January 25, 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

RE: HB 1455 relative to state enforcement of federal vaccination mandates

Dear Chairman Pearson and Members of the HHSEA Committee:

Bi-State Primary Care Association and our members respectfully request the committee recommend HB 1455 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 1455.

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, federally qualified health centers, 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 members of this esteemed committee.

Bi-State and our members oppose HB 1455 because it will reduce access to health care services by prohibiting state agencies from working with health care organizations who require COVID-19 vaccinations as a condition of employment. While the impact of HB 1455 would affect all aspects of the health care system in New Hampshire, we will provide you with specific examples of how federally qualified health centers, their boards of directors, and most importantly, their patients will be negatively affected.

New Hampshire’s federally qualified health centers (FQHCs) are part of a national network of health centers established in federal law and regulated by the Health Services and Resources Administration (HRSA). Our FQHCs serve more than 88,000 Granite Staters who made approximately 387,000 patient visits in 2020, including over 100,000 telehealth visits. These health centers must serve patients regardless of ability to pay or insurance status. Approximately 13% of New Hampshire’s FQHC patients are uninsured, 33% are insured by Medicaid, 19% of their patients are insured by Medicare, 35% of their patients are commercially insured. One in five of the state’s uninsured receive care at an
FQHC. Federal statute establishes the array of services FQHCs must provide, including basic primary care services, voluntary family planning services, immunizations against vaccine-preventable diseases, appropriate cancer screenings, pharmaceutical services, mental health services, substance use disorder treatment, translation services, and transportation services.¹

Federally qualified health centers are governed by patient-majority boards, meaning members of the communities served by the FQHCs approve the policies and procedures the FQHC must utilize. The HRSA conducts site visits at least every three years, to ensure the FQHCs comply with the federal rules and regulations governing FQHCs. Health centers are required to “provide services….so that such services are available and accessible promptly, as appropriate, and in a manner that will assure continuity of services to the residents of the center’s catchment area.”² In order to demonstrate compliance with the clinical staffing requirements of FQHCs, an FQHC must have procedures in place to grant and renew privileges for clinical staff members who are “health center employees, individual contractors, or volunteers.”³ The procedures for privileging clinicians include verifying immunization and communicable disease status. As of January 13, 2022, all health care organizations that are Medicare- and Medicaid-certified provider organizations must ensure applicable staff are vaccinated against COVID-19. This is only one of several health care related requirement health care workers have, nor is it one that Bi-State or our members object to.

Health care organizations, including FQHCs, must comply with the federal law to operate and serve Granite Staters through Medicare, Medicaid, and state contracts. New Hampshire relies heavily on FQHCs to provide an array of health care services that the State itself is unable to provide. If HB 1455 were to become law, the State would be prohibited from working with FQHCs through state contracts because FQHCs cannot fulfill the requirements of their current state contracts without a vaccinated workforce. For example, the State of New Hampshire relies on nonprofit organizations like the FQHCs to provide health care services to pregnant women and children through a Title V block grant. These grants are competitive grant applications. Additionally, Bi-State and the health centers work with the State to ensure access to medication-assisted treatment for pregnant and postpartum patients. How would the State provide these services otherwise? Where would the 88,000 FQHC patients turn for their health care needs? Coos County Family Health Services is the only primary care provider in the Berlin/Gorham area and provides much needed primary care and oral health services to those communities. Many of the services the citizens of Berlin and Gorham rely on are funded through State contracts. How would those citizens access primary care if the State of New Hampshire could no longer contract with Coos County Family Health Services?

For these reasons and more, Bi-State Primary Care Association and our members respectfully request the Committee recommend HB 1455 be inexpedient to legislate.

Sincerely,

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

¹ 42 USC §254b (2020).
² See Health Center Program Compliance Manual, Ch. 5: Clinical Staffing, 28 (2018)
³ Id. at 29.