

MINUTES
LEGISLATIVE ETHICS COMMITTEE
NOVEMBER 24, 2025, MEETING
{Approved: March 2, 2026}

The Legislative Ethics Committee (RSA 14-B:2) met on Monday, November 24, 2025, at 10:00 A.M. in Room 103 of the State House.

The following members were present: the Honorable Edward M. Gordon, Chairman, the Honorable Donna Sytek, Vice Chairman, Senator Ruth Ward, Representative Bob Lynn, Representative Catherine Rombeau, and the Honorable David W. Hess. Senator Cindy Rosenwald was unable to attend, and Senator Patrick Long was appointed to replace her for the meeting. Also participating was Richard M. Lambert, Executive Administrator.

The Committee's meeting consisted of the following agenda items:

ITEM #1

Consideration of the draft *Minutes* from the Committee's meeting held on September 18, 2025. Following review, Vice Chairman Sytek moved to adopt the *Minutes* as drafted. Mr. Hess seconded the motion, and the Committee voted 5 to 0 in favor of the motion, with Representative Lynn and Senator Long abstaining as they were not present at the meeting.

ITEM #2

Consideration of a request for an Advisory Opinion from Representative Sherri L. Reinfurt (Hills/29).

Representative Reinfurt addressed the Committee regarding her request. She said she had been asked to cosponsor a bill (LSR 2026-2818) which she said, "In synopsis, is peer review by insurance companies, which would have financial impact on practitioners. My husband and I own a chiropractic center, and we will directly be impacted if this bill were to be passed. So, with the conflict of interest rules that have been put in place, I took myself off the bill already as cosponsor. But I'm here seeking advice on whether or not I need to recuse myself from either voting or testifying on this bill. From what I understand, substantial financial gain is defined as \$250. In the chiropractic world, because of the way insurance companies right now are asking for preauthorization in some instances, we have nurse practitioners that are recommending whether a certain service is covered or not, or we have 'Susie down the street'. There's not really any particular qualification for somebody at the insurance companies to make those decisions in the chiropractic world. So, for us the peer-to-peer review would be chiropractor to chiropractor. And when you deal with musculoskeletal issues, you are speaking the same language. And so, for us if this bill were to pass as a chiropractor to chiropractor peer review, we could potentially gain. Now with that being said, remuneration for chiropractic services is probably around \$50 per visit. If a patient were to come 5 times, we'd meet the \$250 threshold with 1 patient. And if we had 2 patients in the year – because with us it's 1 in 1000 that likely is asked for a preauthorization. So, it would be anywhere from \$50 to whatever. But we could potentially reach that \$250. So, I just need an opinion on whether or not I should recuse myself from voting for it because there is the potential and/or if I were to testify because, as a recipient witness, I would obviously support it because we want our patients treated. If they don't have insurance coverage, they probably would not seek treatment. So, that's why I'm here."

Chairman Gordon thanked Representative Reinfurt for her testimony and asked if the Committee members had any questions for her.

Mr. Hess asked, "As I understand it, the bill would provide for peer review for insurance coverage, as opposed to currently where it's a practitioner selected by the insurance companies. Now, if I understand it, the process, currently you have no way of knowing if or when a peer reviewer would have a different opinion or recommendation than a non-peer reviewer. Is that correct?"

Representative Reinfurt responded, "That's correct."

Mr. Hess asked, "And also, you had mentioned that if you had a client that requires 5 chiropractic treatments then you would approach or equal the \$250 limit. Again, you're speaking in terms of possibilities. You don't have any specific percentage of people that would require that."

Representative Reinfurt responded, "Correct, because we treat to the injury, not to a plan. So, somebody may get better in 1 visit, and so, if that is the case, it's \$50."

Senator Long asked, "The 1 in 1000 times that this happens, is that particularly to your business or is that chiropractic practices as a whole?"

Representative Reinfurt responded, "Both because of the way insurance companies are handling claims right now, and knowing where they're going in the future, it could be chiropractic in general. For our specific office, it's 1 in 1000 and those typically tend to be Medicaid because it's a (inaudible) plan. But Blue Cross and Blue Shield, United Health Care, all those are now starting to become pre-authorizations and any insurance company that denies the claim, you have an appeal and the appeal goes with a peer-to-peer review if you're appealing a claim. So, for right now 1 in 1000 is specific to my practice. The way things are going and have started to go already those numbers could potentially impact the entire industry."

Senator Long asked, "The peer-to-peer is 2 different chiropractic businesses, correct?"

Representative Reinfurt responded, "Correct. So, it would be a chiropractic physician on an insurance company's board who is viewing the claim speaking to the provider-practitioners to the patient. As it is right now. A nurse practitioner or some other field is at the insurance company on their board reviewing the case to determine whether or not it's medically necessary to receive this treatment. In the way this bill is being written, it would be that a chiropractor would have to sit with the insurance company, review the claim musculoskeletal and say, 'yes, this treatment is necessary, therefore the insurance company is going to have a good claim'."

Representative Rombeau asked, "Do I understand correctly? This does not actually change the circumstances. Right now, if you had a nurse practitioner or 'Susie down the street' it's the same. Somebody is referring or reviewing and saying, 'Yes, you can have coverage for this treatment.'" What about this bill -- because it's a physician peer -- would change your circumstances in terms of the benefit?"

Representative Reinfurt responded, “Because it would be a chiropractor reviewing a chiropractor’s request. And it’s happened before and we get claims denied, that they say because it’s a musculoskeletal issue and they’re not familiar with it, they’re saying that it’s not medically necessary. Therefore, the insurance company is not going to cover it. So, if a chiropractor is (inaudible) and they have an understanding that it’s apples to apples instead of apples to oranges, then the opportunity for approval is greater.”

Representative Rombeau responded, “OK. So, there’s more chance for approval because it’s a chiropractor reviewing it?”

Representative Reinfurt responded, “Exactly.”

Vice Chairman Sytek asked, “So, this bill applies to more than just chiropractor (inaudible)?”

Representative Reinfurt responded, “Yes. Absolutely. Anything that has to do with medical and dental and eyes and everything because of the way the bill is written. So, peer-to-peer is just like (inaudible) practitioner.”

The Committee then discussed the request.

Representative Lynn said, “So, I don’t really see the need for recusal here. ... I completely understand why she wrote the request. I think it was a prudent thing to do. ...It seems like this isn’t a clear, in any sense to me, conflict of interest. So, I think what the Representative is concerned about is that maybe if this was peer-to-peer review, as opposed to non-peer-to-peer review, there would be a greater likelihood maybe of claims being approved. But that to me seems pretty speculative. Maybe that would be true. But maybe ... the insurance company will have chiropractors who happen to have a particularly critical view of what is medically necessary or not, as opposed to an expansive view. And so, maybe there will be no change at all.”

Mr. Hess said, “I concur with Justice Lynn’s comments. We’re talking about hypotheticals. We’re talking about possible future situations. The fact that there’s a peer-to-peer review on the appeal process suggests that there probably will be no change in outcome because you ultimately get an appeal on the initial review of authorization. And as Speaker Sytek drew out, this applies to all medical professionals, not just chiropractic. So, I think we also have the issue of whether or not it’s targeted to a particular individual or a particular class of citizens. I don’t see any problem with our current laws regarding requiring recusal. I don’t think recusal is appropriate.”

Senator Ward said, “It seems to me that you said that, for example, if a case is denied, then it can be appealed, and in that appeal process you do have a chiropractor involved. And so, in a way, you just skip over a step if a chiropractor is involved in the final appeal. So, you do have the involvement of the chiropractor at that point?”

Representative Reinfurt said that was correct.

Vice Chairman Sytek said, “I don’t think she needs to recuse herself. My original take was, oh, this is like the (Representative) Ross Berry inquiry on childcare centers. (See *Advisory Opinion 2025-3*.) But it’s not. Because it’s broader than that. So, I don’t even think we need to put in the paragraph about the optics of somebody participating in something that affects your profession because it is a limited (inaudible). So, I think we ought to just advise her that she does not need to recuse herself. And I would so move.”

Representative Lynn seconded the motion.

Representative Rombeau said, “I was going to add, what seems like a good example is when we have the disclosure forms – our professional disclosure – because that seems sufficient in terms of what peoples’ businesses are. We don’t have to expand that to have recusal on it.”

The Committee then voted 7 to 0 in favor of the motion.

ITEM #3

New/Other Business

There was no new or other business.

ITEM #4

Scheduling of the next meeting.

The Committee next meeting will be at the call of the chair.

The Committee’s meeting adjourned at approximately 10:15 A.M.

{Prepared by Richard M. Lambert, Executive Administrator}