



To: Chair Bob Lynn, Vice Chair Dennis Mannion, and the House Judiciary Committee
Re: Testimony in Opposition to HB 1590-FN, an act harmonizing the age of personhood under the criminal code and the fetal life protection act.
Date: February 25, 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 1590 would harm Granite State patients and put New Hampshire health care providers at risk of criminal penalty for applying their clinical training. It would undermine the rights of women and pregnant people by giving legal rights to embryos and fetuses. Lastly, it would dangerously merge a criminal justice statute with a health care regulation statute in an attempt to turn a victim's rights law into a more restrictive ban on abortion. For these reasons, Reproductive Equity Now vehemently opposes this bill.

HB 1590 would harm Granite State patients

HB 1590 would arbitrarily ban abortion in New Hampshire at 20 weeks gestation and pose serious harm to Granite State patients and providers. The negative impacts of denying a wanted abortion are well-documented. Abortion restrictions and bans do not just impact a person's ability to access timely health care; economic security is directly tied to a pregnant person's ability to make their own reproductive decisions and access the health care they need.¹ People who wish to choose abortion care and are denied access to it are at increased risk of experiencing poverty and unemployment,² and research indicates that states with more abortion restrictions are more likely to perform poorly on indicators of women's health, children's health, and social determinants of health.³

¹ NATIONAL WOMEN'S LAW CENTER, *Reproductive Health is Part of the Economic Health of Women and Their Families*, 1 (Feb. 2016), <https://nwlc.org/wp-content/uploads/2017/02/Reproductive-Health-is-Part-of-the-Economic-Health-of-Women-2.19.166.pdf>.

² ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH, *Socioeconomic Impact of Being Denied Abortion*, 1 (Aug. 2018), https://www.ansirh.org/sites/default/files/publications/files/turnaway_socioeconomic_outcomes_issue_brief_8-20-2018.pdf.

³ IBIS REPRODUCTIVE HEALTH & CENTER FOR REPRODUCTIVE RIGHTS, *Is t Evaluating Priorities: Measuring Women's and Children's Health and Well-being Against Abortion Restrictions in the States 23-24* (2017) <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA-Ibis-Evaluating-Priorities-v2.pdf>.

While abortion care provided after 20 weeks gestation may only account for a small percentage of all abortion care, the decision to end a pregnancy after 20 weeks is often the result of a pregnant person receiving new, and often devastating information, such as learning that their health or the health of their fetus is at severe risk. Some receive diagnoses of serious illness, like cancer, and must choose between delaying lifesaving treatment or ending a pregnancy. Many receive a severe or fatal fetal diagnosis late in pregnancy—information that by nature cannot be known sooner.⁴

While HB 1590 claims to carve out exceptions for cases of fetal abnormalities or medical emergency for the pregnant person, no list of exceptions—no matter how well-intentioned—can capture the full range of unpredictable, deeply personal, and often heartbreaking circumstances people face. Because every pregnancy is unique and there is no—and there will never be—one universal definition of the distinct point at which a pregnant person’s life becomes endangered, legislative language that threatens criminal penalties for the provision of care disincentivizes safe, compassionate medical care as physicians fear criminal penalties if their medical judgment is challenged. Time and again, as states pass restrictive abortion bans with exceptions for life-threatening emergencies, we see that this framework does not work, but instead creates confusion and ambiguity for providers.⁵

A recent ProPublica investigation looking into the impacts of strict abortion bans in states across the country has found that in states with bans, pregnant women have bled to death, contracted sepsis, and been subjected to other serious infection risks while waiting for providers to be able to offer them care, due to providers’ uncertainty about their authority to provide legal care.⁶ In 2022, Laurel Marcinkus, a mom and disability advocate from Wisconsin, suffered a placental abruption during her 21st week of pregnancy.⁷ Doctors informed Laurel that her pregnancy could not be terminated without multiple examinations confirming beyond any doubt that she would die if labor were not induced. After 24 hours of agony, doctors finally induced labor and saved Laurel’s life. **Under HB 1590, if Laurel had experienced her medical emergency in New Hampshire, she would have been subject to the same suffering and life threatening circumstances.**

⁴ Katrina Kimport, *Is third-trimester abortion exceptional? Two pathways to abortion after 24 weeks of pregnancy in the United States*, 54 PERSPS. ON SEXUAL AND REPROD. HEALTH 38, 43 (2022).

⁵ Erika Edwards & Laura Jarrett, *How sick is sick enough to end a pregnancy? Doctors and some state laws are at odds*, NBC NEWS (Dec. 12, 2023 7:03 PM), <https://www.nbcnews.com/health/health-news/sick-sick-enough-end-pregnancy-doctors-state-laws-are-odds-rcna129039>.

⁶ Kavitha Surana et al., *Are Abortion Bans Across American Causing Deaths? The States That Passed Them Are Doing Little to Find Out.*, PROPUBLICA (Dec. 18, 2024, 5:00 AM), <https://www.propublica.org/article/abortion-bans-deaths-state-maternal-mortality-committees>.

⁷ Rebekah Sager, *Sharing stories: A Wisconsin mom on the state abortion law that nearly cost her her life*, THE WISCONSIN INDEPENDENT (March 10, 2025), <https://wisconsinindependent.com/health-care/sharing-stories-wisconsin-mom-pregnancy-emergency-abortion-law/>.

Tragically, Laurel’s story is not unique. Josseli Barnica, a young Texas mother, died from an infection after doctors, in fear of prosecution, waited 40 hours to intervene in her miscarriage.⁸ Yeniifer Alvarez-Estrada Glick, a newlywed, died at 31-weeks pregnant due to complications related to her high-risk pregnancy including hypertension, diabetes, and a history of pulmonary edema.⁹ Though Yeniifer’s pregnancy began to present as high risk at just seven weeks, and severely worsened with multiple hospital admissions and helicopter transfers, doctors never discussed the risk that continuing her pregnancy posed to her life or the possibility of abortion being a life-saving option.¹⁰ **These heartbreaking stories clearly demonstrate that in practice abortion bans that include medical exceptions do not work and cost women their lives.**

HB 1590 would put providers at risk of criminal penalty for applying their clinical training

A recent study found that only 45% of OBGYNs in states with gestational abortion bans feel they truly understand the circumstances in which abortion is legal in the state where they practice.¹¹ Over 40% of OBGYNs nationally report that they are concerned about their own legal risk when making decisions about patient care; this number rises to more than half of OBGYNs expressing concern about legal risk in states with gestational abortion restrictions or total bans.¹² Furthermore, in Idaho, one study shows an exodus of OBGYNs from the maternal health care landscape since the *Dobbs* decision overturned *Roe v. Wade*, resulting in a 22% decrease in practicing OBGYNs in the state, and leaving half of Idaho’s 44 counties without practicing obstetricians.¹³ **This evidence of the harms of restrictive abortion legislation should be a major cause for concern in New Hampshire. Instead of threatening providers with criminal prosecution and professional discipline, New Hampshire should trust their expertise.**

HB 1590 would undermine the rights of women and pregnant people by giving legal rights to fetuses

By giving legal rights to fetuses at 20 weeks gestation, HB 1590 would undermine the rights of women and pregnant people 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. Within the two years immediately following the United States Supreme Court’s overturning of *Roe v. Wade* and the constitutional right to abortion,

⁸ Cassandra Jaramillo & Kavitha Surana, *A Woman Died After Being Told It Would Be a “Crime” to Intervene in Her Miscarriage at a Texas Hospital*, PROPUBLICA (Oct. 30, 2024, 5:00 AM), <https://www.propublica.org/article/josseli-barnica-death-miscarriage-texas-abortion-ban>.

⁹ Stephania Taladrid, *Did an Abortion Ban Cost a Young Texas Woman Her Life?*, THE NEW YORKER (Jan. 8, 2024), <https://www.newyorker.com/magazine/2024/01/15/abortion-high-risk-pregnancy-yeni-glick>.

¹⁰ *Id.*

¹¹ Brittni Frederiksen et al., *A National Survey of OBGYN’s Experiences After Dobbs*, KFF (June 21, 2023), <https://www.kff.org/womens-health-policy/report/a-national-survey-of-obgyns-experiences-after-dobbs/>.

¹² *Id.*

¹³ Julie Luchetta, *Report Shows dramatic exodus of Idaho OBGYNs since repeal of Roe v. Wade*, OREGON PUBLIC BROADCASTING (Feb. 22, 2024, 2:20 PM), <https://www.opb.org/article/2024/02/22/report-shows-fewer-idaho-obgyns-since-repeal-of-roe-v-wade/>.

Pregnancy Justice reported that prosecutors initiated at least 412 cases across the country that charged individuals with crimes related to their pregnancy, pregnancy loss, or birth.¹⁴ The horrific cases are by and large the result of the rise of laws that give legal rights to embryos and fetuses.¹⁵ Granting legal rights to embryos and fetuses has evolved into a powerful mechanism of social control, becoming the justification for incarceration, intrusive state intervention, and the erosion of fundamental constitutional protections governing medical care and end-of-life decision-making. Granting legal rights to fetuses has evolved into a powerful mechanism of social control, becoming the justification for incarceration, intrusive state intervention, and the erosion of fundamental constitutional protections governing medical care and end-of-life decision-making.¹⁶ **Granite State women deserve better and are worthy of the freedom to fully control their bodies, their lives, and their futures. HB 1590 would be a direct affront to their autonomy and dignity.**

HB 1590 merges criminal statutes and abortion statutes which blurs the line between victim protection and the provision of health care

HB 1590 would merge two separate and distinct legal concepts, blurring the line between protections for victims of violent crime and the provision of health care. RSA 630:1 establishes criminal penalties for homicide within the state criminal code, while RSA 329:44 limits abortion after 24 weeks within the state occupational and professional code as it pertains to health care providers. Criminal penalties for the commitment of a crime and the prohibition on certain types of health care are not interchangeable concepts. Rather, they are deliberately distinct statutes in separate areas of the code, serving entirely different legal purposes. RSA 630:1-a was enacted as a criminal justice measure to address third-party violence against a pregnant person, recognizing a fetus as an additional victim to a violent crime, while expressly including an abortion exception. In contrast, RSA 329:44 exists solely within the medical licensure framework and governs when abortion may or may not be provided. These laws sit in different titles of New Hampshire law, regulate different actors, and address different harms. The abortion exception in RSA 630:1-a is not incidental; *it is the safeguard that prevents a criminal victim statute from becoming an abortion ban*, especially when abortion restrictions are found elsewhere in New Hampshire law. HB 1590 attempts to collapse that careful distinction, retroactively transforming a criminal personhood statute into abortion regulation and rewriting the legislative history in the process.

Conclusion

Reproductive Equity Now encourages your opposition to HB 1590-FN and is committed to working further with legislators, community leaders, and advocates alike to ensure its defeat. We

¹⁴ PREGNANCY JUSTICE, *Pregnancy as a Crime: An Interim Update on the First Two Years After Dobbs* (Sept. 2025), <https://www.pregnancyjusticeus.org/wp-content/uploads/2025/09/Pregnancy-as-a-Crime-An-Interim-Update-on-the-First-Two-Years-After-Dobbs.pdf>.

¹⁵ Purvaja S. Kavattur et al., *The Rise of Pregnancy Criminalization*, PREGNANCY JUSTICE 3 (Sept. 2023), <https://www.pregnancyjusticeus.org/wp-content/uploads/2023/09/9-2023-Criminalization-report.pdf>.

¹⁶ PREGNANCY JUSTICE & PATIENT FORWARD, *The Role of the Viability Line in Pregnancy Criminalization*, 24 (April 2025), <https://www.pregnancyjusticeus.org/wp-content/uploads/2025/05/Viability-Line-Report.pdf>.

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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