



February 7, 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](mailto:HHSEA@leg.state.nh.us)

RE: HB 1035 relative to exemptions from school vaccine mandates

Dear Chairman Pearson and Members of the HHSEA Committee:

Bi-State Primary Care Association and our members respectfully request HB 1035, relative to exemptions from school vaccine mandates, 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 1035 because it dilutes existing requirements for medical and religious exemptions and creates a conscientious objection to school vaccination requirements. We believe HB 1035 will endanger Granite Staters by exposing people to vaccine-preventable diseases.

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.

**Bi-State and our members oppose HB 1035 because it creates a conscientious objection to childhood vaccinations that will increase preventable diseases.**

New Hampshire, like all states, requires childhood vaccinations to attend school.<sup>1</sup> These include diphtheria, tetanus, pertussis, polio, hepatitis B, measles, mumps, rubella, and chickenpox.<sup>2</sup>

---

<sup>1</sup> See Chapter He-P 300 Diseases last accessed on Jan. 31, 2022.

<sup>2</sup> New Hampshire School immunization Requirements 2021-2022 (February 2021).  
<https://www.dhhs.nh.gov/dphs/immunization/documents/schools21-22.pdf> (last visited Feb. 7, 2022).

Currently, New Hampshire statute allows for medical and religious exemptions.<sup>3</sup> HB 1035 repeals and rewrites RSA §141-C:20-c to: 1) eliminate the requirement that a physician certify a medical exemption request; 2) eliminate the requirement that the physician document the length of time the immunization would be detrimental to the child's health; 3) eliminate the requirement that the child's parent or guardian submit a notarized form stating the child has not been immunized because of religious beliefs; and 4) create a conscientious or philosophical objection to childhood immunizations.<sup>4</sup> Public health measures, such as childhood vaccination requirements to attend school, are designed to protect all community members, including those too young to be vaccinated. It is completely irresponsible to create a conscientious objection in statute because it will undoubtedly spread preventable deadly diseases.

For example, measles was eliminated in the United States in 2000.<sup>5</sup> In 2019, 1,282 cases of measles were confirmed in 31 states.<sup>6</sup> According to the Centers for Disease Control and Prevention (CDC), this was the largest number of measles cases in the United States since 1992, and the majority of cases were in people who were unvaccinated. Prior to 2019, the largest number of measles cases since the elimination of the disease in the United States was in 2014 when there were 667 cases, 57% of which were associated with an outbreak in an Amish community with low vaccination rates.<sup>7</sup> The CDC reported that “[r]ecent outbreaks have been driven by misinformation about measles and MMR vaccine, which has led to undervaccination in vulnerable communities.”<sup>8</sup> Of the 1,249 measles cases from January 1 through October 1, 2019, 93% were associated with 22 measles outbreaks in the United States.<sup>9</sup> 89% of those infections were in people who were unvaccinated.<sup>10</sup> According to the CDC, “[i]ncreased global measles activity and existence of undervaccinated communities place the United States at continual risk for measles cases and outbreaks.” Measles is just one of many preventable diseases that children are protected against through vaccinations. Bi-State and our members do not want New Hampshire to become a hotspot for preventable diseases.

While this bill is not specific to COVID-19 vaccinations, the spread of COVID-19 in schools this year provides a timely example of the necessity of vaccinations in schools. On January 19<sup>th</sup>, the New Hampshire Department of Health and Human Services reported there were 117 active COVID-19 clusters in the K-12 schools, with an average of 12.8 cases per cluster.<sup>11</sup> The Department also reported 40 active childcare clusters. There are likely several factors that caused the drastic rise in pediatric cases, and the rise in school and childcare clusters, including the lack of mask requirements and lack of availability of COVID-19 vaccinations for children. In the

---

<sup>3</sup> N.H. Rev. Stat. Ann. §141-C:20-c (eff. Jan. 1, 2002).

<sup>4</sup> HB 1035, page 1, lines 1 through 8, 2022 Leg. Sess. (Nh 2022).

<sup>5</sup> Increase in Measles Cases – United States, (January 26, 2019), [https://www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm?s\\_cid=mm6817e1\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm?s_cid=mm6817e1_w) (last visited Feb. 7, 2022).

<sup>6</sup> *Id.*

<sup>7</sup> *See id.*

<sup>8</sup> *Id.*

<sup>9</sup> Cent. for Disease Control and Prev., Morbidity and Mortality Weekly Report, (Oct. 11, 2019), [https://www.cdc.gov/mmwr/volumes/68/wr/mm6840e2.htm?s\\_cid=mm6840e2\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6840e2.htm?s_cid=mm6840e2_w) (last visited Feb. 7, 2022).

<sup>10</sup> *Id.*

<sup>11</sup> NH DHHS COVID-19 Education and Childcare Partner Call (January 19, 2022), <https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/inline-documents/sonh/hcp-call-presentation-011922.pdf> (last visited Feb. 7, 2022).

2020-21 school year, New Hampshire’s schools had mask requirements in place for attendance.<sup>12</sup> There were only 693 infections associated with 110 clusters for the entire school year, and only 464 of those were in students. By December 1, 2021, there were 3,326 total COVID-19 cases associated with clusters in schools, and 88% of the cases were in children.<sup>13</sup> Clearly, employing mitigation measures in schools, including vaccinations and masks, prevents the spread of disease.<sup>14</sup>

**Bi-State and our members oppose HB 1035 because it interferes with the ability of Granite State schools to maintain safe learning environments.**

HB 1035 dilutes the current religious and medical exemption statute and creates a conscientious exemption from school vaccination requirements. Without mitigation measures in place like vaccination requirements, we place the health of children, teachers, and school district staff at risk. Further, children and their families do not live in bubbles: Families go to grocery stores, movie theaters, sporting activities, and more. As demonstrated by the 2019 measles outbreaks, normal day-to-day activities have the potential to spread deadly disease. If New Hampshire makes it easier to for school children to go without life-saving vaccinations, health care workers and other patients present during the child’s visit are also at risk of exposure. HB 1035 adds unnecessary risk to schooling children in New Hampshire and creates the potential for an additional and preventable public health catastrophe like the one we are living through now.

**HB 1035 will erode the “Granite Advantage.”**

New Hampshire is nothing without its residents: Our true advantage is the people who call the Granite State home. HB 1035 will endanger school children, and in turn, their families, loved ones, and the health care workforce who selflessly risk their lives every day to keep us healthy. For these reasons and more, Bi-State Primary Care Association and our members respectfully request the Committee recommend HB 1035 inexpedient to legislate.

Sincerely,

Kristine E. Stoddard, Esq.  
Senior Director of NH Public Policy  
[kstoddard@bistatepca.org](mailto:kstoddard@bistatepca.org)  
(603) 228-2830 ext. 113

---

<sup>12</sup> NH DHHS COVID-19 Education and Childcare Partner Call (December 1, 2021), <https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/inline-documents/sonh/school-call-presentation-12022021.pdf> (last visited Feb. 7, 2022).

<sup>13</sup> NH DHHS COVID-19 Education and Childcare Partner Call (December 1, 2021), <https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/inline-documents/sonh/school-call-presentation-12022021.pdf> (last visited Feb. 7, 2022).

<sup>14</sup> *See id.*