

HB 621-FN - AS INTRODUCED

2025 SESSION

25-0658

05/11

HOUSE BILL **621-FN**

AN ACT allowing the birth mother to opt out of sharing certain information from the birth worksheet with state agencies.

SPONSORS: Rep. Bolton, Graf. 8; Rep. Lynn, Rock. 17; Rep. M. Smith, Straf. 10; Rep. Lovett, Graf. 8; Rep. Fellows, Graf. 8; Sen. Rosenwald, Dist 13

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill allows the birth mother to opt out of sharing certain information from the birth worksheet with state agencies. The bill also directs the department of health and human services and the division of vital records to update the memorandum of understanding regarding information sharing to reflect this practice.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT allowing the birth mother to opt out of sharing certain information from the birth worksheet with state agencies.

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

1 1 New Paragraph; Birth Worksheet for Hospital or Institutional Birth; Opportunity to Limit
2 Disclosure of Personal Information. Amend RSA 5-C:19 by inserting after paragraph XI the
3 following new paragraph:

4 XII. The birth mother shall receive written notice that information from the birth worksheet
5 is shared with the department of health and human services and other state agencies. The notice
6 shall describe the purposes for which such information is shared and shall give the birth mother the
7 opportunity to limit disclosure to the minimum amount necessary for vital records and public health.
8 If the birth mother elects to limit disclosure of personal information from the birth worksheet, her
9 election shall be recorded in the medical record at the hospital and all personal identifiers shall be
10 redacted before the minimum amount of statistical information is shared with the department of
11 health and human services.

12 2 Bureau of Health Statistics and Data Management and Vital Records Privacy Board for
13 Health-Related Research. Amend RSA 126:24-cc to read as follows:

14 126:24-cc Memorandum of Understanding. The commissioner and secretary of state shall enter
15 into a memorandum of understanding to address the role of each agency in maintaining the state's
16 vital records system. The memorandum shall facilitate a working relationship between the 2
17 agencies in meeting their respective responsibilities under this chapter and RSA 5-C. The
18 memorandum shall be reviewed annually and may be modified at the request of either agency. ***On***
19 ***or before November 1, 2026, the agencies shall amend the memorandum of understanding***
20 ***to ensure that the minimum amount of personal information from birth worksheets is***
21 ***shared by the agencies and that the notice and consent requirements described in RSA 5-***
22 ***C:19, XII are implemented.***

23 3 Effective Date. This act shall take effect 60 days after its passage.

HB 621-FN- FISCAL NOTE
 AS INTRODUCED

AN ACT allowing the birth mother to opt out of sharing certain information from the birth worksheet with state agencies.

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

Estimated State Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
Revenue	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	None			
Expenditures*	\$0	Indeterminable Decrease	Indeterminable Decrease	Indeterminable Decrease
<i>Funding Source(s)</i>	General Fund			
Appropriations*	\$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 allows the birth mother to opt out of sharing certain information from the birth worksheet with state agencies. The bill also directs the Department of Health and Human Services (DHHS) and the Division of Vital Records to update the memorandum of understanding regarding information sharing to reflect this practice.

The Department of State indicates the bill would require the Division of Vital Records to supply written information to all mothers that give birth letting them know the information they provide on the birth worksheet is shared with the DHHS and other state agencies. The Division would coordinate with DHHS on the language of the notice and expects the development, printing, and shipping of notices would be approximately \$10,000 per year. The bill also requires the Division to amend its memorandum of understanding to ensure the minimum amount of personal information is shared by the agencies. The Department states the bill would not have a fiscal impact on the Division unless DHHS federal funding that flows to the Division for vital records system improvements is affected.

The DHHS states the proposed limitation on the Department's access to vital records data, including personal identifiers, would impact the ability of the Department to perform state and

federally required functions within the DHHS. Impacts would affect Public Health, Medicaid, Temporary Assistance to Needy Families (TANF), Child Support Services, Estate Recovery, and Child Protective Services, among other areas. The Department receives federal grant funding that would be jeopardized if the grant requirements could not be met. The total impact on federal revenue and state expenditures is indeterminable. The DHHS provided an estimated range of the potential reduction in federal revenue of \$12,500,000 to \$25,000,000. The DHHS states the full fiscal impact of the bill is indeterminable as it cannot estimate how many birth mothers will elect to limit disclosure of personal information on the birth worksheet. The range provided assumes the maximum impact assuming all birth mothers will opt to limit information and all personal identifiers will be unavailable to the Department. The Department listed the following programs and annual federal funds that could be at risk:

- CDC Pregnancy Risk Assessment Monitoring System \$175,000.
- CDC Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees \$295,000.
- HRSA State Systems Development Initiative \$100,000.
- HRSA MCH/Title V Block grant \$ 2,013,385.
- CDC Early Hearing Detection and Intervention Program \$160,000.
- HRSA Universal Newborn Hearing & Screening \$235,000.
- HRSA Newborn Screen Propel Grant \$340,000.
- CDC Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry \$110,000.
- CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Disease Cooperative Disease Agreement (ELC) Infants with Congenital Exposure-Surveillance and Monitoring \$235,000.
- CDC Environmental Public Health Tracking Program -\$500,000.
- Estate Recovery Unit-During FY2024, the Department's Estate Recover Unit (ERU). The ERU performs this work on behalf of the federal, state and local governments. The total State of New Hampshire share of this total recovery figure was \$4,136,124.34 over about 2000 cases. The unit relies on birth, death, marriage and divorce information from Vital Records through the current MOU to determine whether recovery is appropriate pursuant to federal and state law.
- The Division of Children, Youth and Families (DCYF) - CAPTA and IV-B grant allotments \$1,800,000-\$1,900,000.
- Division of Medicaid Services MOMM Grant \$2,000,000.
- A number of positions are funded with these federal grant funds.

In addition, the DHHS states the following programs will also be impacted:

- Rural Health and Primary Care.
- DHHS Data Portal. NH will not have critical information at sub-state levels about disparities in birth and maternal outcomes. Federal grants for state and local organizations require this data for needs assessments, federal designations, and evaluation of funding opportunities.
- Bureau of Child Support Services. Access to vital records information by the child support program is required by the Social Security Act, Title IV-D.
- Integrated Eligibility (New HEIGHTS / NH Easy) Services. Without access to personal identifiers, the DHHS would no longer be able to independently verify citizenship or birth to aid in the eligibility determinations for public assistance programs.
- Impact to community-based, safety-net health organizations including Federally Qualified Health Centers, is indeterminable.
- The Bureau of Infectious Disease Control and other programs at the Division of Public Health Services (DPHS) which monitor and investigate reportable communicable disease would be impacted.
- Newborn Screening Program- DHHS will no longer be able to match newborn screening data received daily with vital records to ensure every infant is screened (unless opted – out) and followed up with appropriately for life-saving care and treatment.
- Hearing Screening- DHHS will no longer be able to supplement newborn hearing screening data from vital records.
- Birth Conditions Program- DHHS will no longer be able to cross match data to ensure infants with a reportable birth condition are screened, referred and provided appropriate care and treatment.
- Maternal Mortality Review (RSA 132: 29 – 31)- DHHS will no longer have access to identifiable death certificate data for identification of maternal mortality through matching the records with the name, address and/or social security number on the birth record.
- Infant and Child Fatality Reviews-Performing infant and child fatality reviews will be impossible without knowing the specific case for data abstraction.
- Pregnancy Risk Assessment Monitoring System- (PRAMS) is a voluntary survey to which mothers are invited to consent and provide very important, detailed information on their health-related experience before, during and shortly after pregnancy.
- Identification of emerging or known infectious threats during pregnancy. Among pregnant women and their exposed infants' disease such as, Hepatitis C, Syphilis, COVID-19 and Zika that require timely identification and interventions to prevent significant health outcomes to the infant can be detected. Without identifiers, infants are at risk for severe health outcomes and delayed access to care.

- The Office of Health Equity relies on vital records data to be able to conduct meaningful analysis related to youth/children/birth and in particular disparities related to geography and would be impacted.

The DHHS notes that current law (RSA 5-C:19, VII) has a procedure in place for birth mothers that refuse to provide information for the birth worksheet: Any item of information not obtainable shall be indicated as: "not known" when the information is not known; "not available" when the information is known but not immediately available; or "refused to provide" when the parent or informant refuses to provide the information.

It is assumed that any fiscal impact would occur after FY 2025.

AGENCIES CONTACTED:

Departments of Health and Human Services and State