



HB 1769: Relative to prohibitions on abortion referrals by publicly funded medical facilities.
Committee: House Judiciary
Date: February 9, 2026

Dear Chairman Lynn and Honorable Members of the House Judiciary Committee:

On behalf of Federally Qualified Health Centers (FQHCs) that provide comprehensive primary and preventive health care to individuals and families across New Hampshire, we respectfully offer the following comments regarding HB 1769 for the committee's consideration.

FQHCs operate under extensive federal and state grant and contract requirements that are designed to ensure patients receive medically accurate, evidence-based, and patient-centered care. Our participation in state-funded programs, including the New Hampshire Family Planning Program, is governed by clearly defined clinical, ethical, and compliance standards that prioritize patient autonomy, confidentiality, and access to care.

As written, HB 1769 raises concerns regarding its potential to create conflicts between statutory requirements and existing grant and contract obligations. Specifically, the bill may introduce conditions that affect how clinicians provide counseling and information to patients, potentially placing providers at risk of noncompliance with federal program requirements and professional standards of care. For safety-net providers, compliance with grant and contract terms is essential to maintaining services for patients who rely on publicly supported care.

From a patient perspective, these programs are often the primary or sole source of access to preventive reproductive health services, including contraception, sexually transmitted infection testing and treatment, and cancer screenings. Patients served through these programs include individuals with low incomes, limited insurance coverage, language barriers, or transportation challenges. Any disruption to program participation or service delivery has a direct and immediate impact on patients' ability to access timely, preventive care.

HB 1769 may also affect provider participation in the state's Family Planning Program. The program has already experienced significant reductions in funding and participating sites. Additional requirements that complicate compliance with existing grants and contracts could further reduce provider participation, unintentionally limiting patient access to essential services and undermining continuity of care.

In addition, provisions of the bill that expand potential liability related to funding or contract compliance raise concerns about increased administrative and legal risk for providers and

public entities. For FQHCs, such risk may necessitate the diversion of limited resources away from direct patient care and toward legal and administrative functions, which ultimately affects patients and communities.

FQHCs value their longstanding partnership with the State of New Hampshire and share a common goal of improving health outcomes for residents. We respectfully submit these comments to highlight potential patient care and compliance implications of HB 1769 and to support thoughtful consideration of how statutory changes may affect access to care, program stability, and the effective use of public funds.

Thank you for your time and for your continued commitment to the health and well-being of New Hampshire's patients and communities.

Sincerely,


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