

HB 629-FN - AS AMENDED BY THE HOUSE

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HOUSE BILL

629-FN

AN ACT relative to induced termination of pregnancy statistics.

SPONSORS: Rep. Souza, Hills 43; Rep. Notter, Hills 21; Rep. Kappler, Rock 3; Rep. Berube, Straf 18; Rep. Wuelper, Straf 3; Rep. Gould, Hills 7; Rep. Prudhomme-O'Brien, Rock 6; Rep. Cordelli, Carr 4; Rep. Leeman, Straf 23; Sen. Cataldo, Dist 6; Sen. Daniels, Dist 11

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill requires the department of health and human services to publish an annual report consisting of an aggregate statistical summary of all induced terminations of pregnancy performed in New Hampshire. This report shall be available to the public. Data submitted by providers shall be for statistical purposes only and not public records.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

AN ACT relative to induced termination of pregnancy statistics.

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

1 1 New Section; Annual Report Required. Amend RSA 126-A by inserting after section 4-h the
2 following new section:

3 126-A:4-i Induced Termination of Pregnancy; Annual Report.

4 I. In this section:

5 (a) "Aggregate summary" means compilation of the information received by the
6 department of health and human services on induced terminations of pregnancy.

7 (b) "Department" means the department of health and human services.

8 (c) "Division" means the division of vital records administration, department of state.

9 (d) "Facility" or "medical facility" means any public or private hospital, clinic, center,
10 medical school, medical training institution, health care facility, physician's office, infirmary,
11 dispensary, ambulatory surgical treatment center, or other institution or location wherein medical
12 care is provided to any person.

13 (e) "Health care provider" means any individual licensed to provide health care under
14 RSA 326-B:18 or RSA 329 and who provides induced terminations of pregnancy.

15 (f) "Identification number for health care provider of facility" means a confidential
16 identifier for a health care provider or a facility including the location of the health care provider or
17 the facility by city, town, or county.

18 (g) "Induced termination of pregnancy" means an intervention performed by a licensed
19 clinician, including a physician, nurse, midwife, nurse practitioner, or physician assistant, that is
20 intended to terminate an ongoing pregnancy.

21 (h) "Patient confidential identification code or number" means a confidential identifier
22 for a patient including primary residence by state and city, town, or county.

23 (i) "Procedure" means the process by which an induced termination of pregnancy
24 occurs.

25 II.(a) The division shall collect non-identifying confidential data on induced termination of
26 pregnancy occurring within the state of New Hampshire using the New Hampshire Vital Record
27 Information Network (NHVRIN) electronic system or any modified or replacement electronic system
28 under the jurisdiction of the division. The division shall bear all responsibility for maintaining the
29 confidentiality of these records. These data shall be stored using only the confidential number of
30 the health care provider assigned by the department to the provider prior to the submission of the
31 form. Provider names or other identifying data shall not be stored in the division or department

1 data systems. These data shall only be released to the department as authorized by this section.
2 Each health care provider or facility shall use an electronic form for such purpose. The electronic
3 form shall be made available by the department to each health care provider or facility. The form
4 shall only require disclosure of information required under this section. The department shall
5 assign a confidential number to each health care provider and facility required to submit the
6 electronic form under this section. The confidential number, or any other personally identifiable
7 information, obtained under this paragraph shall be for statistical purposes only and therefore be
8 exempt from disclosure under RSA 91-A.

9 (b) The electronic form shall be completed by the health care provider or the facility and
10 securely transmitted to the division on or before the 15th day of each month for all induced
11 terminations of pregnancy occurring within the previous month. The electronic form shall only be
12 submitted if induced terminations of pregnancy were performed in the preceding month.

13 (c) The department shall have sole responsibility for the analysis of the data and the
14 preparation and distribution of the aggregate summary.

15 (d) The department shall publish an annual report, commencing on November 1, 2017,
16 to be posted on the department's Internet website, based on an aggregate summary of the
17 information obtained pursuant to this section. No data may be released by the department that
18 would have the capacity to personally identify either the health care provider who performed the
19 induced termination of pregnancy or the patient on whom it was performed.

20 III. The electronic form provided by the department shall include the following data:

21 (a) The confidential identification number for the health care provider or facility.

22 (b) The patient's confidential identification code or number.

23 (c) The patient's use and, if applicable, type of contraception.

24 (d) The patient's age.

25 (e) The estimated gestational age of the fetus as determined by the health care provider
26 using as a reference the 2014 American College of Obstetricians and Gynecologists guidelines or
27 any subsequent editions thereto.

28 (f) The county or municipality if the population of the municipality exceeds 20,000
29 based on the United States Census Bureau of the address of the patient. If the patient is a resident
30 of another state, then indicated as out-of-state.

31 (g) Date of termination by month and year.

32 (h) Method of termination as follows:

33 (1) Curettage;

34 (2) Intrauterine installation;

35 (3) Medical (nonsurgical); or

36 (4) Other as specified by the health care provider.

37 IV. The department's annual report shall provide aggregate data using the following fields:

(a) The county or municipality if the population of the municipality exceeds 20,000 based on the United States Census Bureau of the address of the patient. If the patient is a resident of another state, then indicated as out-of-state.

(b) The patient's use and, if applicable, type of contraception.

(c) Patient age listed in ranges as determined by the department using Centers for Disease Control and Prevention (CDC) guidelines.

(d) Gestational age of the fetus listed in ranges as determined by the department using CDC guidelines.

(e) Method of termination as follows:

(1) Curettage;

(2) Intrauterine installation;

(3) Medical (nonsurgical); or

(4) Other as specified by the health care provider.

V.(a) Notwithstanding RSA 126:28 and except as otherwise provided in this section, information obtained by the department under this section shall be used only for statistical purposes and such information shall not be released in any manner other than that outlined in this section for preparation of the reports. Such release shall not occur in any manner which would lead to or permit the identification of the person on whom the procedure was performed. Any releases of the information obtained shall not disclose or permit the identification of any person filing a report, the facility at which the procedure was performed, or the identity of any health care provider as defined in RSA 126-A:4-i, I(d) who submits a report to the division under this section. The information obtained by the department in RSA 126-A:4-i, III(a), regarding the confidential identification number for the health care provider or facility, and RSA 126-A:4-i, III(b), regarding the patient's confidential identification code or number, shall only be used for internal auditing and quality assurance purposes by the department.

(b) Excluding any aggregate summary as defined in RSA 126-A:4-i, I(a), the department and division shall purge all data collected and obtained under this section after 3 years.

VI. If any provision of this section, or the application thereof to any person or circumstance, is held invalid, such determination shall not affect the provisions or applications of this section which can be given effect without the invalid provision or application, and to that end the provisions of this section are severable.

2 Effective Date. This act shall take effect January 1, 2017.

HB 629-FN FISCAL NOTE

AN ACT relative to induced termination of pregnancy statistics.

FISCAL IMPACT:

The Department of Health and Human Services, Department of Justice, New Hampshire Association of Counties, and Judicial Branch state this bill, **as introduced**, will increase state and county expenditures by an indeterminable amount in FY 2016 and each year thereafter. There will be no fiscal impact on local expenditures, or state, county, and local revenue.

METHODOLOGY:

The Department of Health and Human Services (DHHS) states this bill requires the Department to; collect certain non-identifying confidential statistical data relative to induced termination of pregnancies; report such data annually to the Federal Center for Disease Control and Prevention; and publish an annual report based on an aggregate summary of the data to the Department's website. The bill requires health care providers to submit data monthly, and specifies a violation of the provisions of the proposed legislation shall be a class B misdemeanor. DHHS states the establishment of policies and procedures for the collection and reporting of the required data followed by the implementation and execution of those policies and procedures will increase state expenditures by approximately \$3,369 in FY 2016, \$1,527 in FY 2017 through FY 2018, and by \$1,618 in FY 2019.

The Department of Justice (DOJ) and the New Hampshire Association of Counties state the proposed legislation establishes a class B misdemeanor. Neither the DOJ nor the Association has sufficient information to estimate the additional number of class B misdemeanors that may arise as a result of the bill's passage. The Association notes to the extent the proposed legislation results in class B misdemeanors requiring prosecution, county expenditures will increase. The DOJ notes to the extent these prosecutions are appealed to the Supreme Court state expenditures will increase.

The DOJ states a violation of the bill may also result in a complaint to and potential disciplinary action from the State Board of Medicine. The DOJ notes to the extent any disciplinary actions brought by the Board of Medicine require the services of their Administrative Prosecutions Unit, state expenditures will increase.

The Judicial Branch states they have no information on which to estimate how many

additional class B misdemeanor prosecutions may result from the proposed legislation. However, the Branch estimates the average cost of processing a class B misdemeanor to be \$48.47 in FY 2016 and \$50.63 in FY 2017. Accordingly, the Branch states if passage of the proposed legislation resulted in an additional 207 class B misdemeanors, state expenditures would increase by over \$10,000. The Branch notes this does not account for the costs of any appeals which could further increase state expenditures by an indeterminable amount.