



## In Opposition to HB 1719-FN

### *An Act Removing Hepatitis B from the List of Diseases for Which Immunization Is Required Under State Law*

**New Hampshire House Health, Human Services and Elderly Affairs Committee**

Chairman MacDonald and Members of the Health, Human Services and Elderly Affairs Committee,

My name is Joseph Zamboni, and I submit this testimony in opposition to HB 1719-FN on behalf of the Pro-Vaccine Legal Alliance (PVLA). PVLA is a project of American Families for Vaccines (AFV), a growing national network of legal, public health, and medical experts dedicated to protecting access to safe, effective vaccines and supporting evidence-based immunization policy. Our work focuses on ensuring that laws and policies governing vaccination promote child health, equity, and public trust while remaining grounded in sound science and long-standing public health practice.

As written, HB 1719-FN would remove hepatitis B from New Hampshire's list of required childhood immunizations. While framed as a narrow change, this bill would undermine decades of public health progress, place children at unnecessary risk, and weaken one of New Hampshire's most successful and equitable health protection systems.

Hepatitis B is a serious viral infection that can lead to chronic liver disease, liver failure, and liver cancer. Vaccinating children against hepatitis B protects them from lifelong health consequences and premature death. The data is clear: Vaccinating infants at birth reduces their risk of liver cancer by 84% and their risk of death from liver disease by 70%. Routine childhood hepatitis B vaccination led to a 99% decline in reported cases among children and young adults in the United States between 1990 and 2019. New Hampshire has some of the highest hepatitis B vaccination rates in the nation, with approximately 95% of children fully vaccinated by age two. Correspondingly, New Hampshire has among the lowest rates of hepatitis B in the country, with only 0.1 newly reported cases per 100,000 people for both acute and chronic infection in 2021.

These outcomes are not accidental. They are the direct result of consistent policy, universal access, and public confidence in the state's immunization program.

Removing hepatitis B from New Hampshire's immunization requirements will have predictable and harmful consequences, harm children and families, and increase healthcare costs for everyone. First, it will make it harder, not easier, for parents to protect their children. New Hampshire's universal vaccine purchasing program, funded through the New Hampshire Vaccine Association, ensures that all children can access lifesaving vaccines regardless of insurance status or ability to pay. If hepatitis B vaccination is no longer required, the state will reduce or eliminate bulk purchasing, making access less reliable and more fragmented.

Second, while coverage may technically remain available through private insurance, Medicaid, or CHIP, vaccination sites may stop stocking hepatitis B vaccines due to decreased demand. This "access spiral" has already been observed with other vaccines shifted to optional or shared-decision-making status.

Third, vaccination rates will almost certainly decline. Even small drops in uptake can result in outbreaks, increased chronic infections, and preventable deaths. The Department itself estimates outbreak response costs of \$100,000 to \$350,000 per outbreak, with the possibility of multiple outbreaks per year, far outweighing the modest short-term savings cited in the fiscal note.

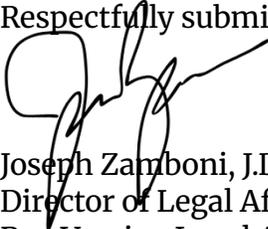
Fourth, removing hepatitis B sets a dangerous precedent. It invites a "death by a thousand cuts" approach to immunization policy, where vaccines are stripped from requirements one by one, eroding the integrity of the entire system. Parents rely on consistency and clarity. Abrupt changes without compelling evidence undermine trust and fuel misinformation.

And finally, chronic infection with the hepatitis B virus significantly increases the risk of hepatocellular carcinoma, the most common form of liver cancer. Hepatitis B related liver cancer develops over years of chronic inflammation, fibrosis, and cirrhosis, and accounts for a large proportion of liver cancer cases worldwide. A single case of liver cancer can cost tens of thousands of dollars or more in direct medical care, excluding long-term treatment and potential liver transplant costs. In many studies, the average direct medical cost for managing liver cancer approaches or exceeds \$90,000 per case, and costs can be far higher when including transplantation and long-term care, placing a significant economic burden on families and the health care system in states like New Hampshire.

New Hampshire has been a leader in protecting children from vaccine-preventable disease. HB 1719-FN would reverse that legacy, placing children at unnecessary risk, increasing long-term healthcare costs, and weakening public confidence in a system that has worked extraordinarily well. For these reasons, on behalf of the Pro-Vaccine Legal Alliance, I respectfully urge the Committee to vote Inexpedient to Legislate on HB 1719-FN and to maintain New Hampshire's commitment to evidence-based, equitable childhood immunization policy.

Thank you for your time and consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'J. Zamboni', written over a circular stamp or mark.

Joseph Zamboni, J.D., M.P.H.  
Director of Legal Affairs  
Pro-Vaccine Legal Alliance (PVLA)