

Written Testimony of David J. Laflamme, PhD, MPH

Concerning House Bill 621-FN

Submitted to the New Hampshire House of Representatives,
House Health, Human Services and Elderly Affairs Committee
March 12, 2025

Chairperson MacDonald, Vice Chairperson Mazur, and Distinguished Members of the Committee:

My name is **David J. Laflamme, PhD, MPH**. I am a lifelong resident of New Hampshire, with a family legacy of public service—my grandfather served as mayor of Manchester, our state’s largest city. I served as the New Hampshire State Maternal and Child Health Epidemiologist for 18 years (2003 through 2021) and continue to work in Applied Maternal and Child Health Epidemiology at the state and national levels. I earned my PhD in Public Health from Johns Hopkins University—the top school of public health in the world—and was inducted into Phi Beta Kappa for academic excellence. I respectfully submit the following written testimony **opposing** House Bill 621-FN.

1. Introduction and Background

During my nearly two decades as New Hampshire’s Maternal and Child Health Epidemiologist, I worked extensively with birth certificate data to shape and evaluate programs that have improved health outcomes for countless mothers and infants. Accurate, linkable birth data is critical to identifying at-risk populations, securing federal funding, and ensuring that targeted interventions reach the families that need them most.

While **privacy** is undoubtedly important, House Bill 621-FN undermines essential data-sharing practices. By providing an opt-out that removes personal identifiers from birth worksheet data, this legislation jeopardizes the state’s ability to fulfill its public health obligations and may place vulnerable mothers and infants at risk.

2. Importance of Birth Data and Identifiers

1. Maternal Mortality Review

- Linking birth and death records helps review committees identify the root causes of maternal mortality. Without personal identifiers, investigators lose

critical insights into contributing health conditions, substance use patterns, and other risk factors.

2. Newborn Screening and Hearing Tests

- State agencies and healthcare providers rely on identifiers to confirm that each newborn has received the appropriate screenings. Missing or abnormal results can then be immediately flagged, and families can be contacted for follow-up.

3. Identifying Disparities

- By connecting race, ethnicity, and zip code from birth records with immunization or hospital discharge data, public health professionals identify communities suffering higher rates of infant mortality, inadequate prenatal care, or other health inequalities. This allows resources to be channeled where they are needed most.

3. Potential Impact on Federal Funding

- According to the fiscal note, several federal grants—such as the **Pregnancy Risk Assessment Monitoring System (PRAMS)** and maternal mortality initiatives—require linked data. Limiting identifiers could jeopardize **\$12.5 million to \$25 million** in federal funding.
- This loss of resources could severely impact critical services ranging from addiction treatment programs to child support enforcement.

4. Privacy Protections Already in Place

- Current law (RSA 5-C:19, VII) allows birth mothers to refuse providing certain data, which is then marked as “refused to provide.”
 - Existing federal and state regulations, including HIPAA, mandate strict controls on health information. These laws ensure that data is used solely for legitimate public health purposes and protected from unauthorized access.
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5. Conclusion and Request

Granite Staters value both individual liberties and community well-being. By striking the right balance between privacy and data-sharing, we ensure that mothers and infants receive timely, life-saving interventions. House Bill 621-FN disrupts the delicate equilibrium established by current law and undermines the health of our most vulnerable populations.

I respectfully urge you to **vote Inexpedient to Legislate on HB 621-FN**. Our shared goal is to safeguard privacy while maintaining an evidence-based, functional public health infrastructure. With this balance, we can continue reducing maternal and infant mortality, preventing disease, and building a healthier future for all New Hampshire families.

Thank you for your time and consideration. Should you have any questions or need additional information, please feel free to contact me.

Respectfully submitted,

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