

**HB 524-FN - AS INTRODUCED**

2025 SESSION

25-0200

05/02

HOUSE BILL            ***524-FN***

AN ACT                repealing the New Hampshire vaccine association.

SPONSORS:            Rep. Granger, Straf. 2; Rep. Belcher, Carr. 4; Rep. Wherry, Hills. 13; Rep. Polozov, Merr. 10; Rep. Sirois, Hills. 32; Rep. Sellers, Graf. 18; Rep. Sabourin, Rock. 30

COMMITTEE:          Health, Human Services and Elderly Affairs

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ANALYSIS

This bill repeals RSA 126-Q, relative to the New Hampshire vaccine association.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty Five*

AN ACT                    repealing the New Hampshire vaccine association.

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

- 1            1 Repeal. RSA 126-Q, relative to the New Hampshire vaccine association, is repealed.
- 2            2 Effective Date. This act shall take effect 60 days after its passage.

**HB 524-FN- FISCAL NOTE**  
AS INTRODUCED

AN ACT repealing the New Hampshire vaccine association.

**FISCAL IMPACT:** This bill does not provide funding, nor does it authorize new positions.

<b>Estimated State Impact</b>				
	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>
<b>Revenue</b>	\$0	\$24 million decrease in NHVA revenue; Indeterminable increase in insurance premium tax revenue	\$24 million decrease in NHVA revenue; Indeterminable increase in insurance premium tax revenue	\$24 million decrease in NHVA revenue; Indeterminable increase in insurance premium tax revenue
<i>Revenue Fund(s)</i>	NH Vaccine Association revenue; insurance premium tax revenue			
<b>Expenditures*</b>	\$0	\$24 million decrease in existing vaccine payments; approximately \$194,000 in new general fund costs	\$24 million decrease in existing vaccine payments; approximately \$100,000 in new general fund costs	\$24 million decrease in existing vaccine payments; approximately \$100,000 in new general fund costs
<i>Funding Source(s)</i>	NH Vaccine Association revenue, state general funds			
<b>Appropriations*</b>	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

\*Expenditure = Cost of bill

\*Appropriation = Authorized funding to cover cost of bill

**METHODOLOGY:**

This bill repeals RSA 126-Q, the statute establishing the New Hampshire Vaccine Association (NHVA). The Department of Health and Human Services states that the NHVA collects payments from approximately 80 commercial payers and third-party administrators, and uses these funds to reimburse the Department for the non-governmental share (approximately 60 percent) of the state's universal vaccine purchasing program for children. The Department anticipates annual revenue decreases of \$24 million as a result of the bill. State expenditures would decrease by the same amount, as provider sites (hospitals, federally-qualified health centers, etc) would then be responsible for privately purchasing, billing and maintaining immunization inventories for privately-insured patients under the age of 19. The Department estimates that it will need one temporary, part-time positions to communicate these changes to

providers, at a cost of \$44,000 in FY26. In addition, as the Department would no longer receive NHVA reimbursement for immunizations purchased for commercially-insured children, it would need funds to purchase vaccines during public health response activities in case of disease outbreaks, disaster relief efforts, etc. The Department estimates these costs at \$150,000 in FY26 and \$100,000 annually in subsequent years.

The Insurance Department estimates that payers save approximately 30 percent off the list price of vaccines by participating in the existing program. The Department states that if the NHVA is eliminated, health insurers may lose access to these savings, potentially leading to increased health care costs, as insurers would need to pay more for vaccines. Additionally, insurers might experience increased administrative costs, as they would be required to process claims for the reimbursement of childhood vaccines, which is currently not necessary under the universal purchasing program. These increased costs could exert upward pressure on premiums and, in turn, may increase the amount of insurance premium tax collected.

**AGENCIES CONTACTED:**

Departments of Insurance and Health and Human Services