatment rendered.

16 2 Effective Date. This act shall take effect 60 days after its passage.

**HB 70-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to the use of electronic medical records.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
Revenue	\$0	Indeterminable	Indeterminable	Indeterminable
<i>Revenue Fund(s)</i>	General Fund			
Expenditures*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

***Expenditure = Cost of bill**

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

Estimated Political Subdivision Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
County Revenue	\$0	\$0	\$0	\$0
County Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Local Revenue	\$0	\$0	\$0	\$0
Local Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

The Insurance Department states this bill adds a new section to RSA 332-I prohibiting public and private health carriers from requiring health care providers meet certain electronic medical record standards. Carriers would be prohibited from requiring use of electronic medical records (EMRs), withholding fees for not using EMR, requiring a specific EMR format, and limiting the specific information in the EMR.

The Department indicates the use of paper-based records or other non-digital versions of records by providers may lead to inefficiencies that increase administrative handling costs related to transfer of records and medical record audits. As a result, providers might seek higher compensation from health carriers to cover their expenses. Similarly, health carriers may also face increased administrative costs and reduced efficiency. Health carriers may respond by increasing premiums to maintain profitability, which could ultimately lead to higher premium

tax revenue. County and local expenditures may be impacted to the extent they pay for health insurance premiums. The financial impact of the bill may vary based on how providers and carriers adjust to the changes, therefore the financial impact of this bill is indeterminable.

The Department of Health and Human Services anticipates that this legislation will not result in any additional fiscal impact to the Department.

It is assumed that any fiscal impact would occur after FY 2025.

AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services