

HB 582-FN - AS INTRODUCED

2023 SESSION

23-0446

05/08

HOUSE BILL ***582-FN***

AN ACT requiring the division of vital records to collect induced termination of pregnancy statistics.

SPONSORS: Rep. Stapleton, Sull. 6; Rep. M. Pearson, Rock. 34; Rep. Love, Rock. 13; Rep. L. Gould, Hills. 2

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill directs the division of vital records to collect certain statistics regarding induced termination of pregnancy.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 Three

AN ACT requiring the division of vital records to collect induced termination of pregnancy statistics.

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

1 1 Statement of Purpose. The general court finds that New Hampshire is one of only 3 states
2 (New Hampshire, Maryland, and California) that currently do not report annual termination of
3 pregnancy statistics to the Centers for Disease Control and Prevention (CDC). The general court
4 also finds that the collection of statistical data regarding termination of pregnancy is essential to the
5 state's compelling interest in the life and health of its citizens, including the preborn. As a result,
6 the general court hereby declares that such statistics should be collected and reported as provided in
7 this act.

8 2 New Section; Health Care Data; Induced Termination of Pregnancy; Annual Report Required.
9 Amend RSA 126 by inserting after section 25 the following new section:

10 126:25-a Induced Termination of Pregnancy; Annual Report.

11 I. Definitions in this section:

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

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

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

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

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

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

25 (g) "Induced termination of pregnancy" means an intervention performed by a licensed
26 clinician, including a physician, nurse, midwife, nurse practitioner, or physician assistant, that is
27 intended to terminate an ongoing pregnancy, including writing a prescription for mifepristone or
28 misoprostol or other agents intended to induce a medical abortion. It shall not include the
29 dispensation of levonorgestrel or other agents, whether by prescription or over the counter, intended
30 for use as an emergency contraception.

1 (h) "Patient confidential identification code or number" means an anonymous
2 confidential identifier for a patient's primary residence by state, city, town, or county.

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

4 (j) "Specifications-CDC data" means the technical resource specifications for reporting
5 induced terminations of pregnancy data from individual states to the Centers for Disease Control
6 and Prevention, Division of Reproductive Health (CDC), for the improved standardization of national
7 data collection and statistical reporting.

8 II.(a) The division shall collect non-identifying data on induced terminations of pregnancy
9 occurring within the state of New Hampshire using the New Hampshire Vital Record Information
10 Network (NHVRIN) electronic system or any modified or subsequent replacement electronic system
11 under the jurisdiction of the division. The division shall bear all responsibility for securely
12 maintaining the confidentiality of these records. The data shall be stored using only the confidential
13 number of the health care provider assigned by the division to the provider prior to the submission of
14 the reporting form. Only aggregated and personally non-identifiable data may be released by the
15 division to the department for its public health statistics reporting. Provider names or other
16 personal identifying data shall not be stored in the division or department data systems. No data
17 shall be released that may personally identify either the health care provider who performed an
18 induced termination of pregnancy or the patient on whom it was performed, nor any elements of
19 data that would have the capacity to enable by deduction to personally identify either the health care
20 provider, the patient, or the patient's specific residence location within the state.

21 (1) Any individual who releases non-aggregated or personally identifiable data in
22 violation of this subparagraph paragraph shall be subject to a class B misdemeanor.

23 (2) Each health care provider or facility performing induced terminations of
24 pregnancy shall use an electronic form for such purpose, as shall be made available by the division to
25 each health care provider or facility. The form shall only require disclosure of information required
26 under this section. The reporting health care provider or facility shall create and use an anonymous
27 patient identification code or number created solely for the purpose of this reporting. The division
28 shall assign a confidential number to each health care provider and facility required to submit the
29 electronic form under this section. The confidential number, or any other personally identifiable
30 information, obtained under this paragraph shall be for statistical purposes only and therefore be
31 exempt from disclosure under RSA 91-A.

32 (b) The electronic form shall be completed by the health care provider or the facility and
33 securely transmitted to the division on or before the 15th day of each month for the first 6 months of
34 reporting and thereafter on a quarterly basis on the 15th day of the first month of the calendar
35 quarter for all induced terminations of pregnancy occurring within the previous reporting period.
36 The electronic form shall be submitted for each reporting period, even if no procedures were
37 performed during the reporting period, for as long as the facility continues to offer the procedure.

HB 582-FN - AS INTRODUCED

- Page 3 -

1 One final electronic form shall be submitted for the full reporting period after the procedure is no
2 longer offered.

3 (c) The department shall have sole responsibility for the analysis of the data and the
4 preparation, publication, and distribution of the aggregate summary.

5 (d) The department shall publish an annual report, commencing with data to be
6 reported as of January 1, 2024, to be posted on the department's website not later than June 30th of
7 the subsequent year, based on an aggregate summary of the information obtained pursuant to this
8 section. No data may be released by the department or the division that would have the capacity to
9 personally identify either the health care provider who performed the induced termination of
10 pregnancy or the patient on whom it was performed, except pursuant to a search warrant issued
11 under RSA 595-A. Data that would have the capacity by deduction to personally identify either the
12 health care provider who performed an induced termination of pregnancy or the patient on whom it
13 was perform shall be exempt from the disclosure requirements of RSA 91-A.

14 (e) The electronic reporting form provided by the division to providers and facilities
15 performing the procedure shall include the following data, pursuant to specifications-CDC data
16 requirements, as amended, unless such amendments are inconsistent or contrary to New Hampshire
17 law:

- 18 (1) The confidential identification number for the health care provider or facility.
- 19 (2) The patient's confidential identification code or number.
- 20 (3) Date of pregnancy termination by month, day and year.
- 21 (4) Any procedural complications in the abortion resulting in the injury or death to
22 the mother.
- 23 (5) The residence of the patient by state, or if the patient is a resident of another
24 state, territory, or foreign jurisdiction, then such out-of-state domicile shall be indicated.
- 25 (6) The county and municipality of the patient, except that no municipality will be
26 shown if the population thereof is beneath 20,000 persons based on the United States Census
27 Bureau for the address of the patient.
- 28 (7) The patient's age in years at last birthday.
- 29 (8) Marital status of patient at pregnancy termination, contraception, or any time in
30 between.
- 31 (9) Patient's highest level or degree of education completed.
- 32 (10) Indication if patient is of Hispanic origins and what country, territory or other
33 jurisdiction, if known.
- 34 (11) Indication of patient's race, ethnicity or nationality if other than Hispanic
35 origins.
- 36 (12) Number of patient's previous live birth, separately counted by those now living
37 and by those now deceased.

HB 582-FN - AS INTRODUCED

- Page 4 -

1 (13) Number of patient's other prior pregnancy terminations, separately counted by
2 those induced and by those spontaneous.

3 (14) Clinician's estimate of gestational fetal age in completed weeks, rounded to a
4 whole number.

5 (15) Date of patient's last normal menses by month, day, year.

6 (16) The method of induced termination of pregnancy:

7 (A) Surgical: dilation and curettage, dilation and evacuation,
8 hysterectomy/hysterotomy, or other surgical procedure.

9 (B) Medical/non-surgical: mifepristone, misoprostol, methotrexate, or other
10 medication.

11 (C) Intrauterine instillation.

12 (D) Other or unknown.

13 (17) Other relevant data that the CDC may require upon revision of its specifications
14 for state reporting of induced pregnancy terminations; provided that inclusion of such additional
15 data is not inconsistent with state law.

16 3 New Paragraph; Availability of Data; Department of Health and Human Services. Amend
17 RSA 126:28 by inserting after paragraph III the following new paragraph:

18 IV.(a) The department of health and human services shall publish an annual report relative
19 to pregnancy terminations, commencing with data to be reported as of January 1, 2024, to be posted
20 on the department's website not later than June 30 of the subsequent year, based on an aggregate
21 summary of all data collected through the uniform healthcare facility discharge data set (UHFDDS),
22 and data obtained from the division of vital records under RSA 126-A:25-a, relative to pregnancy
23 terminations as contained in current procedural terminology (CPT) codes of the American Medical
24 Association, 59840 thru 59857 or healthcare common procedure coding system (HCPCS) codes
25 S01999, S2260 thru S2267 and S8055, including revisions thereof and successive re-issues thereto,
26 and the information from the electronic reporting form as indicated above in RSA 126:25-a, III(e).

27 (b) In preparing this report, the department of health and human services shall obtain,
28 review, and utilize relevant data from the division's New Hampshire vital records information
29 network (NHVRIN) system, as made or modified to provide such data, and from any other available
30 resources, including statistical data from the insurance department, and shall publish aggregate
31 results at New Hampshire Health WISDOM system at the health and human services data portal,
32 including updates thereto or revisions thereof, and provide in annual reporting to the national
33 Centers for Disease Control and Prevention (CDC). No data shall be released by the department
34 that may personally identify either the health care provider who performed an induced termination
35 of pregnancy or the patient on whom it was performed, nor any elements of data that would have the
36 capacity to personally identify either the healthcare provider, the patient, or the patient's specific
37 residence location within the state.

HB 582-FN - AS INTRODUCED

- Page 5 -

1 (c) Data that may personally identify either the health care provider who performed an
2 induced termination of pregnancy or the patient on who it was performed shall be exempt from the
3 disclosure requirements of RSA 91-A.

4 4 New Paragraph; Exemption to Access Governmental Records and Meetings. Amend RSA 91-
5 A:5 by inserting after paragraph XII the following new paragraph:

6 XIII. Any data collected pursuant to RSA 126:25-a that may personally identify either the
7 health care provider who perform an induced termination of pregnancy or the patient on whom it
8 was performed. This exemption shall not include non-identifying information required to be
9 disclosed under RSA 126:25-a.

10 5 Effective Date. This act shall take effect upon its passage.

HB 582-FN- FISCAL NOTE
 AS INTRODUCED

AN ACT requiring the division of vital records to collect induced termination of pregnancy statistics.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2023	FY 2024	FY 2025	FY 2026
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	\$133,400 General Funds; \$25,000 - \$50,000 Vital Records Improvement Funds	\$137,400 General Funds	\$141,400 General Funds
Funding Source:	<input checked="" type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Vital Records Improvement Fund			

METHODOLOGY:

This bill requires the Department of State, Division of Vital Records Administration to collect non-identifying statistical data on induced terminations of pregnancy within the state of New Hampshire and share the aggregated information with the Department of Health and Human Services. The Division will collect this information from health care providers through the New Hampshire Vital Record Information Network (NHVRINplus). The Department states that in order to collect this information, one new module within NHVRINplus will need to be designed, built, and tested. Additionally, an education program for health care providers will need to be developed and deployed. The Department estimates the total cost for the new module and education to be between \$25,000 and \$50,000. The Department states this will be a charge against the Vital Records Improvement Fund established under RSA 5-C:15. Additionally, the estimated timeline for the new module to be ready for data collection would take between 12 and 18 months after passage of the bill.

With respect to the Department of Health and Human Services reporting requirement, the bill requires the Department to assign a confidential number to each healthcare provider under RSA 326-B:18 or RSA 329, as well as each medical facility required to submit the induced termination of pregnancy data on the electronic form. The annual report is to be published by June 30 of

each year starting from January 1, 2024. In preparing the report, the Department will be responsible for collecting, reviewing, utilizing, and analyzing data from multiple sources, including the Department of State, the Uniform Healthcare Facilities Discharge Data System (UHFDDS), and statistical data from the New Hampshire Department of Insurance.

The Department states that data collection, review, validation, and modeling will be provided by the staff in the Bureau of Public Health Statistics and Informatics (BPHSI), which will require an additional a 1.0 full-time equivalent (FTE) data analyst position, either as a contractor or a new state employee. The Department's projected cost for this position is shown below. The Department further states that data analysis and reporting will be provided through an existing contract with the University of New Hampshire. The Department anticipates the contract will need to be amended to provide for an additional 0.10 FTE to perform the functions required by the bill.

The Department's projected costs are shown below.

	FY23	FY24	FY 25	FY 26
UNH Contract Salary (0.10FTE) (3% Increase Yearly)	\$0	\$9,300	\$9,600	\$9,900
Salary (BPHSI staff) 1.00FTE (3% Increase Yearly)	\$0	\$71,900	\$74,000	\$76,200
UNH Contract Fringe (3% Increase Yearly)	\$0	\$4,100	\$4,200	\$4,300
Fringe (BPHSI staff) (3% Increase Yearly)	\$0	\$48,100	\$49,500	\$51,000
Total	\$0	\$133,400	\$137,300	\$141,400

This bill does not provide authorization or an appropriation for new positions.

AGENCIES CONTACTED:

Departments of State and Health and Human Services