HB 1661-FN - AS INTRODUCED

2024 SESSION

24-2636
05/10

HOUSE BILL ***1661-FN***

AN ACT relative to immunization reporting requirements.

SPONSORS: Rep. Gerhard, Merr. 25; Rep. Phillips, Rock. 7; Rep. Aron, Sull. 4; Rep. Granger, Straf. 2; Rep. Polozov, Merr. 10; Rep. Tenczar, Hills. 1; Rep. D. Kelley, Hills. 32; Rep. Sirois, Hills. 32; Rep. Drago, Rock. 4; Rep. Noble, Hills. 2; Sen. Innis, Dist 7

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires death records to include certain information regarding immunizations received by the decedent. The bill also establishes certain reporting requirements for the department of health and human services regarding death records and immunizations.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

24-2636
05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Four

AN ACT relative to immunization reporting requirements.

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

1 New Section; Death Certificate; Inclusion of Immunization Records. Amend RSA 5-C by inserting after section 64 the following new section:

5-C:64-a Death Certificate; Inclusion of Immunization Records.

I. For purposes of this section, "immunization records" shall include, at a minimum, for each immunization received by the decedent, the following vaccination data elements from the immunization registry, established in RSA 141-C:20-f:

(a) Vaccination administration date.

(b) Vaccine dose volume.

(c) Vaccine dose volume units.

(d) Vaccine expiration date.

(e) Vaccine lot number.

(f) Vaccine product name.

(g) Vaccine route of administration.

(h) Vaccine site of administration.

II. The person who certifies a death under RSA 5-C:64 shall enter on a decedent's death record, for each vaccination received by the decedent in the calendar year of death and the 2 calendar years prior to the calendar year of death, all vaccination data elements available for the individual in the immunization registry.

III. For children under 18 years of age, the entire immunization record text shall be placed into a text field of the decedent's death certificate.

IV. This section shall apply to all deaths that occurred on or after January 1, 2020.

2 New Sections; Health Statistics; Public Immunization Death Reports. Amend RSA 126 by inserting after section 34 the following new sections:

126:35 Public Immunization Death Reports.

I. Within 10 days of the close of each fiscal quarter, the department of health and human services shall produce a report, available to the public, that includes the following data for each of the prior 4 quarters:

(a) Total deaths that occurred within 24 hours of immunization, including subtotals by type of vaccine, gender, age group, race, ethnicity, and co-morbidity type, if available.

(b) Total deaths that occurred within 3 days of immunization, including subtotals by type of vaccine, gender, age group, race, ethnicity, and co-morbidity type, if available.

(c) Total deaths that occurred within one week of immunization, including subtotals by type of vaccine, gender, age group, race, ethnicity, and co-morbidity type, if available.

(d) Total deaths that occurred within 3 weeks of immunization, including subtotals by type of vaccine, gender, age group, race, ethnicity, and co-morbidity type, if available.

(e) Total deaths that occurred within 10 weeks of immunization, including subtotals by type of vaccine, gender, age group, race, ethnicity, and co-morbidity type, if available.

(f) Total deaths that occurred within 25 weeks of immunization, including subtotals by type of vaccine, gender, age group, race, ethnicity, and co-morbidity type, if available.

(g) Total deaths that occurred within one year of immunization, including subtotals by type of vaccine, gender, age group, race, ethnicity, and co-morbidity type, if available,

II. Within 30 days after the close of the state fiscal year, the department of health and human services shall produce a report that includes the data enumerated under paragraph I for the prior 5 years. The report shall be available to the public on the department's website.

126:36 Required Biennial Cause of Death and Injury Studies. The department shall conduct biennial cause of death and injury studies, and produce public reports, including .csv (comma separated value) files within 2 weeks of the date that is one year before each United States general presidential election and each general United States mid-term or gubernatorial election. The report shall include:

I. Deaths involving cause of or contributing condition to death, specifically any ICD-10 code or replacement system code that appears on a death record after the CDC or an agent of the state has applied all codes to the death records.

II. Injuries involving anything for which an ICD-10 code or replacement system code that appears in a physician’s notes for the patient.

III. Demographic data such as race, age, gender, occupation, and others as appropriate and not a violation of privacy.

IV. Semi-monthly time period aggregation, which will provide a level of anonymity preservation and will reduce file size by more than an order of magnitude.

126:37 Independent Audit of Reports.

I. The department shall select by random lottery, 4 public health audit proposals biennially, from a person, or persons, or organizations, not affiliated or dependent upon any government entity, pharmaceutical industry ecosystem entity, or public official.

II. The selected auditor or auditors shall be required to sign a non-disclosure agreement to protect the privacy of individuals that the data represents, conduct themselves in accord with state and federal privacy laws, and share their findings with the department at least 2 days before any public disclosure of the findings, unless loss of life or injury to others might occur as a result of the non-disclosure within those 2 days, in which case immediate public disclosure shall be allowed and required without waiting 2 days.

III. The department shall provide a reasonable office or conference room space for up to 4 weeks for the auditor or auditors to conduct their work.

IV. The department shall provide the files or databases either on a portable and accessible storage device or through the department network access.

V. Prior to the on-site engagement of the auditor or auditors, the department shall make efforts to communicate and agree upon the format of the data files to be shared with the auditors in the on-site audit.

VI. The department will, in no way, attempt to obfuscate, frustrate, impair, unnecessarily complicate, or hinder the auditors in their mission.

VII. The auditor's proposal must meet minimum standards of competence in data management, aggregation, depiction, and presentation as a result of the work to be done.

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

LBA
24-2636
12/12/23

HB 1661-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to immunization reporting requirements.

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

Estimated State Impact - Increase / (Decrease)				
	FY 2024	**FY 2025**	**FY 2026**	**FY 2027**
Revenue	$0	$0	$0	$0
Revenue Fund(s)	None			
Expenditures	$0	Approximately $173,700	Approximately $161,300	Approximantely $196,100
Funding Source(s)	General Fund			
Appropriations	$0	$0	$0	$0
Funding Source(s)	None			

- Does this bill provide sufficient funding to cover estimated expenditures? [X] No
- Does this bill authorize new positions to implement this bill? [X] No

METHODOLOGY:

This bill amends RSA 5-C by adding an additional section to New Hampshire death certificates by requiring the inclusion of immunization records as contained in the state immunization registry. Additionally, the bill requires the Department of Health and Human Services to produce quarterly and annual reports on aggregate deaths that occurred within certain specified time frames following an immunization. Third, the bill requires the Department to conduct a biennial cause of death and injury study, with a series of reports to be made publicly available at times contingent on the dates of the United States presidential election, the US general mid-term elections, and state gubernatorial elections. Finally, the bill requires an independent audit of the reports outlined above. The auditors would need to sign a non-disclosure agreement and adhere to specific reporting time lines. The Department would be responsible for providing workspace, files and databases either on a portable or accessible storage device or through the Department's network access.

The Department states that all providers in the state who certify a death certificate would require access to the immunization registry. Accounts for providers would need to be created and maintained. The Department estimates that new providers may require one hour of training to use the registry platform. Based on the most recent New Hampshire Physician Workforce Profile published by the American Association of Medical Colleges, the Department

estimates that there are approximately 4,300 active physicians in New Hampshire. There are approximately 2,600 APRN's according to the NH Nurse Practitioner Association. There are approximately 940 Physician Assistant's in NH according to the U.S. Bureau of Labor Statistics. Assuming 50 - 60 percent of these providers work in a setting where they certify death certificates, approximately 3,920 to 4,704 additional providers would require an immunization registry account, associated training, and ongoing system support. The Department notes that this would reflect a 300% increase in the number of users and a threefold increase in the number of service-related calls. The Department estimates the time needed for the creation of user accounts to be between 10 to 12 weeks. Therefore, the Department estimates the need for an additional 0.5 FTE (Technical Support Specialist II, LG 21 Step 3) employee who would be responsible for completing the initial creation of user accounts. This position would be required beyond the initial 10 to 12 weeks for ongoing customer service, technical assistance, and training for providers. The Department assumes an additional 1 FTE employee (Senior Management Analyst, LG 28 Step 5) would be needed to conduct the statistical reports. The costs for these positions are shown below, assuming start dates of September 1, 2024.

	FY 2025	**FY 2026**	**FY 2027**
Tech. Support Specialist (LG 21, 1/2 Time)			
Salary	$26,300	$27,400	$28,600
Benefits	$16,900	$17,100	$17,300
Miscellaneous	$2,500	$0	$0
Position Total	$45,700	$44,500	$45,900
Sr. Mgmt Analyst (LG 28, Full Time)			
Salary	$65,139	$77,600	$80,400
Benefits	$32,861	$39,200	$39,800
Miscellaneous	$0	$0	$0
Position Total	$98,000	$116,800	$120,200
Grand Total	**$143,700**	**$161,300**	**$166,100**

Finally, the Department estimates that a biennial audit will cost $30,000 every two years beginning in FY25.

AGENCIES CONTACTED:

Department of Health and Human Services