



February 8, 2022

Senator Jeb Bradley, Chairman
Senate Health and Human Services Committee
Legislative Office Building, Room 101
33 N. State Street
Concord, NH 03301

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RE: [SB 374 relative to the SARS-CoV-2 vaccinations](#)

Dear Chairman Bradley and Members of the Senate HHS Committee:

Bi-State Primary Care Association and our members respectfully request the committee recommend SB 374 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. We write to you today in strong opposition of SB 374.

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 SB 374 because it conflicts with recommendations of public health experts that are proven to protect citizens and prevent unnecessary deaths.

SB 374 would prohibit requiring that an individual who had COVID-19 receive a vaccination against the virus as a condition for employment, education, or access to businesses or entities open to the public. The CDC recommends getting vaccinated, and boosted, even if a person has had COVID-19 because the level of protection from infection varies depending on a person's age, the severity of disease, and the duration of time it's been since infection. In addition, the CDC explains, there is no test available that can reliably determine if a person is protected from infection.¹

¹ CDC. "Frequently Asked Questions about COVID-19 Vaccination." *Centers for Disease Control and Prevention*, 24 Jan. 2022, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html> (last visited Feb. 9, 2022).

Bi-State and our members oppose SB 374 because community health centers must comply with federal law to operate and serve Granite Staters through Medicare, Medicaid, and state contracts.

SB 374 would prohibit requiring that an individual who is under the age of 18 receive a vaccination against the virus as a condition for employment or education. On November 4, 2021, the Centers for Medicare & Medicaid Services (CMS) issued an Interim Final Rule with Comment Period (IFC) requiring that health care workers at Medicare and Medicaid-certified facilities – which include community health centers, federally qualified health centers, and rural health clinics – be vaccinated against COVID-19.² As of January 19, 2022, the CMS vaccine requirement is in effect in all 50 states, Washington D.C., and the territories; and its legal status is not expected to change. The IFC also requires health centers to have a detailed set of policies and procedures relating to the CMS vaccine rules. ***These policies and procedures must apply to students in training who are working at health care organizations.*** Students training to be health care professionals receive hands-on training that includes contact with high-risk patients, including children too young to be vaccinated. Both the Medicare and Medicaid statutes contain several provisions that authorize the U.S. Department of Health and Human Services (HHS) to impose requirements necessary “in the interest of the health and safety of beneficiaries.” CMS contends correctly that, under the Supremacy Clause of the U.S. Constitution, this IFC “preempts inconsistent State and local laws as applied to Medicare- and Medicaid-certified providers and suppliers.”

Bi-State and our members are also very concerned that SB 374 would reverse years of progress New Hampshire has achieved to keep children healthy. Like all states, New Hampshire requires childhood vaccinations to attend school.³ These include diphtheria, tetanus, pertussis, polio, hepatitis B, measles, mumps, rubella, and chickenpox.⁴ ***Currently, New Hampshire statute allows for medical and religious exemptions for these vaccines.***⁵

Bi-State and our members oppose SB 374 because of the implications for New Hampshire’s health care system, public health, and the economy.

Some argue that COVID does not pose a danger for children because they are less likely than adults to become severely ill; however, the health of children infected with the virus is still directly at risk, in unforeseen ways that we are still learning. Medical centers across the country have seen a rise in hospitalizations of children too young to be vaccinated, which may be explained by the Omicron’s attack on the upper airways, where young children are often more vulnerable to infections.⁶ Children who become severely ill from COVID-19 often have weak immune systems, obesity, or chronic conditions, such as asthma or diabetes, that increase their risk of severe infection.

On January 27, the NH Department of Health and Human Services presented on evidence of increased pediatric Type 1 diabetes among children in the United States during the pandemic. From March 2020-2021, a San Diego hospital saw a 57% increase in children admitted with new onset Type 1 diabetes, likely in part reflective of delayed health-seeking.⁷ Researchers in Europe have also reported an increase

² Cent. for Disease Cont. and Prev., “Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus Covid-19 Health Care Staff Vaccination,” CMS, <https://www.cms.gov/medicare-provider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0#:~:text=On%20November%202005%2C%202021%2C%20CMS.Medicaid%2Dcertified%20providers%20and%20suppliers>. (last visited Feb. 8, 2022).

³ See Chapter He-P 300 Diseases (last accessed Jan. 31, 2022).

⁴ 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).

⁵ N.H. Rev. Stat. Ann. §141-C:20-c (eff. Jan. 1, 2002).

⁶ Mandavilli, Apoorva. “A Surge in Hospitalized Young Children Infected with the Coronavirus.” The New York Times, 7 Jan. 2022, www.nytimes.com/2022/01/07/health/covid-children-hospitals.html (last visited Feb. 8, 2022).

⁷ NH COVID-19 Health Care Provider and Public Health Partner Call 1.27.22 (Slide 23) (last visited Feb. 8, 2022).

in the number of children being diagnosed with Type 1 diabetes since the pandemic started.⁸ There are still many uncertainties about the disease caused by the virus; we cannot yet predict its long-term outcomes for adults or children – including for those who continue to experience weakened immune systems after being discharged from the hospital for multisystem inflammation syndrome in children (MIS-C).⁹

On February 8, 2022, almost 70% of infections in New Hampshire were in children under 18 years old.¹⁰ When children are carriers of asymptomatic infection, even if they don't experience acute symptoms or those symptoms are mild, their illnesses have severe consequences for our health care system, public health, and the economy. Headlines that we see daily in the Granite State about our strained workforce and hospitals close to full capacity largely stem from a rise in pediatric infections. Bi-State's community health center members report that ~5% of their workforce is out sick with COVID-19, and this does not include staff who cannot come to work or must work remotely because they are caring for a sick child. One health center reported receiving over 600 calls from parents and caregivers in a day calling for COVID-19 tests for children.

Bi-State and our community health center members serving on the front lines are extremely concerned that if SB 374 passed, it will make New Hampshire communities vulnerable to becoming hotspots for preventable diseases. Our health care system is stretched too thin to handle any more significant additions to the existing strain.

We must look back to the resurgence of measles in 2019, fewer than 20 years after we celebrated its eradication: Over 70% of the ~700 measles cases that emerged in 22 states in 2019 were in unvaccinated patients. Before 2019, the highest number of measles cases following elimination in the United States occurred in 2014, when 667 cases were reported, 57% of which were associated with an outbreak in an under-immunized Amish community. These recent outbreaks in American history, along with many others, were “driven by misinformation about measles and MMR vaccine, which led to under-vaccination in vulnerable communities.”¹¹ In 2020, measles vaccine coverage rates dropped further due to the COVID-19 pandemic as lock-downs interrupted routine immunization programs, and “a further resurgence of measles is expected in the years to come.”¹² Experts worry low vaccination rates of vaccine-preventable disease will result in epidemics of measles, COVID-19, and even Ebola. We implore you to not weaken the Granite State’s public health system and vaccination program.

For these reasons and more, Bi-State Primary Care Association and our members respectfully request the Committee recommend SB 374 be inexpedient to legislate.

Sincerely,

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⁸ Rabin, Roni Caryn. “Covid May Raise the Risk of Diabetes in Children, C.D.C. Researchers Reported.” The New York Times, 7 Jan. 2022, www.nytimes.com/2022/01/07/health/kids-covid-diabetes-cdc.html (last visited Feb. 8, 2022).

⁹ “Long-Term Outcomes of MIS-C.” Contemporary Pediatrics, www.contemporarypediatrics.com/view/long-term-outcomes-of-mis-c (last visited Feb. 9, 2022).

¹⁰ NH Division of Public Health Services Press Release, Feb. 8, 2022.

¹¹ Patel, Manisha, et al. “Increase in Measles Cases — United States, January 1–April 26, 2019.” MMWR. Morbidity and Mortality Weekly Report, vol. 68, no. 17, 3 May 2019, pp. 402–404, www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm, 10.15585/mmwr.mm6817e1 (last visited Feb. 9, 2022).

¹² Wilder-Smith, A. “COVID-19 in Comparison with Other Emerging Viral Diseases: Risk of Geographic Spread via Travel.” Tropical Diseases, Travel Medicine and Vaccines, vol. 7, no. 1, 31 Jan. 2021, 10.1186/s40794-020-00129-9.