SB 105-FN - AS INTRODUCED

2023 SESSION

23-0795
05/08

SENATE BILL ***105-FN***

AN ACT relative to information collected by the division of vital records administration as part of the live birth worksheet.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Perkins Kwoka, Dist 21; Sen. Fenton, Dist 10; Rep. T. Lekas, Hills. 38; Rep. Nutter-Upham, Hills. 8; Rep. Edwards, Rock. 31

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill removes the possibility that omission of certain information on a live birth worksheet may result in a violation or criminal penalty; requires that the mother affirmatively consent to the inclusion of certain identifiable health information on the live birth worksheet; and repeals the requirement that the birth worksheet be retained permanently.

- -

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

SB 105-FN - AS INTRODUCED

23-0795
05/08

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to information collected by the division of vital records administration as part of the live birth worksheet.

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

1 New Paragraph; Vital Records Administration; Duties and Responsibilities; Application of Criminal Penalty Limited. Amend RSA 5-C:14 by inserting after paragraph II the following new paragraph:

II-a. Subparagraph II(a) shall apply only to the information on the mother's worksheet that is used for the birth certificate and shall not apply to the mother's, father's, or the mother's female partner's information, or the mother's statistical information.

2 New Paragraphs; Vital Records Administration; Duties and Responsibilities; Application of Violation Limited; Consent Required. Amend RSA 5-C:14 by inserting after paragraph IV the following new paragraphs:

V. Paragraph IV shall not apply to an individual who refuses consent for disclosure of her statistical information or that of her newborn, or any other personally identifiable health information contained on the facility worksheet for certificate of live birth.

VI. Mothers shall be given the opportunity to give or withhold consent for release of their identifiable health information from their and their newborn's medical records on the facility worksheet for certificate of live birth.

3 Revision of Worksheet Forms.

I. No later than January 1, 2024, the division of vital records, in consultation with the division of public health services, hospitals, and freestanding birth centers, shall present revised mother and facility worksheet forms and a signature document for the mother's consent to disclosure of identifiable health information contained in the facility worksheet to the oversight committee on health and human services for approval.

II. No later than 12 months after receiving that approval, revised paper and electronic forms shall be in use.

4 Repeal. RSA 5-C:96, II(d) and (e), relative to permanent retention of the birth worksheet, are repealed.

5 Effective Date. This act shall take effect upon its passage.

LBA
23-0795
Revised 3/13/23

SB 105-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to information collected by the division of vital records administration as part of the live birth worksheet.

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

	Estimated Increase / (Decrease)			
STATE:	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Appropriation	$0	$0	$0	$0
Revenue	$0	($0 to $169,000)	($0 to $169,000)	($0 to $169,000)
Expenditures	$0	Indeterminable	Indeterminable	Indeterminable
Funding Source:	[X] General [ ] Education [ ] Highway [X] Other - Vital Records Administration Fund			

COUNTY:

Revenue	$0	$0	$0	$0
Expenditures	$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill removes class B felony penalties and violations penalties for certain criteria pertaining to a mother's worksheet and refusal of consent for disclosure of certain items. It also repeals RSA 5-C:96, II(d) and (e), relative to permanent retention of the birth worksheet. Lastly it requires, no later than January 1, 2024, the Division of Vital Records, in consultation with the Division of Public Health Services, hospitals, and freestanding birth centers, to present revised mother and facility worksheet forms and a signature document for the mother's consent to disclosure of identifiable health information contained in the facility worksheet to the oversight committee on health and human services for approval.

The Department of State indicates requiring the Division of Vital Records Administration to update its paper forms will not have an impact as those form changes are regularly recorded by the Division. However, the Department states updating the electronic forms has an estimated cost of $100,000 in FY 2024. The Department also notes currently the Division has a contract with the CDD, the Vital Statistics Cooperative Program Contract, which requires the Division to share vital record information from the birth form. Changing the data reported to the CDC may cause NH to default on the contract resulting in a potential loss in contract revenue going into the Vital Records Administration Fund of $169,000 per a year. This fund is used to pay

personnel costs in vital records. Any lost revenue in this fund would need to be supported by the General Funds to cover the costs.

The Department of Health and Human Services (DHHS) states in the extreme instance allowing access to aggregated, de-identified and accurate birth certificate worksheet data is reduced or incomplete the result could be the loss of federal funding that supports the work of the state's CDC Pregnancy Risk Assessment Monitoring System, CDC's Preventing Maternal Deaths through the Maternal Mortality Review Committee, the Health Resources and Services Administrations Title V Block Grant activities, Maternal and Child Health State Systems Development Initiative, Maternal, Infant and Early Childhood Home Visiting program and Child Abuse Prevention and Treatment Act programming. If that were to happen the estimate cost in grants of $8m (see details below) could be placed in jeopardy.

- HRSA MCH/Title V Block grant $1,981,378 (annual)
- CDC Pregnancy Risk Assessment Monitoring System $160,020 (annual)
- CDC Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees $150,000 (annual)
- HRSA State Systems Development Initiative (SSDI) $160,000 (annual)
- HRSA Maternal, Infant and Early Childhood Home Visiting grant $3,004,211 (annual)
- Child Abuse Prevention and Treatment Act (CAPTA) $1,825,000 (5 year grant to DCYF)

This bill contains penalties that may have an impact on the New Hampshire judicial and correctional systems. There is no method to determine how many charges would not be brought as a result of the changes contained in this bill to determine the fiscal impact on expenditures. However, the entities impacted have provided the potential costs associated with these penalties below.

Judicial Branch	FY 2023	FY 2024 through 12/31/23	FY 2024 (Starting 1/1/24 with repeal of Felonies First)
Violation and Misdemeanor Level Offense	$119	$122	$122
Complex Felony Case	$3,195	$3,244	$3,366
Routine Criminal Case	$644	$657	$779
Appeals	Varies	Varies	Varies

Judicial Council	FY 2023	FY 2024
Public Defender Program	Has contract with State to provide services.	Has contract with State to provide services.
Contract Attorney - Felony	$825/Case $105 administrative fee $200 incarceration fee	$825/Case $105 administrative fee $200 incarceration fee

	(If applicable)	(If applicable)
Contract Attorney – Misdemeanor	$300/Case $70 administrative fee $100 incarceration fee (If applicable)	$300/Case $70 administrative fee $100 incarceration fee (If applicable)
Contract Attorney - Major Crimes (aggravated felonious sexual assault, felonious sexual assault and first degree assault)	$2,490/Case $140 administrative fee $200 incarceration fee (If applicable)	$2,490/Case $140 administrative fee $200 incarceration fee (If applicable)
Assigned Counsel - Felony. Homicide including capital cases. Travel time to court does not count toward the cap.	$125/Hour up to $20,000	$125/Hour up to $20,000
Assigned Counsel - Major Crimes. Aggravated felonious sexual assault, felonious sexual assault, first degree assault, class A felony robbery and felony arson. Travel time to court does not count toward the cap.	$125/Hour up to $12,500	$125/Hour up to $12,500
Assigned Counsel - Felony. Travel time to court does not count toward the cap.	$90/Hour up to $5,500	$90/Hour up to $5,500
Assigned Counsel- Misdemeanor. Travel time to court does not count toward the cap.	$90/Hour up to $2,000	$90/Hour up to $2,000
Assigned Counsel - Supreme Court Appeal	$125/Hour up to $10,000	$125/Hour up to $10,000

It should be noted that a person needs to be found indigent and have the potential of being incarcerated to be eligible for indigent defense services. Historically, approximately 85% of the indigent defense caseload has been handled by the public defender program, with the remaining cases going to contract attorneys (14%) or assigned counsel (1%). Beginning in March of 2021, the public defender program has had to close intake of new cases due to excessive caseloads. Due to these closures, the contract and assigned counsel program have had to absorb significantly more cases. The system is experiencing significant delays in appointing counsel and the costs of representation have increased due to travel time and multiple appointments.

Department of Corrections	FY 2023	FY 2024
FY 2022 Average Cost of Incarcerating an Individual	$64,223	$64,223
FY 2022 Annual Marginal Cost of a General Population Inmate	$6,123	$6,123
FY 2022 Average Cost of Supervising an Individual on Parole/Probation	$688	$688

The Department notes any increase in the incarcerated population will have a direct impact on overtime costs given the Department's history of challenges associated with recruitment. In addition, the NH State Prison for Men has a degrading infrastructure which will only be exacerbated if an increase in the incarcerated population were to occur.

NH Association of Counties	FY 2023	FY 2024
County Prosecution Costs	Indeterminable	Indeterminable
Estimated Average Daily Cost of Incarcerating an Individual	$105 to $125	$105 to $125

Many offenses are prosecuted by local and county prosecutors. When the Department of Justice has investigative and prosecutorial responsibility or is involved in an appeal, the Department may be able to absorb the cost within its existing budget. However, if the Department needs to prosecute significantly fewer cases or handle less appeals, then costs will decrease by an indeterminable amount.

AGENCIES CONTACTED:

Department of State, Department of Health and Human Services, Judicial Branch, Departments of Corrections and Justice, Judicial Council, and New Hampshire Association of Counties

CONSENT CALENDAR

May 23, 2023

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Executive Departments and Administration to which was referred SB 105-FN,

AN ACT relative to information collected by the division of vital records administration as part of the live birth worksheet. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Jaci Grote

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Executive Departments and Administration**
Bill Number:	**SB 105-FN**
Title:	**relative to information collected by the division of vital records administration as part of the live birth worksheet.**
Date:	**May 23, 2023**
Consent Calendar:	**CONSENT**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2023-1728h**

STATEMENT OF INTENT

This bill de-identifies personal information submitted on the facility worksheet for a live birth, removes the criminal penalty for information requested on the mother's birth worksheet that is not required for the birth certificate, and requires that these worksheets are retained in hospitals and birthing centers for 7 years rather than permanently. The 7 year retention is related to the age when a child enters school. The hearing resulted in strong opposition to the de-identification from the office of the secretary of state who would not be able to issue birth certificates and the department of health and human services who could not use the data in a meaningful way for research. As amended, the bill addresses the criminal penalty and records retention.

Vote 20-0.

Rep. Jaci Grote
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Executive Departments and Administration
SB 105-FN, relative to information collected by the division of vital records administration as part of the live birth worksheet. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Jaci Grote for Executive Departments and Administration. This bill de-identifies personal information submitted on the facility worksheet for a live birth, removes the criminal penalty for information requested on the mother's birth worksheet that is not required for the birth certificate, and requires that these worksheets are retained in hospitals and birthing centers for 7 years rather than permanently. The 7 year retention is related to the age when a child enters school. The hearing resulted in strong opposition to the de-identification from the office of the secretary of state who would not be able to issue birth certificates and the department of health and human services who could not use the data in a meaningful way for research. As amended, the bill addresses the criminal penalty and records retention. **Vote 20-0.**

Original: House Clerk
Cc: Committee Bill File

LBA
23-0795
Amended 4/20/23

SB 105-FN FISCAL NOTE
AS AMENDED BY THE SENATE (AMENDMENT #2023-1037s)

AN ACT relative to information collected by the division of vital records administration as part of the live birth worksheet.

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

	Estimated Increase / (Decrease)			
STATE:	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Appropriation	$0	$0	$0	$0
Revenue	$0	Indeterminable Decrease	Indeterminable Decrease	Indeterminable Decrease
Expenditures	$0	Indeterminable Decrease	Indeterminable Decrease	Indeterminable Decrease
Funding Source:	[X] General [ ] Education [ ] Highway [X] Other - Vital Records Administration Fund and Federal Funds			

COUNTY:

Revenue	$0	$0	$0	$0
Expenditures	$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill removes the possibility that omission of certain information on a live birth worksheet may result in a violation or criminal penalty; requires that the mother affirmatively consent to the inclusion of certain identifiable health information on the live birth worksheet; and repeals the requirement that the birth worksheet be retained permanently. Lastly, it requires, no later than January 1, 2024, the Division of Vital Records, in consultation with the Division of Public Health Services, hospitals, and freestanding birth centers, to present revised mother and facility worksheet forms and a signature document for the mother's consent for disclosure of identifiable health information contained in the facility worksheet to the oversight committee on health and human services for approval.

The Department of State indicates requiring the Division of Vital Records Administration to update its paper forms will not have an impact as those form changes are regularly recorded by the Division. However, the Department states updating the electronic forms has an estimated cost of $100,000 in FY 2024. The Department also notes currently the Division has a contract

with the CDC, the Vital Statistics Cooperative Program Contract, which requires the Division to share vital record information from the birth form. Changing the data reported to the CDC may cause NH to default on the contract resulting in a potential loss in contract revenue going into the Vital Records Administration Fund of $169,000 per a year. This fund is used to pay personnel costs in vital records. Any lost revenue in this fund would need to be supported by the General Funds.

The Department of Health and Human Services (DHHS) states vital records include births, deaths, marriages, divorces, and fetal deaths. The National Vital Statistics System is one of the oldest and most successful examples of data collection and sharing. It is a complex system that incorporates entities at the local, state, and federal level, each with its own role. Federal law mandates uniform collection and publication of this data.

Birth registration is the process of recording a child's birth. It is a permanent and official record of a child's existence and provides legal recognition of that child's identity. In addition to its role in assuring an accurate count of births and creating a legal identity for an individual, birth records are used to identify and quantify health related issues. This foundational information is collected in the same manner by every state. Standardized birth records are used in the prevention of preterm birth, maternal and fetal deaths, birth defects and other labor, delivery and birth related outcomes. Birth records identify health trends at the state, local and national levels including rates of infant mortality, maternal mortality and fetal death. The Standard Certificate of Live Birth collects information on the use of prenatal care, maternal sociodemographic and behavioral data, place of birth, information pertaining to medical and obstetric complications of pregnancy, and Apgar scores. The registration of births is the responsibility of the birth attendant, generally a physician, midwife or hospital, and must be reported promptly.

The DHHS states hospitals, birthing centers, towns and cities enter birth records into the New Hampshire Division of Vital Records Administration (NHDVRA) electronic system. In accordance with RSA 126:24-c and a Memorandum of Understanding between the DHHS and the NH Secretary of State, a file transfer of the entire contents of birth records is shared with the DHHS 4 times a day on a 24-hour, 7-day per week basis, via a remote data download so that DHHS can administer a wide range of authorized services and activities. The DHHS also states the Office of Secretary of State is not a covered entity by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, the DHHS is covered by HIPAA.

The DHHS states this bill amends RSA 5-C:19, II(a) to require the removal of the all personally identifiable information for the mother, father and infant on the birth work sheet for institutional births by the hospital or institution's birth registrar or designee prior to submission to the NHDVRA. The bill also prohibits any hospital, birthing center, or institution from disclosing on the facility worksheet the mother's medical record number or the infant's medical record number.

This bill also requires that no later than January 1, 2024, the NHDVRA in consultation with the DHHS, hospitals, and freestanding birth centers present a revised draft of the mother and facility worksheet form for review to the Committee on Health and Human Services Oversight for approval. The revised and approved birth worksheet (written or electronic copy) will be required to be in use no later than one year after approval. The DHHS states the changes required by this bill are in conflict with reporting requirements of the National Center for Health Statistics. (RSA 5-C:5)

The bill removes the criminal penalty for not providing the information requested on the mother's birth worksheet (health information) that is not required for the birth certificate. This bill also repeals RSA 5-C:96, II(d) and (e), relative to permanent retention of the birth worksheet.

The DHHS estimates that a significant unintended consequence of this bill could be the loss of critical and timely data from the information provided by the Live Birth Worksheet as described below. It is anticipated that without this data, the programs that depend on this information to plan access to prenatal care, health screenings for life saving treatment, fraud and program integrity protection for state and federal entitlements, health promotion planning and required evaluation efforts of the health and safety of New Hampshire mothers and infants could be at risk of losing critical federal funding.

Additionally, the DHHS understands that some of the information within this bill would prohibit collection of is needed by the Secretary of State's office and Social Security Administration (SSA) in order to issue a birth certificate and social security number (SSN) for a newborn. Information needed for this process includes the child's name, mailing address, mother's name, father's name, mother's SSN and father's SSN. This information is currently collected as part of the birth registration process as a convenience for parents, and the information is sent directly to the SSA by the state. It is unclear how the SSA will confirm the birth information and the parent requesting the SSN at the time of application. The DHHS

states there is a chance this may lead to the need for the parents of approximately 12,000 New Hampshire infants per year to physically take their child's birth certificate to a Social Security Office to complete a process that is now done electronically and seamlessly.

The DHHS notes this bill will impact its Division of Public Health Services newborn screening program; hearing screening; birth conditions program; maternal mortality review; identification of emerging or known infectious threats during pregnancy; pregnancy risk assessment monitoring system; rural health and primary care; and certain data analysis and needs assessments for various grants or the data portal. It will also impact the Division of Economic Supports Child Support Services, Medicaid (DMS) Integrated Eligibility Services, Division for Children, Youth and Families, and the Estate Recovery Unit - Division of Legal Services.

The DHHS anticipates the fiscal impact from this bill will begin in FY 2024. The DHHS states in extreme instances this bill could have an impact in excess of $26 million in federal funds due to becoming ineligible for a variety of programmatic grants, with costs for data system, quality assurance and fraud prevention being indeterminable at this time and may result in the need to eliminate in excess of 13 full-time positions, mainly in the Division of Public Health Services.

The Division of Legal Services, Estate Recovery Unit (ERU) estimates the bill could have a negative impact on the general fund as this bill could decrease the State General Fund by an indeterminable amount because it is impossible to predict who will pass away with what surviving heirs. The ERU would be unable to confirm the relationship between a deceased Medicaid recipient and survivors. Without this information, the ERU will be unable to enforce recovery properly and could have a negative impact on the State General Fund because it will unnecessarily subject the State to liability should recovery be made where it is inappropriate.

Also, there may be an indeterminable impact to community-based, safety-net health organizations including Federally Qualified Health Centers. Without federal designations of need based in part on local birth data, critical federal funds for Federally Qualified Health Centers and workforce loan repayment programs for healthcare workforce are in jeopardy.

The overall fiscal impact is indeterminable at this time because no other state has enacted similar restrictions in access to Birth Data and there may be additional unintended consequences.

This bill contains penalties that may have an impact on the New Hampshire judicial and correctional systems. There is no method to determine how many charges would not be brought as a result of the changes contained in this bill to determine the fiscal impact on expenditures. However, the entities impacted have provided the potential costs associated with these penalties below.

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Assigned Counsel - Supreme Court Appeal	$125/Hour up to $10,000	$125/Hour up to $10,000

It should be noted that a person needs to be found indigent and have the potential of being incarcerated to be eligible for indigent defense services. Historically, approximately 85% of the indigent defense caseload has been handled by the public defender program, with the remaining cases going to contract attorneys (14%) or assigned counsel (1%). Beginning in March of 2021, the public defender program has had to close intake of new cases due to excessive caseloads. Due to these closures, the contract and assigned counsel program have had to absorb significantly more cases. The system is experiencing significant delays in appointing counsel and the costs of representation have increased due to travel time and multiple appointments.

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FY 2022 Average Cost of Supervising an Individual on Parole/Probation	$688	$688

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NH Association of Counties	FY 2023	FY 2024
County Prosecution Costs	Indeterminable	Indeterminable
Estimated Average Daily Cost of Incarcerating an Individual	$105 to $125	$105 to $125

Many offenses are prosecuted by local and county prosecutors. When the Department of Justice has investigative and prosecutorial responsibility or is involved in an appeal, the Department may be able to absorb the cost within its existing budget. However, if the Department needs to prosecute significantly fewer cases or handle less appeals, then costs will decrease by an indeterminable amount.

AGENCIES CONTACTED:

Department of State, Department of Health and Human Services, Judicial Branch, Departments of Corrections and Justice, Judicial Council, and New Hampshire Association of Counties

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

PUBLIC HEARING ON SB 105-FN

BILL TITLE: **relative to information collected by the division of vital records administration as part of the live birth worksheet.**

DATE: **April 26, 2023**

LOB ROOM: **306-308** **Time Public Hearing Called to Order:** **11:33 a.m.**

Time Adjourned: **1:15 p.m.**

Committee Members: Reps. C. McGuire, Simon, T. Lekas, Bailey, Santonastaso, True, T. Dolan, Abare, Gerhard, Grote, P. Schmidt, Goley, Schuett, Grassie, F. Davis, Fitzpatrick, S. Gould and Juliet Smith

Bill Sponsors:

Sen. Rosenwald	**Sen. Perkins Kwoka**	**Sen. Fenton**
Rep. T. Lekas	**Rep. Nutter-Upham**	**Rep. Edwards**

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Senator Rosenwald – Senate 13 – introduced the bill and reviewed the bill with the committee.

Rep Eric Turer – Rock 6 - opposes the bill. If HIPA is a concern, this can be addressed is other ways.

***Rep Wayne McDonald** – Rock 16, Chair of House HSEA and Lindsay Bibeau, Adm Investigation at DHHS- oppose the bill in that it would prevent the use of this data in investigations.

Mary Bridgood Wilson – Legislative Committee on Disciplinary Primary Care- in opposition

***Patricia Tilley** Director of Public Health Services and Dr Chan, State Epidemiologist, stated that Section 2 is unworkable and both are in opposition based on access to care, baby screening services, child support, for example. Noted that no names are sent to the CDC. If the data is de identified we could not have a birth record, automatic SSN would not occur, federal support for 90k people would be eliminated for birth/child care at local facilities. We have already been impacted with the lack of birthing centers from Claremont to Dover. Post-natal screening would not be funded, maternal mortality would not be tracked and NH would be removed from the national record.

Dr Janet Perkins Howland, representing self, opposed

Kristin Kenniston, Director of the Division of Vital Records, Tricia Pezori, Election Division and David Scalan, SOS stated that section 2 is what is used to issue birth certificates and therefore cannot be identified. For those who do not want to answer all the questions there is a box for "unknown". Birth records are available since 1935 and available from the town/city clerk. Regarding record retention, the SOS office suggests a 7 year period so that delayed birth certificates can be issued for school age children.

Kailey Crockett – gave birth to a child where MSP1 was diagnosed during postnatal screening and treated so that the child will live a normal life.

***Lucy Hodder** – presented written testimony

***Dee Dustin** - gave birth to a child with a rare disorder (MPS1) when there was a postnatal screening. This disorder results in permanent damage and her son must now use a wheelchair. She worked to include this in the post natal screening and now children with this disorder can be treated to prevent damage to their bodies.

Rep Nancy Murphy Hillsboro 12 – opposes bill due to the need to have geographic tracing for disorders from pollution.

***Heidi Caswell and Samuel Caswel**l – read written testimony. Advocated for MPS1 screening – Sam was born with a severe case and it was not diagnosed until 1997.

***Paula Minnehan** – NH Hospital Assoc – written testimony.

Respectfully Submitted,

Rep Jaci Grote
Acting Clerk

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # SB 105 Date 4/26/23

Committee EDFA

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Katy Frey			New Futures		✓
Jennifer Smith, MS, MPH			Self	—	Please return
Hanan Bedri, NHPHA			NHPHA		✓
David LaFlamme, PhD, MPH			Self		✓
Matthew Houde Dartmouth Health					✓
NEAL KURK	WEARE		SELF	✓	

House Remote Testify

Executive Departments and Administration Committee Testify List for Bill SB105 on 2023-04-26

Support: 5 Oppose: 27 Neutral: 1 Total to Testify: 0

Export to Excel

Name	City, State Email Address	Title	Representing	Position	Testifying	Non-Germane	Signed Up
Perkins Kwoka, Rebecca	Portsmouth, NH rebecca.perkinskwoka@leg.state.nh.us	An Elected Official	Myself	Support	No	No	4/18/2023 10:34 AM
Kelly, Joyce	Laconia, NH jkmk1986@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/20/2023 3:42 PM
Ahern, Sarah	Concord, NH Smahern@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/20/2023 4:16 PM
Gilman, Amanda	Tilton, NH amanda.gilman@themamacoach.com	A Member of the Public	Myself	Oppose	No	No	4/21/2023 12:44 PM
Efferson-Bonachea, Nancy	Bedford, NH nebonachea1 @gmail.com	A Member of the Public	Myself	Support	No	No	4/23/2023 2:24 PM
Howland, Curtis	Manchester, NH howland@priss.com	A Member of the Public	Myself	Support	No	No	4/23/2023 4:27 PM
Gardner, James	Keene, NH yourgardner@protonmail.com	A Member of the Public	Myself	Support	No	No	4/24/2023 1:46 AM
Plante, Erica	Dover, NH ericalynplante@unh.edu	A Member of the Public	Myself	Oppose	No	No	4/24/2023 10:47 AM
Shonka, Nicholas	DURHAM, NH nicholas.shonka@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/24/2023 11:13 AM
Cornell, Rik	Manchester, NH cornellrik@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/24/2023 11:46 AM
Fisher, Sara	Concord, NH saaigb@yahoo.com	A Member of the Public	Myself	Oppose	No	No	4/24/2023 12:14 PM
Lucey, Anne	Bedford, NH kayakinmama@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/24/2023 12:15 PM
chapman, angela	new durham, NH angelamarie@tds.net	A Member of the Public	Myself	Oppose	No	No	4/24/2023 2:19 PM

Lindpaintner, Lyn	Concord, NH lynlin@bluewin.ch	A Member of the Public	Myself	Oppose	No	No	4/24/2023 6:22 PM
Hugener, Melissa	Portsmouth, NH mhugener@yahoo.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 9:53 AM
Porter, Jo	Nottingham, NH josephineporter151@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 10:00 AM
Richardson, Daniel	Nashua, NH daniel6_22@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/25/2023 11:27 AM
Smith, Susan	Gilford, NH ses67105@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 11:50 AM
Fralick, eVE	Greenland, NH efralick1@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 12:50 PM
Mandelbaum, Jennifer	Portsmouth, NH jenniferbmandelbaum@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 12:53 PM
Gerkin, Audrey	Brentwood, NH audreygerkin@nhcycc.org	A Member of the Public	Council for Youths with Chronic Conditions (CYCC)	Oppose	No	No	4/25/2023 1:43 PM
Doye, Maria	Salem, NH visualize_joy@yahoo.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 2:47 PM
Fjeld-Sparks, Kristina	Lyme, NH kristina.fjeld@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 3:13 PM
Stoddard, Kristine	Bow, NH kstoddard@bistatepca.org	A Lobbyist	Bi-State Primary Care Association	Oppose	No	No	4/25/2023 3:19 PM
Costello, Amy	Dover, NH amykwcostello@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/25/2023 3:46 PM
Stanley, Lynn	Concord, NH jdejoie@karnerbluestrategies.com	A Member of the Public	National Assoc. Of Social Workers - NH Chapter	Oppose	No	No	4/25/2023 6:33 PM
Harding, laurie	Lebanon, NH lharding0625@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/26/2023 9:09 AM
Simmonds, Cliff	Concord, NH csimmonds@nhchildrenstrust.org	A Member of the Public	NH Children's Trust	Neutral	No	No	4/26/2023 9:25 AM
Shepard, Angela	Hopkinton, NH Ashepardmd@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/26/2023 10:57 AM
Scruton, Elizabeth	New Durham, NH emcosta603@gmail.com	A Member of the Public	Myself	Support	No	No	4/26/2023 11:06 AM
Ewing, Josie	Plymouth, NH townclerk@plymouth-nh.org	An Elected Official	Myself	Oppose	No	No	4/26/2023 11:11 AM

Dufort, Liselle	Newport, NH clerk@newportnh.gov	An Elected Official	Myself	Oppose	No	No	4/26/2023 11:33 AM
Woitkowski, Rebecca	concord, NH rwoitkowski@new-futures.org	A Lobbyist	The Wellness and Primary Prevention Council	Oppose	No	No	4/26/2023 12:48 PM

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SUBCOMMITTEE WORK SESSION on SB 105-FN

BILL TITLE: relative to information collected by the division of vital records administration as part of the live birth worksheet.

DATE: May 10, 2023

Subcommittee Members: Reps. Grote, T. Lekas, Fitzpatrick and Bailey, Grassie

Comments and Recommendations: Amendment 1728h presented to committee. SOS and DHHS in support. Informal study by ED&A with SOS and DHHS regarding vital records and privacy

MOTIONS: **OUGHT TO PASS WITH AMENDMENT**

Moved by Rep. Grote	Seconded by	AM Vote: 5-0
Amendment # 2023-1728h		
Moved by Rep. Grote	Seconded by Rep. Fitzpatrick	Vote: 5-0

Respectfully submitted,

Rep. Jaci Grote
Subcommittee Clerk

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori Weaver
Acting Commissioner

Patricia Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4524 1-800-852-3345 Ext. 4524
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Testimony for SB105, relative to information collected by the Division of Vital Records Administration as part of the live birth worksheet.
Executive Departments and Administration
Legislative Office Building
Wednesday, April 26, 2023

Dear Chair McGuire and Members of the Committee,

The New Hampshire Department of Health and Human Services, Division of Public Health Services ("Department"), through this testimony, opposes SB105, *relative to information collected by the division of vital records administration as part of the live birth worksheet.* **We respectfully request the Committee to vote inexpedient to legislate or amend SB 105 to eliminate Section 2, Page 1, Line 6 through Page 3, Line 11. If Section 2 is eliminated, Section 3, Page 3, Lines 12-18 are also unnecessary. Sections 1 and 4 are consistent with reasonable privacy protection.**

The Birth Record is the single, complete and accurate record of citizenship and health status of maternal and infant health. Birth records serve the dual function of confirming maternity, paternity and residence while providing the foundation of health information that is used to prevent maternal and infant deaths. This data is used extensively to ensure that all residents of the state have access to needed healthcare and social services. Privacy of this sensitive data is protected by existing State and Federal statutes.

The Department opposes Section 2 of SB105 because, without access to the full birth record, including identifiers, the Department will be unable to fulfill its responsibility to protect and promote the health and economic stability of New Hampshire residents.

If enacted as proposed, the Department will be unable to provide efficient and effective services such as child protection, child support, TANF, Medicaid and life-saving healthcare.

Complete birth data ensures that these systems work as intended and there is no fraud or abuse.

New Hampshire Chapter Law 5-C requires the Secretary of State, Division of Vital Records Administration (DVRA) to complete birth certificates for all births. Federal law 42 U.S.C. § 242k, Section 306(h) of the **Public Health Service Act also mandates uniform collection and publication of births and other vital statistics data to facilitate inter-jurisdictional exchange**. New Hampshire Chapter Law 5-C:4 states that the Department of Health and Human Services shall have access to Vital Records in accordance with the provisions of RSA 126:24-c. RSA 126:24-c states that the Department shall have a direct and tangible interest in Vital Records data *including personal identifiers*. The Secretary of State provides continuous electronic access to the Department of the entire contents of the data files on a 24-hour, 7-day per week basis.

As guardians and stewards of this highly sensitive and private information, the Secretary of State and the Department treat Birth Records with care by following all Federal and State statutes and utilize physical, technical, legal and organizational measures to guard against unauthorized or unlawful accessing of personal data or accidental

loss, or alteration. Existing data governance practices minimize the data elements that individuals may access while doing legitimate and required government functions. **Individuals in the Department are limited to see only the portions of the record that are applicable to their specific function and are required to respect the confidentiality of all information to which they have access.**

Equally as important, and as the Department has continued to research this issue, it is clear that SB105 as passed by the Senate, will negatively impact public health's ability to identify and respond to health issues in mothers and babies, and poses significant financial and policy barriers that may lead to unintended and reduced access to healthcare, child support, and necessary services for New Hampshire residents. **Section 2 of SB 105 impacts at least four broad areas of concern that have significant health, financial and statutory implications.**

I. Public health and healthcare services that New Hampshire residents may no longer be able to access, putting the health and economic stability of New Hampshire residents at risk.
II. Legitimate investigations of fraud or abuse of public services will be negatively impacted.
III. Existing statutes that conflict with proposed legislation would need to be changed.
IV. Federal funds the Department would lose for services and data system modernization because New Hampshire would not have complete birth data. This directly impacts resources invested throughout the State.

Critical Services for New Hampshire Residents Are At Risk

Division of Public Health Services	**Federally Qualified Health Centers**- More than 85,000 New Hampshire residents may **reduce or lose access to affordable prenatal and primary care services through the network of Federally Qualified Health Centers (FQHCs)**. FQHCs depend on Federal designations and State and Federal resource allocation formulas that are based on accurate local data about the health of mothers and infants. Without New Hampshire data, New Hampshire healthcare providers **are less competitive for federal workforce investments through the Health Resources and Services Administration.** **Newborn Screening Program**- Approximately 12,000 infants a year are born in New Hampshire. If SB105 is enacted, the Department will no longer be able to match newborn screening data with vital records to ensure every infant is screened (if parents chose) and followed up with appropriately for life-saving care and treatment. **This will lead to unintended consequences of delayed care and the potential for severe health problems, or even death, of infants.** **Birth Conditions Program**- the Department will no longer be able to ensure infants with a reportable birth condition are screened and provided appropriate life-saving care and treatment. **Maternal Mortality Review**- the Department will no longer be able to verify, identify and assess cause of death, and support preventative programs and education. **As preventable maternal deaths increase across the country, this is not the time to do less.** **Identification of emerging or known infectious threats during pregnancy** among pregnant people and their exposed infants including conditions such as

<table>
<tr><td></td><td>Syphilis and Zika that require timely identification to prevent significant health outcomes to the infant.

Home Visiting – New Hampshire families will lose access to Federally funded home visiting programs that prevent child abuse and support optimal child development. New Hampshire would no longer be eligible for the Federal Maternal Infant Early Childhood Home Visiting program eliminating services for hundreds of New Hampshire families.

Data Analysis- Without mother's residence address or town/city, the Department will not be able to release health statistics information by sub-state geographic areas (county, county with Manchester and Nashua, public health regions, census track). This directly impacts healthcare systems, community organizations, and academic institutions.

The Department would no longer have statistically accurate data regarding births and birth outcomes available to the public.

If SB105 is enacted, <u>none of this information will be available at the town or county level:</u>
• Very Preterm Birth (less than 32 weeks)
• Preterm Birth (less than 37 weeks)
• Early Term Birth (37 to 38 Weeks)
• Full Term Birth (39 Weeks or more)
• Low birthweight (<2500 grams)
• Very low birthweight (<1500 grams)
• NH teen births
• Preterm birth by smoking during pregnancy
• Quit smoking by third trimester
• Smoking during pregnancy
• Sex ratio at birth (Male to Female)
• Total Fertility Rate
• Infant deaths (live births are the denominator)
• Substance Exposed Births</td></tr>
<tr><td>Division of Economic Supports</td><td>Child Support Services - Access to vital records by Child Support Services is required by the Social Security Act, Title IV-D. Without access, the Department would not be able to establish paternity for children (or verify if it's been established) nor establish a legal order for child and medical support. The Department would no longer be able to assist in the investigation to locate parents or other legally liable people failing to pay child support through matching the vital records for identifiable birth information. Eligibility would be dependent on whatever information is voluntarily given to the state.

Integrated Eligibility (New HEIGHTS / NH Easy) Services - The Department would no longer be able to independently verify citizenship or birth to aid in the eligibility determinations for public assistance programs which may result in fraud, waste, abuse and potential denials of services for TANF, SNAP and Medicaid.

Without access to complete Vital Records new quality assurance methods and data systems would need to be developed to prevent potential fraud and waste.</td></tr>
<tr><td>Medicaid</td><td>The Department would no longer be able to utilize the identifiable vital records data to create a linked data set utilizing the birth records in support of Medicaid fraud prevention or use birth data for analytics and program planning and implementation and evaluation.</td></tr>
</table>

Division for Children Youth and Families	DCYF accesses this data for **international adoptions**, which is a requirement of the Annual Progress and Services Report (APSR) for ACF. DCYF is currently seeking additional access to vital statistics birth and death data for matching child fatalities and causes of death. This information may assist in identifying preventative measures to decrease child maltreatment and fatalities. DCYF accesses vital statistics data to help **determine eligibility for financial programs** which help to provide fiscal support for services needed by children and families.

Potential Federal and State Implications

The U.S. Census Bureau produces estimates of total resident population for all areas of general-purpose government on an annual basis. The sub-county areas consist of both incorporated places (such as cities, boroughs, and villages) and minor civil divisions (such as towns and townships). **Birth data with demographic characteristics is one of the important data sources used to calculate population estimates.** This data is provided to the US Census by the National Center for Health Statistics that receives this data from each state, including New Hampshire. **These estimates have significant impact to local, county and state planning.**

The data elements of the Birth Record are standardized so it doesn't matter where a US resident is born, questions are asked in a similar way and records can be exchanged between states when a resident of one state is born in another state. Ten percent of infants born in New Hampshire are residents of other states and 10% of New Hampshire residents are born in another state. **Section 2 of SB105 makes inter-jurisdictional exchange of records between states challenging, if not impossible, potentially putting thousands of families at risk of incomplete or untimely records of birth.**

Additionally, the Department understands that some of the information that SB105 proposes to no longer collect or share is needed by the Social Security Administration (SSA) in order to issue a social security number for a newborn including the child's name, mailing address, mother's name, father's name, mother's Social Security Number and father's Social Security Number. This information is currently collected as part of the birth registration process as a convenience for parents, and the information is sent directly to the SSA by the state. If New Hampshire no longer collects or shares this information, parents will need to contact the SSA and apply for SSNs for their newborns on their own rather than having it done for them.

New Hampshire Statutes

If SB105 were enacted, several New Hampshire statutes would also need to be adjusted. Because access to Vital Records is used throughout the Department and other State Agencies, this may not be a complete list.

- **126:24-c Access to Information from Vital Records for Public Health Purposes.** The department shall have a direct and tangible interest in vital records data including personal identifiers. The secretary of state shall provide continuous electronic access to the department of the entire contents of the data files on a 24-hour, 7-day per week basis.
- **5-C:4 Registrar of Vital Records; Privacy; Duties.** – In collecting information, prime consideration shall be given to the protection of the privacy of the individuals about whom information is given. In accordance with the provisions of this chapter, the secretary of state shall ensure that, when information is collected, the minimum of data shall be collected to accomplish a specific purpose, that no information shall be available to unauthorized personnel, that only the minimum be made available to authorized personnel, and that no information that could possibly adversely affect an identified individual be made public. **The**

department of health and human services shall have access to vital records information in accordance with the provisions of RSA 126:24-c. The New Hampshire retirement system shall have access to a limited data set of vital records information in accordance with the provisions of RSA 100-A:14, XVI. The department of corrections shall have access to a limited set of vital records information in accordance with the provisions of RSA 21-H:8, XI-c.

- **5-C:31 Notice of Adoption.** –VIII. The probate court information, including the date of the adoption decree; the name, county and state of the court and the name of the judge or justice presiding; the volume, page, and record number of the probate court filing; the signature and seal of the court and date signed; and the name of the city or town of birth and the date the report was sent by the probate court to the clerk of the town or city of birth occurrence, the department of health and human services, and the division.
- **5-C:36 Birth Record of a Foundling.** – The department of health and human services shall record the following information for a "foundling," which shall mean an infant of unknown parentage: the name given to the child, if available; the date and place of filing; the child's sex; the approximate birth date of the child; the signature and title of the custodian; the name and address of the person or institution with whom the child has been placed for care by the department of health and human services; other available data regarding the physical condition of the child, as determined by approximation, in accordance with RSA 5-C:19; the notation "foundling;" the city or town where the child was found, which shall be entered as the place of birth; and parentage data, which shall be shown as "unknown."

Financial Implications

A complete Fiscal Impact Statement has been completed by the Department. The fiscal analysis included the potential loss of the following core public health grants from the Centers for Disease Control and Prevention (CDC) and the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) and Administration for Children Youth and Families (ACYF):

- HRSA MCH/Title V Block grant $1,981,378 (annual)
- CDC Pregnancy Risk Assessment Monitoring System $160,020 (annual)
- CDC Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees $150,000 (annual)
- HRSA State Systems Development Initiative (SSDI) $160,000 (annual)
- HRSA Maternal, Infant and Early Childhood Home Visiting grant $3,004,211 (annual)
- ACYF Child Abuse Prevention and Treatment Act (CAPTA) $1,825,000 (5 year grant)
- CDC Environmental Public Health Tracking Program - $550,000 (annual)
- CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - Surveillance and Monitoring of Emerging, Reemerging, or Persistent Infectious Threats and the Impact on Pregnant People, Infants, and Children- $300,000 (annual)
- CDC ELC Data Modernization Initiative (DMI) - $1,350,000

Tens of millions of Federal public health dollars that directly fund services in local communities would be in jeopardy if access to the complete birth data set was unavailable.

Without access to Vital Records to confirm paternity, individual New Hampshire families may not be able to access child support (approximately $76 million annually). New Hampshire could be in violation of Federal requirements to establish paternity and support orders which may result in the loss of Federal funding (approximately $13 million annually) including financial penalties in the form of reduction in the TANF block grant.

The complete birth record allows the Department to verify citizenship and birth information to aid in eligibility for public assistance programs and investigate fraud, waste, abuse and potential denials or

discontinuation of services for TANF (Cash Assistance), SNAP (Food Stamps) and Medicaid. This will delay the process for determinations. Access to the identifiable information to verify the individual's application for services. **Without the ability to confirm the residence/citizenship and maternity and/or paternity of children, the responsibility to provide proof/verification would fall to the client and their failure to provide could result in denial of benefits.**

Additionally, New Hampshire residents may need to take new responsibility for maintaining their own records to share with either the Department for specific services or with the Social Security Administration to obtain Social Security Numbers for their children. This could impact tens of thousands of families.

All of these risks will impact the work the Department does today and the work the Department could do in the future. **It will have an indeterminable impact on the General Fund not only from a loss of Federal revenue but also from the impact of poor health outcomes for pregnant women and infants, potential fraud of Department services, and the need to redesign eligibility and quality assurance data systems.**

The Department takes seriously its role in protecting sensitive and private health data. We are committed to using birth records as authorized in current statute to help prevent poor birth outcomes, prevent child abuse and neglect, ensure that pregnant women and infants receive appropriate and timely care, and that New Hampshire residents have access to needed social services.

The unintended consequences of SB105 are wide reaching. Tens of thousands of New Hampshire individuals will be impacted by the potential devastating loss of data-driven health care services and economic supports. Children may lose the economic stability associated with mandated Child Support. It will impact the way records are shared for New Hampshire infants born in other states.

We respectfully ask the Committee to consider SB105 inexpedient to legislate or amend SB 105 to eliminate Section 2, Page 1, Line 6 through Page 3, Line 11. If Section 2 is eliminated, Section 3, Page 3, Lines 12-18 are also unnecessary.

Sections 1 and 4 are consistent with reasonable privacy protection.

Respectfully Submitted,

Patricia Tilley, MS Ed
Director
Division of Public Health Services
NH Department of Health and Human Services

Benjamin Chan, MD, MPH
State Epidemiologist
Division of Public Health Services
NH Department of Health and Human Services

To: Honorable Members of the House Executive Departments and Administration Committee

Submitted by: Lucy C. Hodder, JD, Hopkinton New Hampshire
Member, NH Perinatal Substance Exposure Collaborative

I am here today speaking in opposition to SB 105.

SB 105 prohibits birthing centers and hospitals from including important information on the birth worksheet and these unprecedented restrictions will seriously jeopardize maternal and child health in New Hampshire. Accurate information is critical to improving the health and wellbeing of families. This process of carefully collecting information regarding maternal health is not broken – through this careful process we help prevent preterm birth, maternal and fetal illness and death. This legislation makes NH an extreme outlier and will cost lives by reducing resources and key information needed to improve and protect maternal and child health.

I am a member of the NH Perinatal Substance Exposure Collaborative. I was previously a member of the NH Perinatal Substance Exposure Task Force of the NH Commission on Alcohol and Other Drugs. The Collaborative meets to share information and promote activities to support those impacted by perinatal substance exposure in New Hampshire. The work of the Collaborative is regularly informed by credible data and information on maternal health trends.

I want to tell you first about rising rates of maternal mortality and then about our Plans of Safe and Supportive Care program, supported and informed by the birth record process in New Hampshire.

The birth record information process helps New Hampshire assess and improve maternal and child health. Maternal mortality is used as an international indicator of the health of a population overall. We know that pregnant women and new mothers are dying at alarming rates in the US, and recent trends stands out among high-income countries, with significant disparities based on age, race and ethnicity.

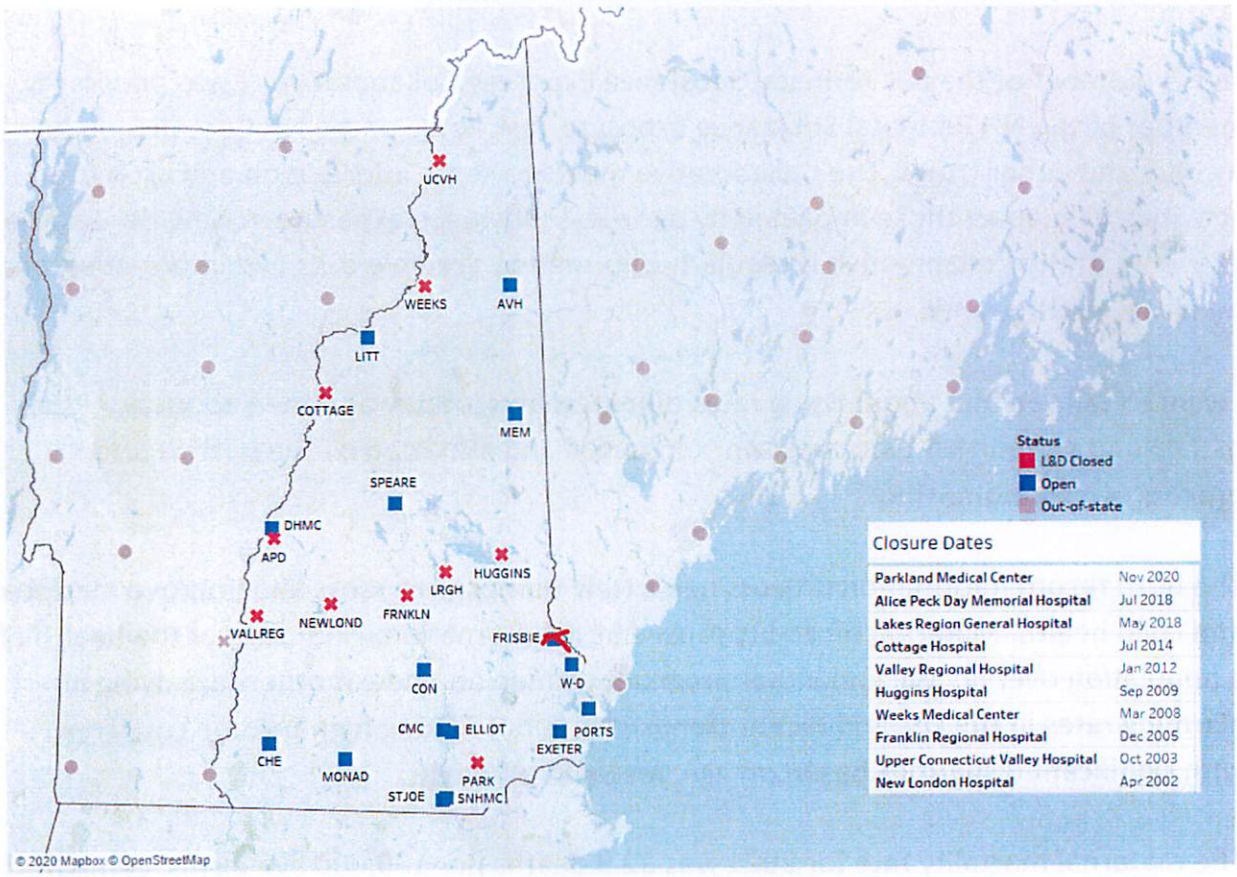
The maternal mortality rate for 2021 was 32.9 deaths per 100,000 live births, compared with a rate of 23.8 in 2020 and 20.1 in 2019 (Table). https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm. Such material increases are alarming and are demonstrated based on data from the National Vital Statistics System.

Maternal death during pregnancy, childbirth or postpartum is a tragedy with catastrophic impact on families and services. Most maternal deaths are preventable. Education, interventions, services and professionally skilled care for pregnant people and infants before during and after childbirth can save lives.

But you can't see what you refuse to measure – and SB 105 is a refusal to measure what is causing illness, death and other poor outcomes for NH families.

Hiding information that could be used to promote maternal and child health is particularly troubling now in New Hampshire. Access to safe care is shifting as labor and delivery units close. How do these shifts impact maternal health?

New Hampshire Labor & Delivery Closures



David Laflamme (David.Laflamme@unh.edu)

Nine of NH's 16 labor and delivery units closed since 2000, and the median drive time to the nearest maternity care provider more than doubled from 18 minutes to 39 minutes. Research shows that the further away a pregnant person lived from their

maternity care provider, the more likely they were to have less prenatal care, or experience an unplanned home or *en route* birth – two indicators associated with poorer outcomes. We need more credible information about options, impacts and risks, not less.

We rely on accurate information to meet the needs of birthing parents with substance use. According to the Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction and Recovery Act (CARA) reforms, all states are required to collect certain information about and develop Plans of Safe and Supportive Care (POSC) for "all infants born and identified as being affected by substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder" (National Center on Substance Abuse and Child Welfare [NCSACW], 2019). A POSC is a personalized tool intended to identify health services, connect with community resources, and coordinate new service referrals for infants and their families to ensure that they are healthy, and supported upon the infant's delivery (POSC Legal Primer, Hodder and LaRochelle, 2020).

NH providers, by law (RSA 132:10-e and f) and through careful process, rely on the birth record to satisfy the CAPTA CARA notification requirements to confirm whether an infant is born affected by exposure to substances and whether a Plan of Safe and Supportive Care has been developed. The Plan of Safe and Supportive Care process is confidential and relied on by hospitals and care givers to help support mothers and infants, provide care for better outcomes, and ensure families are healthy. SB 105 would undermine pilot programs operating in Manchester and the years of careful planning, education and implementation of the Plan of Safe and Supportive Care process to the detriment of women and infants in New Hampshire.

Thank you.

Lucy Hodder, JD
Lucy.c.hodder@gmail.com

House Executive Departments and Administrative Committee
New Hampshire State House, Concord

April 26, 2023

RE: SB 105 Relative to information collected by the division of vital records administration as part of the live birth worksheet

Dear Chairman and Members of the Committee,

My name is Déodonné Dustin Bhattarai. I was born and raised in Contoocook. My husband and I own a home in Concord and are raising our two children here. I am submitting testimony today to ask that you oppose ***SB 105 Relative to information collected by the division of vital records administration as part of the live birth worksheet.***

Our eight-year-old son has Spinal Muscular Atrophy (SMA - Type II), a degenerative neuromuscular disorder that causes his muscles to be very weak. He is a typical kid, loves LEGO and all things Marvel but unlike many of his friends, he navigates the world while doing wheelies in his wheelchair.

Our son's diagnosis was delayed for months because when he was born, NH was not screening its newborns for SMA. Had he been born in Massachusetts, which was screening for SMA, he likely would not be using a wheelchair today. I share this as a very tangible demonstration of the impact that newborn screening has on children and their families.

After my son was finally diagnosed, just shy of his first birthday, I began a years-long effort to have SMA added to New Hampshire's newborn screening panel so that no other family would needlessly be put through what ours has been. Because of these efforts, babies now born in NH are screened for SMA. Those who screen positive, receive confirmatory diagnosis within a matter of days, and start treatment shortly after.

If you vote to pass this bill, the Department will no longer be able to match newborn screening data received daily with vital records meaning that necessary and time-sensitive follow-up will no longer be possible. This bill would undermine the ability of the newborn screening program to accomplish its core mission and families will be left waiting, a wait that could have dire consequences for infants.

For example, children who receive treatment for SMA prior to symptom onset are able to walk, run, and play alongside their peers, those whose treatment is delayed, like my son's was, have a lifetime of medical challenges-the least of which is using a wheelchair. This is the difference that timely diagnosis and treatment makes-it cannot be overstated.

Please do not pass this bill. It is a solution in want of a problem. The newborn screening program works. Parents who have concerns around privacy can opt out of newborn screening – it is not mandatory. But please, do not undermine the effectiveness of the program for the vast majority of Granite State families who elect to screen their babies.

Thank you for your time today. Please do not hesitate to contact me at (207) 266-7774 or deodonne@gmail.org.

Sincerely,
Déodonné Dustin Bhattarai



Representative Carol McGuire, Chair
House Executive Departments and Administration Committee
Legislative Office Building, Room 306
Concord, New Hampshire, 03301

April 26, 2023

RE: SB 105 Relative to information collected by the division of vital records administration as part of the live birth worksheet

Dear Chair McGuire and Members of the Committee,

My name is Heidi Caswell and I live in Bedford, NH and I am here today to testify against senate bill 105 and the enormous impact it will have on the timeliness of notifying providers of out of range results for babies born with life threatening diseases. Diagnosis via Newborn Screening offers the earliest treatment for a number of diseases, some in which a delay of only a few days can be the difference between life and death. In some cases, later treatment will limit optimal results that could have otherwise slowed or even stopped progression of the disease.

I had a small part in advocating for MPS1 to be added to the Newborn Screening panel in our great state. I was, and continue to be invested on a very personal level. My son Sam was born with MPS1, and I had to fight long and hard for a diagnosis. I don't want any other parent to have to wait for answers like I did when early diagnosis is now at our fingertips. Newborn Screening did not exist for Sam's disease and so many others back in 1997, and a lot of hard work has gone in to making it a reality. By not providing the infant's legal name, I believe this bill will send us in to a tailspin backwards after all the hard work and progress that has been made to identify serious medical conditions at birth that were previously difficult to diagnosis.

MPS1, like many diseases on the panel progresses quickly, but there are often not physical signs until it is too late for the healthiest outcome both physically and cognitively. The damage that has taken place prior to treatment is irreversible, which is why it is imperative the diagnosis be made as shortly after birth as possible. Newborn Screening saves lives by giving babies born with life threatening conditions early treatment that can slow down, or even stop the progression of an otherwise deadly disease. Parents have hope where there wouldn't have been any before, and they get to see their children grow up. I feel extremely lucky to have my son Sam standing next to me today, because I could have very easily lost him like so many of my friends in the MPS community have lost their children.

My hope is that the Department of Vital Records and the Department of Health and Human Services can work together to revise the worksheet to accommodate the privacy factor while NOT negatively impacting the records and surveillance of Newborn Screening. I'll close by reiterating the statement I believe encompasses the essence of this bill. The timeliness of out of range results on the Newborn Screening panel will be greatly impacted, which will interfere with

the purpose of the test, which is to identify and treat diseases that would have progressed or even worse, resulted in unnecessary death. Newborn Screening saves lives.

Thank you for your time today.

Heidi Caswell

cell: 603-325-5260

caswelllhm@comcast.net

Representative Carol McGuire, Chair
House Executive Departments and Administration Committee
Legislative Office Building, Room 306
Concord, New Hampshire, 03301

April 26, 2023

RE: SB 105 Relative to information collected by the division of vital records administration as part of the live birth worksheet

Dear Chair McGuire and Members of the Committee,

My name is Sam Caswell and I'd like to thank you for letting me share a few words today about why Newborn Screening is important to me.

If Newborn Screening had been available for my disease when I was born, I would have been diagnosed within days after birth and my life would be very different. I feel extremely lucky and thankful to be here, but sadly a number of MPS friends I have met over the years are not. When you have MPS1 there is a deficiency of a particular enzyme, or in most cases you are completely missing the enzyme which is necessary in order for the body to break down and recycle materials in cells. Without it, waste material stores in every organ and tissue causing death without early treatment. The reason early diagnosis is so important is because the damage taking place to organs every day can never be reversed. Treatment will prevent further organ damage but you can never get rid of what has already accumulated. Now that MPS1 is on the Newborn Screening panel the lack of enzyme activity is flagged and the baby is able to be tested for MPS1 and get immediate treatment. I was so excited when my disease was added to the panel because I figured these babies wouldn't have to go through a lot of what I have. I didn't get treatment to give me the enzyme for a year, which was the case with a lot of my friends with MPS, and the damage to the cells in major organs during that time causes a lifetime of damage. My lungs and heart valves have been greatly affected and a number of my friends with MPS have died from these issues. I was mainstreamed through school but the work didn't come as easy as it did for my peers, and a lot of the kids I know were in life skills programs because of getting treatment later. Being detected through Newborn Screening and getting early treatment improves quality of life in every way. It slows down the progression of the disease and prevents permanent tissue and organ damage. If I had been able to get the enzyme shortly after birth I would be leading a very different and much more independent life than I am. I really hope the babies of the future with MPS continue to have opportunities I haven't by being diagnosed through Newborn Screening.

Thank you for your time.

Samuel Caswell
cell: 603-325-0147
Scaswell555@gmail.com

New Hampshire Hospital Association

HOUSE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE

Wednesday, April 26, 2023

SB 105 – Relative to Information Collected by the Division of Vital Records Administration as Part of the Live Birth Worksheet

Testimony

Good morning, Madam Chair, and members of the committee. My name is Paula Minnehan, Senior Vice President, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals, including 16 birthing hospitals, as well as all specialty hospitals throughout New Hampshire.

NHHA is not taking a position on this bill but would like to share our feedback for your consideration. NHHA participated during the Committee to Study Information Collected as Part of the Live Birth Worksheet between August and October of 2022. The study committee was a result of SB 454, which passed in 2022. The study committee report included a number of recommendations, which focused on improving upon the current process of data collection, and we believe that several changes in this bill will benefit both patients and hospitals.

First, we want to thank the committee for limiting the criminal penalty for providing false information from RSA 5-C:14 to only those data elements on the mother's worksheet that will be used for the birth certificate and removing this penalty from all additional statistical information from the mother, father, or female partner's worksheets.

We also fully support the change that repeals RSA 5-C:96, II(d) and (e) which removes the requirement that hospitals retain copies of the birth records permanently. This eliminates an undue burden on the hospitals, especially considering that any changes to the birth record after a mother and baby leave the hospital occur at the town clerk's office. These post-discharge birth record changes are rarely, if ever, reported back to the birth hospital. This change will also allow hospitals to align the birth record retention with their established retention policies for minors' medical records.

NHHA remains concerned about section 2 of the bill, Completion of Birth Worksheet for Hospital or Institutional Births. By amending RSA 5-C:19, II(a) and removing the specified identifiable information as outlined in SB 105, the ability of the state to issue birth certificates to parents and for the public health work to continue could be negatively impacted.

Our member hospitals that complete these worksheets comply with the law and will continue to ensure that they provide the required information to the state. We just ask that all concerns regarding the

changes outlined in the important bill be thoroughly contemplated prior to amending the birth worksheets.

NHHA is ready and willing to work closely with the Division of Vital Records, the Division of Public Health Services, and freestanding birth centers to create updated worksheet forms and signature documents. We believe the streamlining of these documents will ultimately positively impact patients, hospital workflow, and record collection.

Ultimately, after working on this issue for the last year or so, NHHA has determined that Vital Records belongs back with DHHS, not the Secretary of State. Many of the concerns that have been raised by all parties could be addressed favorably if Vital Records was moved back to DHHS, which is a HIPAA-protected entity and where these data are used in a responsible way, for Public Health purposes. Vital Records was moved during the 2005 budget phase for some political reasons but the placement of the agency under the Secretary of State has proven to be challenging. Furthermore, New Hampshire is the only state in the entire country that does not house Vital Records under DHHS.

Thank you for the opportunity to provide our comments on SB 105. I am happy to answer any questions you may have.

newfutures KIDS COUNT

April 26, 2023

The Honorable Carol McGuire, Chair
Executive Departments and Administration
Legislative Office Building, Room 306
Concord, NH 03301

RE: New Futures' Opposition to SB 105 relative to information collected by the division of vital records administration as part of the live birth worksheet

Dear Chair McGuire and Honorable Members of the Committee:

New Futures appreciates the opportunity to offer testimony in opposition to SB 105. New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. As New Hampshire's authorized Kids Count organization, New Futures also advocates for public health data-based policies that support Granite State families.

New Futures opposes SB 105 because of the unintended but devastating impact it could have on family support programming which heavily relies on federal funding. The proposed changes contained in SB 105 would effectively bar the State's ability to comply with reporting requirements for numerous public health grants impacting programs in Maternal Child Health, Division for Children, Youth & Families, Division of Economic and Housing Security, Office of Child Support and more. In total, state officials estimate New Hampshire is poised to lose over $33 million in federal funding should SB 105 be passed into law.

Without general fund appropriations to fill gaps, critical programs which support maternal and child health will be essentially defunded. Specifically, New Hampshire will lose over $3 million a year in federal funding for the Maternal Infant Early Childhood Home Visiting "MIECHV" program, also known as New Hampshire's Home Visiting Program. Home visiting is a critical program that supports new parents and their families. The positive impacts of this program are well researched[1] and go far beyond child and maternal health. Home visiting is proven to reduce the recurrence of child maltreatment by 33%, drastically improve school readiness, set a strong foundation for family economic self-sufficiency, and provide countless other social benefits.

The loss of federal funding puts hundreds of New Hampshire families at risk. In 2021 alone, MIECHV supported New Hampshire families with over 5,211 home visits to 900 participants in 380 families. 65.5% of households served were low income 5.1% of households included a pregnant enrollee under the age of 21. It is estimated that over 9,000 New Hampshire families could benefit from HV each year[2]. The MIECHV grant provides a 3:1 (state to federal) dollar match, increasing the

[1] https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/nh.pdf
[2] https://www.rand.org/pubs/research_briefs/RB9952.html

state's ability to meet family needs on a conservative investment. If SB 105 should become law, New Hampshire would likely not only experience costly, negative impacts on child and maternal health, but would also see an exponential need to redirect available general funds to deal with families in crisis.

The unintended consequences of SB 105 are egregious for families and stand in direct contradiction to public policy priorities identified by State leadership. The house budget, governor's budget, and Senate positions on bills include appropriations for family support programs, like MIECHV home visiting. SB 105 passage would undermine collective efforts to improve maternal and child health support.

The concerns for data privacy that SB 105 aims to quell should be held in balance against the needs of families served by the programs placed risk by the bill's passage. Therefore, New Futures supports the Department of Health and Human Services proposal to amend the bill to retain some language which addresses privacy concerns, so long as the amended version removes all language which endangers federal funding to programs like MIECHV home visiting.

In conclusion, New Futures urges the committee to vote SB 105, as written, Inexpedient to Legislate. Without amendment, the impacts would be devastating to the health and wellness of New Hampshire families.

Respectfully submitted,



Rebecca Woitkowski, Esq.
Kids Count Policy Director

State of New Hampshire
Mother's Worksheet for Child Birth Certificate

Child's Information

*1. Child's Name
1a. First
1b. Middle
1c. LAST
1d. Suffix (Sr., Jr., II, III, etc.)

*2. Date of Birth (MM/DD/YYYY) / /

*3. Time of Birth ☐ AM ☐ PM ☐ Military

4. Will this infant be placed for adoption? ☐ Yes ☐ No

5a. Type of Birthplace (Specify Type)
☐ Hospital ☐ Home-Planned ☐ Freestanding Birth Center
☐ Enroute ☐ Home-Un-planned ☐ Other (Specify): _____
☐ Clinic/Doctor's Office

5b. Planned Birth Place, if different.
Specify: _____

6. Sex
☐ Male
☐ Female
☐ Unknown

*7. Name of Facility (If not a facility, enter name of place and address)

*8. City, Town, or Location of Birth

*9. County of Birth

Include in Resident Report? ☐ Yes ☐ No

Mother's Information

*10. Mother's Name Before First Marriage/Civil Union
10a. First
10b. Middle
10c. LAST
10d. Suffix (Sr., Jr., II, III, etc.)

*14. Mother's Current Legal Name
14a. First
14b. Middle
14c. LAST
14d. Suffix (Sr., Jr., II, III, etc.)

*11. Date of Birth (MM/DD/YYYY) / /

*12. Birthplace (State, Territory, or Foreign Country)

13. Mother's Social Security Number

15. I authorize the State to provide to the Social Security Administration data from this form to issue a Social Security Number for my child
☐ Yes ☐ No

16a. Domestic Status? (At birth, conception or any time between?)
☐ MARRIED ☐ MARRIED, affidavit filed ☐ MARRIED, refused to state father's name ☐ UNMARRIED ☐ UNMARRIED, affidavit filed ☐ UNKNOWN
☐ CIVIL UNION ☐ CIVIL UNION, affidavit filed ☐ CIVIL UNION, refused to state partner's name

16b. If Applicable, Date of AOP (MM/DD/YYYY) / /

16c. NH Surrogacy Agreement? ☐ Yes ☐ No

17a. Residence: Number, Street and Apt. No. (e.g., 624 SE 5th St.)

17b. City or Town

17c. County

17d. State or Foreign Country

17e. Zip Code

18. Telephone Number ( )

19. How Long at Current Residence? Years: Months:

20a. Mother's Mailing Address, if different from Residence: Number, Street and Apt No

20b. City or Town

20c. State

20d. Zip Code

21. Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery)
☐ 8th grade or less
☐ 9th - 12th grade: no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate's degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

22. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check the "No" box if the mother is not Spanish/Hispanic/Latina)
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latina (Specify)
☐ Unknown

23. Mother's Race (Check one or more races to indicate what the mother considers herself to be)
☐ White ☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe): _____
☐ Asian Indian ☐ Filipino
☐ Chinese ☐ Japanese
☐ Vietnamese ☐ Korean
☐ Other Asian (Specify): _____
☐ Native Hawaiian ☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify): _____
☐ Other (Specify): _____
☐ Unknown

24. Occupation (Indicate type of work done during last year)

25. Kind of Business/Industry (Do not use Company Name)

Father's/Spouse's Information

*26. Father's/Spouse's Name Before First Marriage/Civil Union (only if married or affidavit of paternity filed)
26a. First
26b Middle
26c. LAST
26d. Suffix (Sr., Jr., II, III, etc.)

*26. Father's/Spouse's Current Legal Name
26e. First
26f. Middle
26g. LAST
26h. Suffix (Sr., Jr., II, III etc.)

*27. Date of Birth (MM/DD/YYYY) / /

*28. Birthplace (State, Territory, or Foreign Country)

29. Father's/Spouse's Social Security Number

26g. Father's/Spouse's Residence Address: Number & Street

26h. City or Town

26i. County

26j. State

26k. Zip Code

See other side for more worksheet information

Mother's Worksheet for Child Birth Certificate

continued...

30. Father's/Spouse's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery)	31. Father's/Spouse's of Hispanic Origin? (Check the box that best describes whether the father is Spanish/Hispanic/Latino or check the "No" box if the father is not Spanish/Hispanic/Latino)	32. Father's/Spouse's Race (Check one or more races to indicate what the Father considers himself to be)
☐ 8th grade or less ☐ 9th - 12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate's degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) ☐ Unknown	☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify): _____ ☐ Unknown	☐ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe): _____ ☐ Asian Indian ☐ Filipino ☐ Chinese ☐ Japanese ☐ Vietnamese ☐ Korean ☐ Other Asian (Specify): _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify): _____ ☐ Other (Specify): _____ ☐ Unknown

33. Occupation (Indicate type of work done during last year)	34. Kind of Business/Industry (Do not use Company Name)

Mother's Female Partner's Information (Civil Union Only)

*77. Mother's Female Partner's Last Name before first marriage or Civil Union 77a. First		*79. Date of Birth (MM/DD/YYYY) / /
77b. Middle		*80. Birthplace (State, Territory, or Foreign Country)
77c. LAST	77d. Suffix (Sr.,Jr., II, III, etc.)	81. Mother's Female Partner's SSN
*77e. Mother's Female Partner's Current Legal Last Name	77f. Suffix (Sr.,Jr., II, III, etc.)	
78a. Mother's Female Partner's Residence Address: Number & Street	78b. City or Town	
78c. County	78d. State	78e. Zip Code

Mother's Statistical Information

35. Mother's Medical Record Number	36. Mother's PRE-pregnancy weight (Pounds) ☐ Unknown	37. Mother's Weight at Delivery (Pounds) ☐ Unknown
38. Mother's Height Feet: Inches: ☐ Unknown	40b. Cigarette Smoking Before and During Pregnancy? ☐ Never smoked, or quit smoking more than 3 months before becoming pregnant Otherwise: average number of cigarettes or packs per day: # of cigarettes # of packs 3 months before pregnancy _____ OR _____ 1st three months of pregnancy _____ OR _____ 2nd three months of pregnancy _____ OR _____ Last three months of pregnancy _____ OR _____ ☐ Unknown	
39. Did Mother get WIC food for herself during pregnancy? ☐ Yes ☐ No ☐ Unknown		
40a. Alcohol use during pregnancy? ☐ Yes ☐ No ☐ Unknown Average number of drinks per week _____		

84. I authorize release of birth and immunization information to the New Hampshire immunization registry: ☐ Yes ☐ No

Please note the following as you complete this form:

According to NH Statute RSA 5-C:14, "Any person shall be guilty of a Class B felony if he willfully and knowingly makes any false statement in a certificate or willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record or certificate.

I, the undersigned, hereby certify that I have read the above cited statute and that the information I have supplied is a true and correct representation of the facts to the best of my knowledge. Additionally, I understand that all information shall be kept confidential and used solely for administrative and statistical purposes and that refusal of a parent to provide a social security number shall not be grounds for refusal to issue a birth certificate.

41. Informant's Signature (If surname of child is other than mother, father, or combination of both names, then both shall sign)	42. Date	43. Relation to Child ☐ Mother ☐ Father/Parent ☐ Civil Union Partner ☐ Other, Specify _____

**Only these items will be displayed on Legal Certificate. However all items are required by law (RSA 5-C).*

State of New Hampshire
Facility Worksheet for Certificate of Live Birth

Mother's Current Legal Last Name

Mother's Medical Record Number

Mother's Statistical Information

44a. Number of Previous Live Births (Do not include this child)
Number Now Living ____ ☐ None ☐ Unknown
Number Now Dead ____ ☐ None ☐ Unknown

45a. Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies)
Number of Other Outcomes ____
☐ None ☐ Unknown

46a. Date of First Prenatal Care Visit (MM/DD/YYYY)
/ /
☐ No Prenatal Care

44b. Date of Last Live Birth (MM/DD/YYYY)
/ /

45b. Date of Last Other Pregnancy Outcome (MM/DD/YYYY)
/ /

46b. Date of Last Prenatal Care Visit (MM/DD/YYYY)
/ /

47. Total Number of Prenatal Visits for this Pregnancy (If none, enter '0')

48. Date Last Normal Menses Began (MM/DD/YYYY)
/ /

49. Was mother transferred to higher level care for maternal medical or fetal indications for delivery?
☐ Yes ☐ No ☐ Unknown
If yes, name of facility mother was transferred from:

50. Principal Source of Payment for this Delivery
☐ Medicaid ☐ Self Pay
☐ NH CHIP ☐ Other Government
☐ Private Insurance ☐ Unknown
☐ Other ____
(Specify Name of Other Source)

Newborn's Statistical Information

51. Newborn Medical Record Number

52a. Birth Weight
lbs: ozs. or grams:

53. Obstetric Estimate of Gestation
(Completed weeks) ____

52b. Head Circumference (in centimeters):

52c. Length (in inches):

54a. Apgar Score at 5 min.
____
☐ Unknown

54b. If score at 5 min. is less than 6, score at 10 min
____
☐ Unknown

55. Plurality – Single, Twin, Triplet etc
Include all live births and fetal deaths from this pregnancy
Specify ____

56. If not single birth – Born 1st, 2nd, 3rd, etc. Include all live births and fetal deaths from this pregnancy:
Specify ____

57a. Was infant transferred to another facility within 24 hours of delivery?
☐ Yes ☐ No ☐ Unknown

57b. If yes, name of facility infant was transferred to:

58. Is infant living at the time of report?
☐ Yes ☐ No
☐ Unknown

59. Is infant being breastfed even partially?
☐ Yes ☐ No
☐ Unknown

See other side for more worksheet information

Facility Worksheet for Certificate of Live Birth

continued

72. Attendant's Name and Title
Name
☐ MD ☐ Hospital ADMIN ☐ CNM ☐ Midwife (NHCM)
☐ Father ☐ DO ☐ Other (Specify) _____

Attendant's Address

73. NPI of person delivering the baby:

74. By my signature I certify that this child was born alive at the place, time and date stated.

75. Date Certified (MM/DD/YYYY)
/ /

76. Certifier's Name and Title (Type or Print)
Name
☐ MD ☐ Hospital ADMIN ☐ CNM
☐ Midwife (NHCM) ☐ DO ☐ Other (Specify) _____

Mother's Current Legal Last Name

Mother's Medical Record Number

60. Risk Factors In this Pregnancy
(Check all that apply)
- ☐ Diabetes
  - ☐ Prepregnancy (Diagnosis prior to this pregnancy)
  - ☐ Gestational (Diagnosis in this pregnancy)
- ☐ Hypertension
  - ☐ Prepregnancy (Chronic)
  - ☐ Gestational (PIH, preeclampsia)
  - ☐ Eclampsia
- ☐ Previous preterm births
- ☐ Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
- ☐ Pregnancy resulted from fertility enhancing drugs
- ☐ Pregnancy resulted from assisted reproductive technology
- ☐ Mother had a previous cesarean delivery? If Yes, how many? _____
- ☐ Group B Streptococcus culture positive
- ☐ Vaginal bleeding during this pregnancy prior to the onset of labor
- ☐ None of the above
- ☐ Unknown

61. Infections Present and/or Treated During This Pregnancy
(Check all that apply)
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Herpes Simplex Virus (HSV)
- ☐ Chlamydia
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Other Specify: _____
- ☐ None of the above

62. Method of Delivery
- A Was delivery with forceps attempted but unsuccessful? ☐ Yes ☐ No
- B Was delivery with vacuum extraction attempted but unsuccessful? ☐ Yes ☐ No
- C Fetal presentation at birth ☐ Cephalic ☐ Breech ☐ Other
- D Final route and method of delivery (Check one)
  - Vaginal: ☐ Spontaneous ☐ Forceps ☐ Vacuum Or;
  - Cesarean: ☐
    - If cesarean, was a trial of labor attempted? ☐ Yes ☐ No
    - attempted but unsuccessful? ☐ Yes ☐ No

63. Obstetric procedures
(Check all that apply)
- ☐ Cervical cerclage
- ☐ Tocolysis
- ☐ External cephalic version
  - ☐ Successful
  - ☐ Failed
- ☐ None of the above

64. Onset of Labor
(Check all that apply)
- ☐ Premature rupture of the membranes (prolonged, ≥ 12 hr)
- ☐ Precipitous Labor (< 3 hr)
- ☐ Prolonged Labor (≥ 20 hr)
- ☐ None of the above
- ☐ Unknown

65. Characteristics of Labor and Delivery
(Check all that apply)
- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38° C (100.4°F)
- ☐ Moderate/heavy meconium staining of the amniotic fluid
- ☐ Fetal intolerance of labor such that one or more of the following actions was taken: in utero resuscitative measures, further fetal assessment or operative delivery
- ☐ Epidural or spinal anesthesia during labor
- ☐ None of the above
- ☐ Unknown

66. Maternal Morbidity (complications associated with labor and delivery)
(Check all that apply)
- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☐ None of the above
- ☐ Unknown

67. Abnormal Conditions of the Newborn (Occurring within 24 hours of Delivery)
(Check all that apply)
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☐ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, soft tissue or solid organ hemorrhage which requires intervention)
- ☐ None of the above
- ☐ Unknown

68. Congenital Anomalies of the Newborn (Observed within 24 hours of delivery)
(Check all that apply)
- ☐ Anencephaly
- ☐ Microcephaly
- ☐ Meningomyelocele / Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft Lip with or without Cleft Palate
- ☐ Cleft Palate alone
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Suspected Chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Suspected, Karyotype pending
- ☐ Hypospadias
- ☐ None of the above
- ☐ Unknown

ADDITIONAL QUESTIONS ON PAGE 6

(Continue to next page)

State of New Hampshire
Facility Worksheet for Certificate of Live Birth

continued...

Mother's Current Legal Last Name

Mother's Medical Record Number

Prenatal Substance Exposure

82A. Was the infant monitored for effects of in utero substance exposure?

☐ Yes ☐ No

If YES, Type of substance(s):
(check all that apply)

- ☐ opioids
- ☐ stimulants (amphetamines, methamphetamines, other)
- ☐ cocaine
- ☐ cannabis
- ☐ benzodiazepines
- ☐ barbiturates
- ☐ alcohol
- ☐ nicotine
- ☐ bath salts
- ☐ Kratom
- ☐ Other (Specify)_____

B. Was the infant identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder?

☐ Yes ☐ No

Plan of Safe/Supportive Care

83. Was a Plan of Safe/Supportive Care (POSC) created?

☐ Yes ☐ No

END

STATE OF NEW HAMPSHIRE
LEGITIMATION OF A CHILD
RSA 5-C:22

A confidential report to the town or city clerk relative to a legitimation.

TYPE OR PRINT LEGIBLY IN BLACK INK. THIS IS A PERMANENT RECORD.

PART I
To identify a birth record.
Items 1-5 shall be taken from a certified copy of the child's birth record.

1. NAME OF CHILD AS ORIGINALLY RECORDED

2. CHILD'S DATE OF BIRTH (Month) (Day) (Year)	3. CHILD'S PLACE OF BIRTH	
4. FULL NAME OF NATURAL MOTHER PRIOR TO FIRST MARRIAGE/CIVIL UNION	5. MOTHER'S TOWN OF RESIDENCE	6. MOTHER'S SOCIAL SECURITY NUMBER

PART II
Name of child by legitimation and facts relative to the natural father.

7. FULL NAME OF CHILD BY LEGITIMATION

8. FULL NAME OF NATURAL FATHER PRIOR TO FIRST MARRIAGE/CIVIL UNION	9. FATHER'S DATE OF BIRTH	10. FATHER'S STATE OF BIRTH	11. FATHER'S SOCIAL SECURITY NUMBER

PART III
Affidavit

We, _____ and _____
Print Current Full Name of Father *Print Current Full Name of Mother*

hereby acknowledge that we are the natural parents of the child described above and hereby submit a certified copy of our marriage certificate as proof of our marriage. We further state that we have recognized said child as our own and desire that he henceforth be known as:

_____
First, Middle and Last Name of Child by Legitimation

PART IV
Notice regarding falsification of information

PLEASE NOTE THE FOLLOWING AS YOU COMPLETE THIS FORM:
In accordance with New Hampshire law, RSA 5-C.14. "Any person shall be guilty of a Class B felony if he willfully and knowingly makes any false statement in a certificate, record, or report required to be filed by statute or in an application for an amendment thereof or in any application for a certified copy of a vital record, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate or amendment thereof;"

We, the undersigned, hereby certify that we have read the above cited law and that the above information is a true and correct representation of facts to the best of our knowledge.

PARENTS SIGN

_____ _____
Signature of Father Signature of Mother

12 PARENTS CURRENT MAILING ADDRESS: (STREET NUMBER AND NAME/RFD NUMBER)	13. CITY/TOWN	14 STATE	15 ZIP CODE

PART V
Notary or Justice of the Peace

SEAL
(If applicable)

16. SUBSCRIBED AND SWORN TO BEFORE ME IN THE CITY/TOWN OF	17. STATE OF:	18 COUNTY OF
19. SIGNATURE OF NOTARY OR JUSTICE OF THE PEACE	20. SUBSCRIBED AND SWORN TO ME ON:	21 DATE COMMISSION EXPIRES

PART VI
To be completed by the Town/City Clerk of the place of the child's birth.

22 CERTIFIED CERTIFICATE OF MARRIAGE PRESENTED YES ☐ NO* ☐ *If "NO" is checked, can not process without prior approval from the State Registrar.	23. DATE RECEIVED BY CLERK
24. DATE NEW RECORD MADE	25. CLERK OF THE TOWN/CITY OF
26 SIGNATURE OF TOWN/CITY CLERK	

REMARKS BY REP. WAYNE MACDONALD IN OPPOSITION TO SB 105-FN

Hello Madame Chairman and Colleagues:

I appreciate the opportunity to appear before you today in opposition to SB 105. I especially want to address Section Two of this legislation. For the record, my name is Wayne MacDonald and I have the privilege of representing Rockingham County District 16 in the New Hampshire House of Representatives, which is comprised of the Town of Londonderry. I currently chair the House Committee on Health, Human Services and Elderly Affairs. I also had the privilege of working for the New Hampshire Department of Health and Human Services for twenty-three years, until my retirement in June of 2019. Throughout that time period, I worked in the Special Investigations Unit, where the overpayment of public assistance benefits was determined and pursued. At the time of my retirement, I was the senior investigator.

I understand the privacy concerns that this bill seeks to address and protect. Particularly in this day and age of identity theft, how we use our personal information and to whom we give it and why have never been more important and the need to be careful has never been greater.

However, there are legitimate government agencies that do require us to provide confidential information, in order that they may serve us. The IRS is one of these and so is the Social Security Administration. If HHS here in our state is restricted in its ability to collect critically important information about the clients it serves, such a provision may well hinder the ability of HHS to pursue investigations of public assistance abuse. Even if someone is not on public assistance, it may well hinder the ability of the Department to determine paternity and establish child support orders. In cases of welfare fraud prosecutions and I personally had two hundred and eleven successful such efforts at both the misdemeanor and felony level, there are people who are not on assistance who may nonetheless be part of the fraud effort, because they aided and/or abetted in the commission of the crime. The absence of this critically important information will hinder investigations, because evidence such as employment records will be unobtainable and the ability to implement wage garnishments will be impeded. Over the years, the Special Investigations Unit has collected millions upon millions of dollars in overpaid benefits and returned it to the state coffers. It has also disqualified and thereby prevented people from collecting benefits for which they were not eligible, which saved the State money. In addition to its in-state efforts, the Office of Child Support has an Interstate Unit that enables the pursuit of child support payments across state lines. The more information the Department has, the better able it can track people down, whether they owe child support or the Department needs to collect money to repay a public assistance debt.

As to the very legitimate concerns over privacy, it's important for all of you to know that all Department employees are under very strict confidentiality requirements. The

information that the Department gathers may not be used, except in the confines of its specific, official responsibilities. Personal information is not treated lightly and it is not misused.

It is further my understanding that no other state has imposed these types of restrictions, as enumerated in this bill and I suspect that the reason is, in part, for the concerns I have expressed.

Colleagues, in the interests of the taxpayers we serve and, for that matter, all of our fellow citizens, I urge you to amend this bill and remove section two or vote this bill inexpedient to legislate.

Thank you.

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

EXECUTIVE SESSION on SB 105-FN

BILL TITLE: relative to information collected by the division of vital records administration as part of the live birth worksheet.

DATE: May 24, 2023

LOB ROOM: 306-308

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. T. Lekas	Seconded by Rep. Grote	AM Vote: 20-0

Amendment # 2023-1728h

Moved by Rep. T. Lekas	Seconded by Rep. S. Gould	Vote: 20-0

CONSENT CALENDAR: YES

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Shane Sirois, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/5/2023 1:25:09 PM
Roll Call Committee Registers Report

2023 SESSION

Executive Departments and Administration

Bill #: 1728h Motion: OTP AM #: _____ Exec Session Date: 5-24-23

Members	YEAS	Nays	NV
McGuire, Carol M. Chairman	✓		
Simon, Matthew J. Vice Chairman	✓		
Lekas, Tony	✓		
Bailey, Glenn	✓		
Santonastaso, Matthew	✓		
True, Chris	✓		
Dolan, Tom	✓		
Abare, Kimberly L	✓		
Gerhard, Jason	✓		
Sirois, Shane A	✓		
Grote, Jaci L.	✓		
Schmidt, Peter B.	✓		
Goley, Jeffrey P.	✓		
Schuett, Dianne E.	✓		
O'Brien, Michael B.	✓		
~~Wilhelm~~ GRASSIE, Matthew B.	✓		
Davis, Fred E.	✓		
~~Fitzpatrick~~ SCHULTE, Daniel W	✓		
Gould, Sherry L	✓		
Smith, Juliet L	✓		
TOTAL VOTE: THE CHAIR			

20-0

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/5/2023 1:25:09 PM
Roll Call Committee Registers Report

2023 SESSION

Executive Departments and Administration

Bill #: SB105 Motion: OTPA AM #: _____ Exec Session Date: 5-24-23

Members	YEAS	Nays	NV
McGuire, Carol M. Chairman	✓		
Simon, Matthew J. Vice Chairman	✓		
Lekas, Tony	✓		
Bailey, Glenn	✓		
Santonastaso, Matthew	✓		
True, Chris	✓		
Dolan, Tom	✓		
Abare, Kimberly L	✓		
Gerhard, Jason	✓		
Sirois, Shane A	✓		
Grote, Jaci L.	✓		
Schmidt, Peter B.	✓		
Goley, Jeffrey P.	✓		
Schuett, Dianne E.	✓		
O'Brien, Michael B.	✓		
~~Wilhelm~~, Matthew B. GRASSIE	✓		
Davis, Fred E.	✓		
~~Fitzpatrick~~, ~~Daniel~~ W SCHULTZ	✓		
Gould, Sherry L	✓		
Smith, Juliet L	✓		
TOTAL VOTE: THE CHAIR			

20-0