



To: Chair Bob Lynn, Vice Chair Dennis Mannion, and the House Judiciary Committee
Re: Testimony in Opposition to HB 1333-FN relative to nonconsensual provision of medication intended to terminate a pregnancy and the homicide of a fetus
Date: January 14, 2026
Position: INEXPEDIENT TO LEGISLATE

Background

Reproductive Equity Now works across New England to make equitable access to the full spectrum of reproductive health care a reality for all people. Advancing reproductive justice and eliminating barriers to abortion care are central to our mission.

Women deserve the autonomy to make their own decisions about their bodies and their pregnancies. Reproductive Equity Now stands firmly against coercing any person to terminate or continue a pregnancy against their will; however, while HB 1333 aims to protect women from a singular and incredibly rare instance of reproductive coercion, it fails to safeguard women from the many other tactics abusive partners may engage in to control women's reproductive and pregnancy choices. Furthermore the bill proposes giving legal rights to embryos and fetuses, undermining Granite Staters' right to make choices about their own pregnancies, family building, and health care. For these reasons, we oppose the bill as drafted.

HB 1333 fails to address the most common forms of reproductive coercion

Reproductive coercion occurs when one individual—often a former or current partner of someone who can become pregnant—exhibits controlling or manipulative behaviors aimed at influencing another individual's reproductive choices without their consent.¹ The most common forms of reproductive coercion include a range of tactics aimed at exerting pressure or undue influence on an individual to initiate or terminate a pregnancy, including controlling or sabotaging birth control methods such as oral contraceptives or condoms.² In the United States, approximately 10.1 million women (8.4%) have experienced a form of reproductive coercion during their lifetime.³

While HB 1333 aims to address the problem of an individual administering medication to a pregnant woman to terminate her pregnancy without her knowledge or consent, the bill fails to protect a pregnant woman from *all forms* of reproductive coercion, such as being pressured or

¹ CONNECTIONS FOR ABUSED WOMEN & THEIR CHILDREN, *Understanding Reproductive Coercion* (Jul. 7, 2023), <https://www.cawc.org/news/understanding-reproductive-coercion/>.

² AM. COLL. OF OBSTETRICIANS & GYNECOLOGIST, *Committee Opinion: Reproductive and Sexual Coercion* (Feb. 2013), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/02/reproductive-and-sexual-coercion>.

³Kathleen C. Basile et al., *Prevalence of Intimate Partner Reproductive Coercion in the United States: Racial and Ethnic Differences*, 36 J. INTERPERSONAL VIOLENCE 1, 5 (Nov. 2021), <https://stacks.cdc.gov/view/cdc/88782>.

forced by another individual to continue her pregnancy, an equally egregious violation of her reproductive autonomy. If the General Court has concerns about pregnant women being coerced to make reproductive health care decisions against their will, **we would encourage the Legislature to pursue legislation that protects women from the full scope of reproductive coercion they may face before or during pregnancy by affirming their right to make their own reproductive health care decisions.** HB 1333 falls short of this threshold.

HB 1333 undermines the rights of women by giving legal rights to embryos and fetuses

By giving legal rights to embryos and fetuses, HB 1333 undermines the rights of pregnant women from making decisions about their lives, health, and wellbeing. This bill borrows language from nationwide anti-abortion strategies aimed at banning abortion outright and would lead to more investigations and criminalization of pregnant women and the health care providers who care for them. Pregnant women in need of cancer treatment could also be denied access to life saving care due to this proposed law. The far-reaching consequences of this bill would also stretch beyond harming pregnant women, and lead to denying all women access to in vitro fertilization (IVF) treatments that support family building. **Granite State women deserve the freedom to fully control their bodies, their lives, and their futures and HB 1333 would be a direct affront to their autonomy and dignity.**

Conclusion

Reproductive Equity Now encourages your opposition to HB 1333 and is committed to working further with legislators, community leaders, and advocates alike to ensure its defeat. We thank you for your consideration and for the opportunity to provide testimony and urge you to reject this proposal.

Respectfully submitted,

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