AN ACT relative to protecting and expanding access to abortion medications.


COMMITTEE: Judiciary

ANALYSIS

This bill directs the department of health and human services to protect and expand access to critical medications for reproductive health that are approved by the Food and Drug Administration.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

AN ACT relative to protecting and expanding access to abortion medications.

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

1 Findings.

I. It is the longstanding public policy of New Hampshire to promote access to affordable, high quality sexual and reproductive health care, including abortion care, without unnecessary burdens or restrictions on patients or providers.

II. In 1997 the bipartisan legislature of the state of New Hampshire repealed an unenforced 1955 abortion ban to ensure access to essential abortion care in this state.

III. The legislature of the state of New Hampshire has recognized the importance of access to mifepristone since 1991, when New Hampshire was the first state in the nation to adopt a state resolution urging the U.S. Food and Drug Administration to allow clinical trials of mifepristone in medication abortions.

IV. The drug mifepristone is a safe, effective, and common medication that has been used by more than five million people in the United States since it was approved under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) over two decades ago.

V. Access to abortion medications has allowed patients to make their own private medical decisions, and expanded access to reproductive health care.

VI. There is overwhelming evidence that medication abortion is safe and effective for virtually anyone who wants to end an early pregnancy, with a safety record of over 99 percent.

VII. Major medical organizations, including the American Medical Association, the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine, the American Academy of Family Physicians, the American Gynecological and Obstetrical Society, and the American Society for Reproductive Medicine support the safety, efficacy, and importance of access to abortion medications.

VIII. For many people seeking abortion, access to medication abortion is not a preference, it is critical for their access to care, including but not limited to, survivors of rape or domestic abuse, for whom medication abortion may be the only way they can terminate a pregnancy without risking detection and further abuse.

IX. Medication abortion may also be medically indicated for women who experience early pregnancy loss and also for women who have certain uterine anomalies or large uterine fibroids. Access to this type of care may allow patients to avoid more costly and invasive procedures.

X. Medication abortion can be a key tool in making health care more equitable, by bringing abortion access to those who need it most.
XI. It is the public policy of the state of New Hampshire to continue to protect, advance, and expand access to affordable, high quality reproductive health care that meets each individual's needs, including access to abortion medications.

XII. The legislature finds that the continued attack on reproductive freedoms, including attacks on access to abortion medications, across the country requires immediate action.

XIII. Therefore, it is the intent of the legislature to protect and expand access to abortion medications for individuals seeking reproductive health care.

2 Department of Health and Human Services; Protection of Access to Critical Medications for Reproductive Health Care.

I. The department of health and human services shall protect and expand access to critical medications for reproductive health that are approved by the Food and Drug Administration, including, but not limited to, essential health care like medication abortion.

II. The department shall exercise the authority granted in this section in accordance with any applicable law.

III. Nothing in this section shall diminish any existing authority of the department.

IV. For the purposes of this section, the term "medication abortion" means substances used in the course of medical treatment intended to induce the termination of a pregnancy including, but not limited to, mifepristone and misoprostol.

V. The commissioner of health and human services shall submit a report to the senate president, the speaker of the house of representatives, the house clerk, and the senate clerk by November 1, 2024:

(a) Identifying potential actions to protect and expand access to reproductive health care, including medication abortion;

(b) Identifying ways to increase outreach and education about access to reproductive health care services, including medication abortion; and

(c) Identifying any legislative or regulatory barriers to protecting or expanding access to reproductive health care, including medication abortion.

3 Effective Date. This act shall take effect upon its passage.
AN ACT relative to protecting and expanding access to abortion medications.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

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<thead>
<tr>
<th>Estimated State Impact - Increase / (Decrease)</th>
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<tbody>
<tr>
<td>FY 2024</td>
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<tr>
<td>Revenue</td>
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<td>Revenue Fund(s)</td>
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<td>Appropriations</td>
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<td>Funding Source(s)</td>
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- Does this bill provide sufficient funding to cover estimated expenditures? [X] No
- Does this bill authorize new positions to implement this bill? [X] No

METHODOLOGY:

This bill requires the Department of Health and Human Services to protect and expand access to medications for reproductive health, including medication abortion. The Department anticipates that it will need to hire a new staff position (Program Specialist IV, labor grade 25) to oversee the work required by the bill, including researching, collecting information, and publishing the required report. The Department is unable to estimate the additional costs associated with protecting and increasing access to medication abortion, but it assumes that the new staff position will also be responsible for those activities. The Department is also unable to determine whether there will be costs in FY26 and FY27, as the bill is not specific with respect to the Department’s responsibilities to “protect and expand access.” Assuming the position will continue through at least FY27, salary, benefits, and related expenses will cost $109,000 in FY25, $106,000 in FY26, and $109,000 in FY27.

The Department notes that current federal and general funds appropriated to for family planning and reproductive health are prohibited from being used for abortion-related activities. Current Department resources may be used only to identify ways to increase outreach and education about contraception and access to preventative health care services.

AGENCIES CONTACTED: