

SB 484-FN - AS INTRODUCED

2024 SESSION

24-2901

11/05

SENATE BILL ***484-FN***

AN ACT relative to completion of the birth worksheet for hospital or institutional birth.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Soucy, Dist 18; Sen. Altschiller, Dist 24; Sen. Fenton, Dist 10; Sen. Pearl, Dist 17; Sen. Chandley, Dist 11; Rep. Edwards, Rock. 31; Rep. T. Lekas, Hills. 38; Rep. Layon, Rock. 13; Rep. Grote, Rock. 24; Rep. Bolton, Graf. 8

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill defines the information and procedures for obtaining and recording information for the birth worksheet and separate records after a hospital or institutional birth.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~in brackets and struckthrough~~.
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Four

AN ACT relative to completion of the birth worksheet for hospital or institutional birth.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Completion of Birth Worksheet for Hospital or Institutional Births. RSA 5-C:19 is repealed
2 and reenacted to read as follows:

3 5-C:19 Completion of Birth Worksheet for Hospital or Institutional Births.

4 I. A hospital, institution, birthing center, attendant, or parent shall file with the division a
5 birth record for each live birth which occurs in the state of New Hampshire.

6 II.(a) In the case of a hospital or institution live birth, the hospital or institution birth
7 registrar or designee shall record the following information necessary for the birth certificate:

8 (1) Information regarding the child, including name, date and time of birth, and sex;

9 (2) Information regarding the facility, including name, street address, city or town,
10 and county; and

11 (3) Information regarding the mother including:

12 (A) Current name and name prior to first marriage or civil union;

13 (B) Date of birth and birthplace;

14 (C) City or town, county, and state of residence;

15 (D) Residential address and complete mailing address if different from the
16 residential address, or, if the same as the residential address, her zip code only;

17 (E) Social security number;

18 (F) Whether she was married at the time of the birth of child, or conception of
19 child, or any time in between.

20 (4) Information regarding the father including:

21 (A) Current name and name prior to first marriage or civil union;

22 (B) Date of birth and birthplace; and

23 (C) Social security number.

24 (5) Indication from one parent whether the division shall be authorized to provide
25 the Social Security Administration with data from the birth record in order for the Social Security
26 Administration to issue a social security number.

27 (6) Indication from one parent whether the division shall be authorized to release
28 birth record information to the New Hampshire immunization registry.

29 (7) Signature of the individual who interviewed the parent or other informant
30 certifying that the information has been recorded exactly as given by the parent or other informant
31 or has been taken from medical records;

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1 (b) A parent or other informant shall provide his or her signature certifying that the
2 information supplied is a true and correct representation of the facts to the best of his or her
3 knowledge, the date signed, and the informant's relationship to the child.

4 IV. A physician member of the institution's obstetrics team or service, the chief of obstetrics,
5 the chief of the medical staff or the hospital administrator shall, within 72 hours of the birth, certify
6 that the child was born alive at the place and time and the date stated by providing:

7 (a) His or her signature as certifier;

8 (b) The date signed;

9 (c) His or her name and title;

10 (d) The name and title of the attendant if other than the certifier; and

11 (e) The attendant's mailing address.

12 V. The birth worksheet shall not be signed by a parent or informant until the child has been
13 given a name or the mother is being discharged from the hospital, whichever is sooner.

14 VI. When both a physician and a nurse midwife are present at a hospital birth, the
15 physician shall sign the birth worksheet and be named as the certifier, and the name of the nurse
16 midwife shall be entered as the attendant at birth.

17 VII. When a physician is not present and a nurse midwife is present at a hospital birth, the
18 nurse midwife shall sign the birth worksheet and be named as the certifier.

19 VIII. Any item of information not obtainable shall be indicated as: "not known" when the
20 information is not known; "not available" when the information is known but not immediately
21 available; or "refused to provide" when the parent or informant refuses to provide the information.

22 IX. In the case of an unwed mother, unless an affidavit of paternity has been executed, the
23 notation "not stated" shall be entered in the spaces provided for information concerning the father.

24 X. When a child is born in a moving conveyance, the city or town of birth shall be that city or
25 town where the child was first removed from said conveyance.

26 XI. When a married mother refuses to give information concerning her husband as father of
27 the child, the hospital shall enter "not stated" on the birth record for all information pertaining to
28 the father of the child.

29 XII. In the case of a hospital or institution live birth, the hospital or institution shall, on a
30 separate paper or electronic form, provide the following health and statistical information about
31 mother, father, and baby:

32 (a) Identifying information regarding the mother, limited to:

33 (1) The town, zip code, county and state where the mother resides;

34 (2) The mother's place of birth;

35 (3) Maternal age;

36 (4) Usual occupation and the business or industry in which the mother is employed;

37 (5) Race; and

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- 1 (6) Level of education.
- 2 (b) Identifying information regarding the father, limited to:
- 3 (1) Usual occupation and the business or industry in which the father is employed;
- 4 (2) Race;
- 5 (3) Level of education; and
- 6 (4) Paternal age.
- 7 (c) The method of payment for prenatal care and for delivery.
- 8 (d) Statistical information from the mother, medical reports, and her physician
- 9 regarding the mother and child including:
- 10 (1) Number of live births, not including this child, now living and now dead.
- 11 (2) Date of the last live birth;
- 12 (3) Other terminations of pregnancy, any time after conception;
- 13 (4) Date of the last other termination of pregnancy;
- 14 (5) Date last normal menses began;
- 15 (6) Month that prenatal care began; and
- 16 (7) Total number of prenatal visits.
- 17 (e) Information about the newborn, limited to:
- 18 (1) Birth weight of the child;
- 19 (2) Clinical estimation of gestation in weeks;
- 20 (3) Plurality of the child, including but not limited to single, twin, or triplet;
- 21 (4) Birth order of the child; and
- 22 (5) The Apgar score, which is an evaluation of a newborn infant's physical status, at
- 23 5 minutes and at 10 minutes.
- 24 (f) If the mother is transferred to another facility before or after giving birth, transfer
- 25 information for the mother and child including:
- 26 (1) Whether the mother was transferred prior to delivery or after delivery;
- 27 (2) Whether the infant was transferred after delivery; or
- 28 (3) Whether the child was living or dead at the time of the report.
- 29 (g) Information regarding the medical aspects of the pregnancy including:
- 30 (1) Any medical risk factors for the pregnancy;
- 31 (2) Any other risk factors for the pregnancy;
- 32 (3) Any obstetric procedures performed during the course of the pregnancy;
- 33 (4) Any complications of labor and delivery;
- 34 (5) The method of delivery;
- 35 (6) Any abnormal conditions of the newborn; or
- 36 (7) Any congenital anomalies of the child.
- 37 (h) Attendant's title.

1 XIII. For a birth which occurred in a hospital or institution, the hospital or institution birth
2 registrar or designee shall initially record information for the birth record on the birth worksheet
3 and retain the birth worksheet in the mother's medical record files at the hospital for 7 years.

4 2 Effective Date. This act shall take effect 60 days after its passage.

SB 484-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to completion of the birth worksheet for hospital or institutional birth.

FISCAL IMPACT: ☒ State ☐ County ☐ Local ☐ None

Estimated State Impact - Increase / (Decrease)				
	FY 2024	FY 2025	FY 2026	FY 2027
Revenue	\$0	\$0 to Indeterminable Decrease	\$0 to Indeterminable Decrease	\$0 to Indeterminable Decrease
<i>Revenue Fund(s)</i>	Federal Grants and Vital Records Improvement Fund			
Expenditures	\$0	\$55,000+	Indeterminable	Indeterminable
<i>Funding Source(s)</i>	General Fund			
Appropriations	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

- Does this bill provide sufficient funding to cover estimated expenditures? ☒ N/A
- Does this bill authorize new positions to implement this bill? ☒ N/A

METHODOLOGY:

This bill changes the details recorded on the birth worksheet and divides the collected information into two distinct paper and electronic forms. The first form, available in both paper and electronic formats within the NHVRIN system, would focus on details related to the birth certificate and social security number. The second form would be dedicated to health and statistical data for the mother, father and baby.

The Division of Vital Records Administration, under the Secretary of State's office, intends to implement changes involving the redesign of paper birth worksheets and modifications to the NHVRIN system. The associated costs include \$5,000 for the redesign, repurchase, and distribution of paper birth worksheets, and approximately \$50,000 for the redesign, testing, and implementation of electronic form changes. Additionally, Vital Records currently has a contract with the CDC to handle statistical data, and they regularly communicate with the CDC to fix any data errors from hospitals or institutions. Vital Records manages these corrections in collaboration with the respective hospitals or institutions. However, this bill would separate personal information from statistical data. This could make it challenging for Vital Records to identify which records need corrections when working with hospitals. As of now, there's uncertainty about whether this change might lead to a reduction in revenue in the Vital Record

Improvement Fund from the contract with the CDC, as there would not be enough information available to make that determination.

The Department of Health and Human Services (DHHS) anticipates indeterminable effects on program operation and confidential data requests due to the bill, which may lead to a potential decrease in state revenues (federal grants) and an indeterminable increase in state expenditures. Additionally, the Department states DHHS is covered by HIPPA, however the Secretary of State is not. If the Department cannot receive essential data elements, such as the mother's date of birth, it may lead to conflicts with reporting requirements and uncertainties regarding the recording of birth records, potentially impacting programs and public services for New Hampshire residents, including maternal and child health programs and federal funding.

It is assumed the fiscal impact will not occur until FY 2025.

AGENCIES CONTACTED:

Department of State and Department of Health and Human Services