



To: Chair Bob Lynn, Vice Chair Dennis Mannion, and the House Judiciary Committee

Re: Testimony in Opposition to HB 1769, an act relative to certain prohibitions on abortion referrals by publicly funded medical facilities.

Date: February 9, 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.

HB 1769 would impose a gag rule on New Hampshire licensed medical providers by prohibiting providers at all medical facilities that receive state funding from referring patients for abortion services *except* in the event of a medical emergency *or* if the health care provider *also* refers them to a so-called “pregnancy resource center.” This bill hinders health care providers ability to have comprehensive, unbiased, and evidenced-based conversations with patients about reproductive health care services. For these reasons, Reproductive Equity Now opposes HB 1769.

HB 1769 erodes patients’ trust in their providers

For decades, medical and professional organizations, including the American College of Obstetricians and Gynecologists (ACOG) and the Association of Women’s Health, Obstetric and Neonatal Nursing (AWHONN) have recommended a patient-centered approach for pregnancy options counseling.¹ This approach empowers patients to make the best decisions for them based on their health history and personal values. It advises them on all options, including parenting and adoption, and pregnancy termination. This patient centered approach centers the wants and needs of the patient and ensures that providers are connecting patients with the appropriate information and referrals, including to pregnancy-related care or abortion care. Misinformation regarding abortion care is pervasive and patients rely on their clinicians to be sources of accurate clinical information.² While the decision to obtain abortion care may not always be easy, a UC San Francisco study shows that five years after having an abortion, over 95 percent of the women in the study said it was the right decision for them.³

HB 1769 mandates that licensed medical professionals offering pregnancy options counseling must refer patients interested in abortion care to so-called “pregnancy resource centers,” which are often not regulated by any medical standards or guidelines and are often subject to no professional oversight.

¹ Kristen Nobel, et al., *Patient-reported experience with discussion of all options during pregnancy options counseling in the US South*, 106 *CONTRACEPTION* 68, 68-74 (Feb. 2022).

² *Facts Are Important: Identifying and Combating Abortion Myths and Misinformation*, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, <https://www.acog.org/advocacy/facts-are-important/identifying-combating-abortion-myths-misinformation> (last visited Feb. 6, 2026).

³ Laura Kurtzman, *Archive: Five Years After Abortion, Nearly All Women Say It Was the Right Decision, Study Finds*, UNIVERSITY OF CALIFORNIA SAN FRANCISCO, (Jan. 13, 2020), <https://www.ucsf.edu/news/2020/01/416421/five-years-after-abortion-nearly-all-women-say-it-was-right-decision-study>.

Many of these centers are not bound by the obligations of HIPAA, a federal law that protects patient privacy and data in medical institutions, nor are they governed by the New Hampshire Board of Medicine or the New Hampshire Board of Nursing.⁴ Some of these centers often seek to dissuade people from accessing abortion care, sometimes providing patients with misleading and non-factual information and promoting medical disinformation.⁵

HB 1769 conflicts with a fundamental principle that guides New Hampshire health care providers every day: patients' needs are paramount and providers have an ethical obligation to offer care that is consistent with best medical practices. Granite State patients trust that their health care providers will not refer them to medically unregulated, non-HIPAA compliant centers that may deceive or dissuade them from accessing the health care they want or need.

HB 1769 ignores the advice of leading medical and professional organizations

So-called "pregnancy resource centers" are widely denounced by leading medical and professional organizations for their unethical practices. The American Medical Association (AMA), American Public Health Association (APHA), Society for Adolescent Health & Medicine (SAHM), and American College of Obstetricians & Gynecologists (ACOG) all warn against the potential dangers of these centers and advocate for patients in need of pregnancy counseling to avoid them when seeking care.⁶ Decisions about pregnancy are best made between a patient and their trusted medical care provider. Requiring providers to make referrals that are counter to the advice of every major medical organization harms patient care and erodes the trust of patients.

Conclusion

Reproductive Equity Now encourages your opposition to HB 1769 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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⁴ Xenia Ellenbogen, *So-called 'crisis pregnancy centers' are surveilling clients and may help criminalize them, reproductive advocates say*, PRISM (Aug. 24, 2022), <https://prismreports.org/2022/08/24/anti-abortion-centers-surveilling-criminalizing-clients/>.

⁵ See *Issue Brief: Crisis Pregnancy Centers*, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers> (last visited Feb. 6, 2026); see also Casey Tolan, et al., *The crisis pregnancy center next door: How taxpayer money intended for poor families is funding a growing anti-abortion movement*, CNN (Oct. 25, 2022), <https://www.cnn.com/2022/10/25/us/crisis-pregnancy-centers-taxpayer-money-invs>.

⁶ See Amy Bryant & Jonas Swartz, *Why Crisis Pregnancy Centers Are Legal but Unethical*, AMA J. ETHICS (Mar. 2018), <https://journalofethics.ama-assn.org/article/why-crisis-pregnancy-centers-are-legal-unethical/2018-03>; see also *Regulating Disclosure of Services and Sponsorship of Crisis Pregnancy Centers*, AMERICAN PUBLIC HEALTH ASSOCIATION, (Nov. 1, 2011) <https://www.apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2014/07/22/08/33/regulating-disclosure-of-services-and-sponsorship-of-crisis-pregnancy-centers>; see also *Crisis Pregnancy Centers in the U.S.: Lack of Adherence to Medical and Ethical Practice Standards*, 65 J. ADOLESCENT HEALTH 821, 821-824 (Oct. 28, 2019); see also *Issue Brief: Crisis Pregnancy Centers*, *supra* note 5.