



February 1, 2022

Representative Mark Pearson, Chairman
House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
33 N. State Street
Concord, NH 03301
Email: HHSEA@leg.state.nh.us

RE: HB 1003 prohibiting health care providers from refusing to provide care and services based on patient vaccination status

Dear Chairman Pearson and Members of the HHSEA Committee:

Bi-State Primary Care Association and our members respectfully request HB 1003, prohibiting health care providers from refusing to provide care and services based on patient vaccination status, be recommended inexpedient to legislate. Bi-State staff and our members will not attend legislative hearings due to the risk of COVID-19, and we thank you for the opportunity to submit written testimony to your committee electronically. Bi-State and our members write to you in strong opposition of HB 1003 because we believe it is overly broad, provides for no exceptions, and is unnecessary.

Bi-State Primary Care Association (Bi-State) is a 501(c)(3) nonprofit organization, formed by two health and social service leaders in 1986 to advance access to comprehensive primary care and preventive services for all, with special emphasis on those most in need in New Hampshire and Vermont. Today, Bi-State represents 28 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 146 locations. Our members include community health centers (CHCs), federally qualified health centers (FQHCs), rural health clinics (RHCs), area health education center programs, and Planned Parenthood of Northern New England. New Hampshire's 13 health centers serve approximately 112,000 patients at locations across the state, including in those districts represented by the members of this esteemed committee. While not all health centers fall under the health facility licensing requirements, all health centers treat patients regardless of ability to pay, regardless of insurance status, and regardless of vaccination status.

Bi-State and our members oppose HB 1003 because of its broad application.

As introduced, HB 1003 applies to residential care facilities and health care facilities licensed under RSA Chapter 151; however, the use of "health care provider" is broad and not limited to facilities in RSA Chapter 151. Additionally, as the Department of Health and Human Services noted at the hearing, the language in the bill addresses providers and not the licensed facilities themselves, as Chapter 151 applies to facility licensure and not provider licensure. The testimony and conversations earlier today

to expand this bill to apply to all health care providers and types of care are also concerning. We do not believe tying the hands of clinicians who treat very medically complex patients during a pandemic in statute is appropriate given the amount of time it takes to amend statutes.

Bi-State and our members believe that the medical ethics and applicable scopes of practice address the issues raised during the committee hearing and that the most appropriate venue to have those issues raised is with the licensing boards, including the Board of Medicine. We ask that the committee consider adding resources to those boards if the committee members do not feel issues are being resolved in a timely manner.

For these reasons and more, Bi-State Primary Care Association and our members respectfully request the Committee recommend HB 1003 be inexpedient to legislate.

Sincerely,

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