Committee Report

REGULAR CALENDAR

February 5, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 158-FN,

AN ACT relative to induced termination of pregnancy statistics. Having considered the same, report the same with the following resolution: RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Lucy Weber

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MAJORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 158-FN**
Title:	**relative to induced termination of pregnancy statistics.**
Date:	**February 5, 2019**
Consent Calendar:	**REGULAR**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

This bill is the latest in a long series of bills which would require the State of New Hampshire to collect data on induced terminations of pregnancies. While it is true that 47 other states collect data about these procedures, the majority of the committee remain unconvinced that it is necessary to collect this data, and further believe that the intrusion into private medical decision-making involved in the data collection far outweighs any utility of the data collected. As introduced the bill would require providers to submit reports identifying patients by a confidential number, and would require reporting of the patient's use or non-use of contraception and the type of contraception if used, patient's age, gestational age of the fetus, date of termination, and method of termination. The patient's residence would be identified by municipality, if the municipality has a population of over 20,000, and by county for those residing in smaller cities or towns. The information would be submitted, not to the Department of Health and Human Services, but to the Division of Vital Records Administration in the Secretary of State's Office. A similar bill was defeated by the House last session. Since then, the majority has become increasingly concerned by the ongoing advances in technology which enable the unauthorized re-identification of patients from aggregated patient data. Finally, the majority finds it instructive that in November of 2018, over 80% of NH voters approved a constitutional amendment which defines as essential "an individual's right to live free from governmental intrusion in private or personal information."

Vote 12-8.

Rep. Lucy Weber
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 158-FN, relative to induced termination of pregnancy statistics. **MAJORITY: INEXPEDIENT TO LEGISLATE. MINORITY: OUGHT TO PASS WITH AMENDMENT.**

Rep. Lucy Weber for the **Majority** of Health, Human Services and Elderly Affairs. This bill is the latest in a long series of bills which would require the State of New Hampshire to collect data on induced terminations of pregnancies. While it is true that 47 other states collect data about these procedures, the majority of the committee remain unconvinced that it is necessary to collect this data, and further believe that the intrusion into private medical decision-making involved in the data collection far outweighs any utility of the data collected. As introduced the bill would require providers to submit reports identifying patients by a confidential number, and would require reporting of the patient's use or non-use of contraception and the type of contraception if used, patient's age, gestational age of the fetus, date of termination, and method of termination. The patient's residence would be identified by municipality, if the municipality has a population of over 20,000, and by county for those residing in smaller cities or towns. The information would be submitted, not to the Department of Health and Human Services, but to the Division of Vital Records Administration in the Secretary of State's Office. A similar bill was defeated by the House last session. Since then, the majority has become increasingly concerned by the ongoing advances in technology which enable the unauthorized re-identification of patients from aggregated patient data. Finally, the majority finds it instructive that in November of 2018, over 80% of NH voters approved a constitutional amendment which defines as essential "an individual's right to live free from governmental intrusion in private or personal information." **Vote 12-8.**

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

February 5, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 158-FN,

AN ACT relative to induced termination of pregnancy statistics. Having considered the same, and being unable to agree with the Majority, report with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Walter Stapleton

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MINORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 158-FN**
Title:	**relative to induced termination of pregnancy statistics.**
Date:	**February 5, 2019**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2019-0003 h**

STATEMENT OF INTENT

New Hampshire is one of only three states that do not report termination of pregnancy statistics to the National Center for Disease Control. The minority asserts that New Hampshire should join the 47 states that do collect and report abortion statistics, to have a clear understanding of how, and to what extent, gestational and reproductive health in New Hampshire is being affected. The bill, with amendment, would have addressed the individual privacy concerns by limiting reporting of these statistics to only the aggregate numbers, and data collection under prescribed criteria and control to assure privacy integrity.

Rep. Walter Stapleton
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 158-FN, relative to induced termination of pregnancy statistics. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Walter Stapleton for the **Minority** of Health, Human Services and Elderly Affairs. New Hampshire is one of only three states that do not report termination of pregnancy statistics to the National Center for Disease Control. The minority asserts that New Hampshire should join the 47 states that do collect and report abortion statistics, to have a clear understanding of how, and to what extent, gestational and reproductive health in New Hampshire is being affected. The bill, with amendment, would have addressed the individual privacy concerns by limiting reporting of these statistics to only the aggregate numbers, and data collection under prescribed criteria and control to assure privacy integrity.

Original: House Clerk
Cc: Committee Bill File

Subject: HB 158
Date: Sunday, February 10, 2019 at 11:56:15 AM Eastern Standard Time
From: Lucy McVitty Weber
To: Forcier, Lindsay

Hi, Lindsay,

Here is the majority report for HB 158, relative to induced termination of pregnancy statistics.

Committee recommendation: ITL 12-8 Regular Calendar

This bill is the latest in a long series of bills which would require the state of New Hampshire to collect data on induced terminations of pregnancies. While it is true that 47 other states collect data about these procedures, the majority of the committee remain unconvinced that it is necessary to collect this data, and further believe that the intrusion into private medical decision-making involved in the data collection far outweighs any utility of the data collected. The bill as introduced would require providers to submit reports identifying patient by a confidential number, and would require reporting of the patient's use or non-use of contraception and the type of contraception if used, patient's age, gestational age of the fetus, date of termination, and method of termination. The patient's residence would be identified by municipality, if the municipality has a population of over 20,000, and by county for those residing in smaller cities or towns. The information would be submitted, not to the Department of Health and Human Services, but to the Division of Vital Records Administration in the Secretary of State's Office. A similar bill was defeated by the House last session. Since then, the majority has become increasingly concerned by the ongoing advances in technology which enable the unauthorized re-identification of patients from aggregated patient data. Finally, the majority finds it instructive that in November of 2018, over 81% of NH voters approved a constitutional amendment which defines as essential "an individual's right to live free from governmental intrusion in private or personal information."

Lucy Weber for the Committee

The blue minority report will be on your desk along with a print copy of this email on Tuesday. Thank you!

Rep. Lucy McVitty Weber
217 Old Keene Road
Walpole NH 03608
Home: 603-756-4338
Cell: 603-499-0282
lwmcv@comcast.net

OK
Lmw.

MINORITY REPORT

COMMITTEE: HHS

BILL NUMBER: 158

TITLE: Reporting of Induced Termination of Pregnancy Statistics

DATE: 02/05/2019 **CONSENT CALENDAR:** YES ☐ NO ☐

- ☐ **OUGHT TO PASS**
- ☑ **OUGHT TO PASS W/ AMENDMENT**
- ☐ ~~**INEXPEDIENT TO LEGISLATE**~~
- ☐ **INTERIM STUDY** (Available only 2nd year of biennium)

Amendment No. 2019-0003h

STATEMENT OF INTENT:

NH is one of only 3 States that do not report Termination of Pregnancy Statistics to the National Center for Disease Control. The Minority asserts that NH should join the 47 States that do collect and report abortion statistics, to have a clear understanding of how, and to what extent, gestational and reproductive health in NH is being affected. The Bill with Amendment would have addressed the individual privacy concerns by limiting reporting of these statistics to only the Aggregate numbers, and data collection under prescribed criteria and control to assure privacy integrity.

COMMITTEE VOTE: 12-8

RESPECTFULLY SUBMITTED,

Rep. Walter A Stapleton
For the Minority
Walter A. Stapleton

• Copy to Committee Bill File

Rev. 02/01/07 - Blue

Rep. Stapleton, Sull. 5
Rep. Marsh, Carr. 8
January 9, 2019
2019-0003h
01/04

Amendment to HB 158-FN

Amend the bill by inserting before section 1 the following and renumbering the original sections 1 and 2 to read as 2 and 3, respectively:

1 Statement of Purpose. The general court finds that New Hampshire is one of only 3 states that do not report annual termination of pregnancy statistics. The general court hereby declares that such statistics should be collected and therefore requires such collection of statistics under this act.

Amend RSA 126-A:4-i, I(a) as inserted by section 2 of the bill by replacing it with the following:

(a) "Aggregate summary" means compilation of the information received by the department of health and human services on induced terminations of pregnancy, or a compilation reported in aggregate by a facility or health care provider.

Amend RSA 126-A:4-i, I(d) as inserted by section 2 of the bill by replacing it with the following:

(d) "Facility" or "medical facility" means any public or private hospital, clinic, center, medical school, medical training institution, health care facility, physician's office, infirmary, dispensary, ambulatory surgical treatment center, or other institution or location wherein medical care is provided to any person, whether or not such facility is licensed under RSA 151.

Amend RSA 126-A:4-i, I(g) as inserted by section 2 of the bill by replacing it with the following:

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

Amend RSA 126-A:4-i, II-III as inserted by section 2 of the bill by replacing them with the following:

II.(a) The division shall collect non-identifying confidential data on induced termination of pregnancy occurring within the state of New Hampshire using the New Hampshire Vital Record Information Network (NHVRIN) electronic system or any modified or replacement electronic system under the jurisdiction of the division. The division shall bear all responsibility for maintaining the confidentiality of these records. This data shall be stored using only the confidential number of the health care provider assigned by the department to the provider prior to the submission of the form. Provider names or other identifying data shall not be stored in the division or department data systems. This data shall only be released to the department as authorized by this section. Each health care provider or facility shall use an electronic form for such purpose. The electronic form shall be made available by the department to each health care provider or facility. The form shall only require disclosure of information required under this section. The reporting health care provider or facility may create and use an anonymous patient identification code or number created solely for the purpose of this reporting or may report an aggregate summary. The department shall assign a confidential number to each health care provider and facility required to submit the electronic form under this section. The confidential number, or any other personally identifiable information, obtained under this paragraph shall be for statistical purposes only and therefore be exempt from disclosure under RSA 91-A.

(b) The electronic form shall be completed by health care facilities licensed under RSA 151 and securely transmitted to the division on or before the 15th day of each month for the first 6 months of reporting and thereafter on a quarterly basis on the 15th day of the first month of the calendar quarter for all induced terminations of pregnancy occurring within the previous reporting period. The department shall require licensed health care providers to similarly complete this electronic form reporting terminations of pregnancy which did not occur in a facility licensed under RSA 151. The department may request but shall not compel the completion of this electronic form by other health care providers and facilities. The electronic form shall be submitted for each reporting period, even if no procedures were performed during the reporting period, for as long as the facility continues to offer the procedure. One final electronic form shall be submitted for the full reporting period after the procedure is no longer offered.

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

(d) The department shall publish an annual report, commencing with data to be reported as of January 1, 2020, to be posted on the department's website not later than June 30 2021, based on an aggregate summary of the information obtained pursuant to this section. No data may be released by the department that would have the capacity to personally identify either the health care provider who performed the induced termination of pregnancy or the patient on whom it was performed. The department shall report such data to the Centers for Medicare and Medicaid

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 158-FN

BILL TITLE: relative to induced termination of pregnancy statistics.

DATE: February 5, 2019

LOB ROOM: 205

MOTIONS: **INEXPEDIENT TO LEGISLATE**

Moved by Rep. Campion Seconded by Rep. Salloway Vote: 12-8

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Susan Ticehurst

Rep Susan Ticehurst, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 158-FN

BILL TITLE: relative to induced termination of pregnancy statistics.

DATE: 2-5-19

LOB ROOM: 205

MOTION: (Please check one box)

☐ OTP ☒ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ________ (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. Campion Seconded by Rep. Salloway Vote: 12-8

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ________ (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. ________ Seconded by Rep. ________ Vote: ________

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ________ (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. ________ Seconded by Rep. ________ Vote: ________

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # ________ (*if offered*)

☐ Interim Study (2nd year)

Moved by Rep. ________ Seconded by Rep. ________ Vote: ________

CONSENT CALENDAR: ____ YES __X__ NO

Minority Report? ______ Yes ______ No If yes, author, Rep: ____________ Motion______

Respectfully submitted: Susan Ticehurst

Rep Susan Ticehurst, Clerk

OFFICE OF THE HOUSE CLERK

1/14/2019 3:22:00 PM
Roll Call Committee Registers Report

2019 SESSION

Health, Human Services and Elderly Affairs

Bill #: 158 **Motion:** ITL **AM #:** _____ **Exec Session Date:** 2-5-19

Members	YEAS	Nays	NV
Weber, Lucy M. Chairman	✓	✓	
Campion, Polly Kent Vice Chairman	✓		
MacKay, James R.	✓		
Snow, Kendall A.	✓		
Freitas, Mary C.	✓		
Ticehurst, Susan J. Clerk	✓		
Knirk, Jerry L.	✓		
Salloway, Jeffrey C.	✓		
Cannon, Gerri D.	✓		
Nutter-Upham, Frances E.			
Osborne, Richard G.	✓		
Schapiro, Joe	✓		
Woods, Gary L.	✓		
McMahon, Charles E.		✓	
Nelson, Bill G.		✓	
Guthrie, Joseph A.		✓	
Fothergill, John J.		✓	
Marsh, William M.		✓	
Pearson, Mark A.		✓	
Acton, Dennis F.		✓	
DeClercq, Edward			

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 158-FN

BILL TITLE: **relative to induced termination of pregnancy statistics.**

DATE: **January 24, 2019**

LOB ROOM: **205** **Time Public Hearing Called to Order:** **11:00 AM**

Time Adjourned: **12:13 PM**

Committee Members: **Reps. Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, Nelson, Guthrie, Fothergill, Marsh, M. Pearson, Acton, DeClercq and Stapleton**

Bill Sponsors:

Rep. Notter	**Rep. Spillane**	**Rep. Stapleton**
Rep. Gould	**Rep. Wuelper**	**Rep. Camarota**
Rep. Prudhomme-O'Brien	**Rep. Potucek**	**Rep. Baldasaro**

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

*** 10, 12 Sponsor/Introduced By: Jeanine Notter –**
The purpose of the bill is to collect meaningful data. NH is one of only 3 states that do not collect abortion statistics. Confidentiality has not been breeched in any other state. Not asking for as much info as some other states. Office of Vital Statistics has assured that their protections are stronger than HIPPA protections. Ongoing surveillance is important to evaluate the success of programs intended to reduce the unintended pregnancy rate. Must evaluate different contraceptive methods and gestational ages. The need to asses the number of abortions is a public health issue. Unintended pregnancy is a major cause of abortion. To be more effective we need to know where abortions are most prevalent. Goal is to make abortion rare.

*** 1 Rep. Walt Stapleton -**
Offered amendment 2019-0003h, which adds definitions of aggregate summary, facility, medical facility, and induced termination of pregnancy. Changes the mechanics of collecting and reporting data. Seeks to strengthen confidentiality. Statistics are critical to many health care challenges. Statistics for pregnancy termination are no different. How many pregnancy terminations do we have and how are they affecting us? Right now, we cannot answer this question. It does not matter if one is a proponent or opponent of abortion, we all need the information. If we suffer from population decline in the future, we would need to have this information.

*** 2, 3, 9, 11 Rep. Linda Gould**
Supports the bill -
Showed a pamphlet: "Status of Women in NH". Included map of women living in areas with abortion providers. Would enable us to improve women's lives and health. If we found out that because of sexual and domestic violence there was a greater need for abortions, we would know how to address the problem.

QUESTION - Rep. Al Baldasaro –
What is NH hiding?

Rep. Katherine Prudhoulme O'Brien –
Why am I in a state that refuses to let me know about everything? We could get much important information such as when pregnancies are terminated and what the reasons are. If we can't talk about it, how can we address it?

*** 4 Hon. Kathleen Souza –**
Has introduced a similar bill in the past. Centers for Disease Control have been gathering these statistics since 1969. Attachment: CDC statistics. Abortion is an anomaly in that we don't have statistics. Main reasons people would like it in this state is because abortion is a problem to women, their lives, their families, the fathers. This would help us to understand and address the problem. At a facility in NH there are women entering but we don't know why they are going in and what their situations are, so we can't help them without the statistics. We need to know where the women are from. This bill is tailored to be non-intrusive. If the population of the town is less than 20,000, the statistics are grouped by county. If there is a chance of finding out who is having abortions, we can help. We can ramp up education. If we know the sections of the state where maybe poverty is having a lot to do with the abortion statistics, we can provide information rather than setting up a pregnancy center. We could tailor the help to the pregnant women. Through the use of codes, no one will be identified. Ages are not specific, but in categories, marriage was left out, towns under 20,000 are not specific. There is no way anything could ever get leaked because nobody knows the encryption method. Would oppose an amendment because if you have an abortion center gather the data it is not clean data. It needs to be clean data, aggregated by the department. CDC is using data on the federal level to help analyze if women are being treated well in the abortion process.

Hon. Dan Itse
Sponsored a previous bill on this same matter. Abortion is the only procedure for which we have no record. It is not a procedure without risk. We have no way to know where we should allocate resources. Birth defects can now be identified, which can trigger decision to abort and those anomalies could be attributed to water contamination. Now we would not know if contaminated groundwater is leading to an increase in abortions but with data we could tell. If there are opportunities for health support finances associated with the occasion of abortion, we would not have the ability to obtain that funding without the statistics.

***5, 6 Oge Young, MD, New Hampshire Medical Society -**
Opposes the bill. Practiced obgyn. Bill proposes collection of data on individuals undergoing abortion in NH. If the bill becomes law, patients and providers would have identification numbers. Data would have personal information, including type of contraception, gestational age, etc. Would make it possible to re-identify patients. Federal law protects patient privacy. Abortion is one of safest surgical procedures performed in US. For what other surgical procedure do we collect this type of data? Would be start up and administrative costs. Data would not advance health care for citizens and would come at significant cost to citizens. Has not known there to be a problem with data coding yielding dirty data. A physician would be reported to the medical boards if they were having negative results of surgeries. Risk of maternal mortality from an abortion is 1/30th the risk of giving birth. Statistics are collected in aggregate and show this.

*** 7 Ellen Kolb, Cornerstone Action -**
Supports the bill. Reliance on voluntary reporting is not enough.

Linda Griebsch – Former director of Lovering Health Center -
Reports of complications go to ho2spitals which then forward the data. Some state's laws are being challenged on basis of confidentiality. The sought-after information is available from other sources. All of the clinics in this state give statistics on contraception, etc. to Office of Population Affairs. They also report to CDC on sexually transmitted diseases, etc. Statistics are also collected by the Guttmacher Institute, an international organization. This bill will put a significant burden on small facilities. Suggests a stipend to help small facilities. Problem is that we are not willing to divulge information that would violate patient privacy. The intention of HIPPA was not to give out personal information. There is a lack of trust in how this information will be used along with a lack of trust in truthfulness of reporting. Would support giving out aggregate information because it would dispel myths about who is getting abortions and why. The problem is not the idea of collecting information but how it's collected and where it ends up. Commends sponsors for coming quite a distance from where they started. There is no reason to distrust this data any more than that from any other institution. The data is dependent on what the patient is willing to disclose. We honor and respect that choice. Sponsor would like to use it to set up right to life centers in

areas where there would be the most use. Would be using public dollars to support private use. This data is already available in aggregate form through public sources. The information comes from the providers. Lovering Center keeps relevant information they need. To keep it secure they do not use electronic records. Since CDC requests aggregate data, would it be adequate for the state to get aggregated data?

*** 8 Jeanne Hruska, Political Director, NH American Civil Liberties Union-**
Opposes the bill. This is about personal privacy. A recent NH constitutional amendment granted personal privacy. CDC does not ask for the level of individualized data that this bill requests. We can meet their needs without this bill. Re-identification technology has become pervasive. Computer systems can identify individuals. Rape and incest are not the areas for medical providers to be investigating, they are crimes and should be reported to law enforcement. So, there is no need for this to be known by sponsors. Much information that speakers want to know such as marital status would not be collected under this bill. This bill is specific to a patient's individual information. Abortion is not a problem that needs to be solved. Women have a constitutional right to an abortion. Planned Parent Northern New England shares aggregate data. The requested individual data is about a stigmatized service, opening women to harassment because they sought a legal, safe service. Given the protections for privacy now existing in NH, it is unknown if the bill, if passed, would survive a test of its constitutionality. The new constitution amendment applying to private and personal information has not yet been tested by the court. This level of data is not collected on other medical procedures.

Respectfully submitted,

Susan Ticehurst

Rep. Susan Ticehurst, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 158-FN

BILL TITLE: **relative to induced termination of pregnancy statistics.**

DATE:

ROOM: 205 Time Public Hearing Called to Order: _____

Time Adjourned: _____

(please circle if present)

Committee Members: **Reps. Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Fothergill, Marsh, M. Pearson, Acton, DeClercq and Stapleton**

Bill Sponsors:

Rep. Notter	Rep. Spillane	Rep. Stapleton
Rep. Gould	Rep. Wuelper	Rep. Camarota
Rep. Prudhomme-O'Brien	Rep. Potucek	Rep. Baldasaro

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

House Committee on Health, Human Services & Elderly Affairs
Public Hearing on HB 158-FN

Bill Title:	relative to induced termination of pregnancy statistics.		
Date:	1/24/19		
Room:	205	Time Public Hearing Called to Order:	11:00
		Time Adjourned:	12:13

Committee Members Present:

X	Shapiro
X	Cannon
X	Stapleton
X	Nutter-Upham
X	Marsh
X	Salloway
X	Fothergill
X	Freitas
X	MacKay
X	Ticehurst
X	Weber

X	DeClerq
X	Osborne
X	Acton
X	Woods
X	Pearson
X	Knirk
X	Guthrie
X	Snow
	McMahon
X	Campion

Testimony

* Use asterisk if written testimony and/or amendments are submitted.

Jackie: The attachments were handed out early, late and mixed by testifiers. That is why they are not listed in numerical order on this bill.

*	Attch #	Name	Testimony:
*	10, 12	Sponsor/Introduced By: Jeanine Notter	The purpose of the bill is to collect meaningful data. NH is one of only 3 states that do not collect abortion statistics. Confidentiality has not been breeched in any other state. Not asking for as much info as some other states. Office of Vital Statistics has assured that their protections are stronger than HIPPA protections. Ongoing surveillance is important to

			evaluate the success of programs intended to reduce the unintended pregnancy rate. Must evaluate different contraceptive methods and gestational ages. The need to asses the number of abortions is a public health issue. Unintended pregnancy is a major cause of abortion. To be more effective we need to know were abortions are most prevalent. Goal is to make abortion rare.
*	1	Rep. Walt Stapleton	Offered amendment 2019-0003h, which adds definitions of aggregate summary, facility, medical facility, and induced termination of pregnancy. Changes the mechanics of collecting and reporting data. Seeks to strengthen confidentiality. Statistics are critical to many health care challenges. Statistics for pregnancy termination are no different. How many pregnancy terminations do we have and how are they effecting us? Right now we cannot answer this question. It does not matter if one is a proponent or opponent of abortion, we all need the information. If we suffer from population decline in the future, we would need to have this information.
*	2, 3, 9, 11	Rep. Linda Gould	Supports the bill. Showed a pamphlet: "Status of Women in NH". Included map of women living in areas with abortion providers. Would enable us to improve women's lives and health. If we found out that because of sexual and domestic violence there was a greater need for abortions, we would know how to address the problem.
		Rep. Al Baldasaro	What is NH hiding?
		Rep. Katherine Prudhoulme O'Brien	Why am I in a state that refuses to let me know about everything? We could get much important information such as when pregnancies are

			terminated and what the reasons are. If we can't talk about it, how can we address it?
*	4	Hon. Kathleen Souza	Has introduced a similar bill in the past. Centers for Disease Control have been gathering these statistics since 1969. Attachment: CDC statistics. Abortion is an anomaly in that we don't have statistics. Main reasons people would like it in this state is because abortion is a problem to women, their lives, their families, the fathers. This would help us to understand and address the problem. At a facility in NH there are women entering but we don't know why they are going in and what their situations are so we can't help them without the statistics. We need to know where the women are from. This bill is tailored to be non-intrusive. If the population of the town is less than 20,000, the statistics are grouped by county. If there is a chance of finding out who is having abortions we can help. We can ramp up education. If we know the sections of the states where maybe poverty is having a lot to do with the abortions statistics, we can provide information rather than setting up a pregnancy center. We could tailor the help to the pregnant women. Through the use of codes, no one will be identified. Ages are not specific, but in categories, marriage was left out, towns under 20,000 are not specific. There is no way anything could ever get leaked because nobody knows the encryption method. Would oppose an amendment because if you have an abortion center gather the data it is not clean data. It needs to be clean data, aggregated by the department.

			CDC is using data on the federal level to help analyze if women are being treated well in the abortion process.
		Hon. Dan Itse	Sponsored a previous bill on this same matter. Abortion is the only procedure for which we have no record. It is not a procedure without risk. We have no way to know where we should allocate resources. Birth defects can now be identified, which can trigger decision to abort and those anomalies could be attributed to water contamination. Now we would not know if contamination groundwater is leading to an increase in abortions but with data we could tell. If there are opportunities for health support finances associated with the occasion of abortion we would not have the ability to obtain that funding without the statistics.
*	5: Ellen Joyce testimony 6: Oge Young handout	Oge Young, MD, New Hampshire Medical Society	Opposes the bill. Practiced ob-gyn. Bill proposes collection of data on individuals undergoing abortion in NH. If the bill becomes law, patients and providers would have identification numbers. Data would have personal information, including type of contraception, gestational age, etc. Would make it possible to re-identify patients. Federal law protects patient privacy. Abortion is one of safest surgical procedures performed in US. For what other surgical procedure do we collect this type of data? Would be start up and administrative costs. Data would not advance health care for citizens and would come at significant cost to citizens. Has not known there to be a problem with data coding yielding dirty data. A physician would be reported to the medical boards if they were having negative results of surgeries. Risk of maternal mortality from an abortion is 1/30th the risk of

			giving birth. Statistics are collected in aggregate and show this.
*	7	Ellen Kolb, Cornerstone Action	Supports the bill. Reliance on voluntary reporting is not enough.
		Linda Griebsch	Former director of Lovering Health Center. Reports of complications go to hospitals which then forward the data. Some state's laws are being challenged on basis of confidentiality. The sought after information is available from other sources. All of the clinics in this state give statistics on contraception, etc. to Office of Population Affairs. They also report to CDC on sexually transmitted diseases, etc. Statistics are also collected by the Guttmacher Institute, an international organization. This bill will put a significant burden on small facilities. Suggests a stipend to help small facilities. Problem is that we are not willing to divulge information that would violate patient privacy. The intention of HIPPA was not to give out personal information. There is a lack of trust in how this information will be used along with a lack of trust in truthfulness of reporting. Would support giving out aggregate information because it would dispel myths about who is getting abortions and why. The problem is not the idea of collecting information but how it's collected and where it ends up. Commends sponsors for coming quite a distance from where they started. There is no reason to distrust this data any more than that from any other institution. The data is dependent on what the patient is willing to disclose. We honor and respect that choice. Sponsor would like to use it to set up right to life centers in areas where there would be the most use. Would be using public dollars to support

			private use. This data is already available in aggregate form through public sources. The information comes from the providers. Lovering Center keeps relevant information they need. To keep it secure they do not use electronic records. Since CDC requests aggregate data, would it be adequate for the state to get aggregated data?
*	8	Jeanne Hruska, Political Director, NH American Civil Liberties Union	Opposes the bill. This is about personal privacy. A recent NH constitutional amendment granted personal privacy. CDC does not ask for the level of individualized data that this bill requests. We can meet their needs without this bill. Re-identification technology has become pervasive. Computer systems can identify individuals. Rape and incest are not the areas for medical providers to be investigating, they are crimes and should be reported to law enforcement. So there is no need for this to be known by sponsors. Much information that speakers want to know such as marital status would not be collected under this bill. This bill is specific to a patient's individual information. Abortion is not a problem that needs to be solved. Women have a constitutional right to an abortion. Planned Parent Northern New England shares aggregate data. The requested individual data is about a stigmatized service, opening women to harassment because they sought a legal, safe service. Given the protections for privacy now existing in NH, it is unknown if the bill, if passed, would survive a test of its constitutionality. The new constitution amendment applying to private and personal information has not yet been tested by the court. This level of data

			is not collected on other medical procedures.

Respectfully submitted,

Rep. Susan Ticehurst, Clerk

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 158 -FN Date

Committee Health

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
Rep. John Potucek - Rock. 6				(*)	
Rep. Kim Rice	Hills 37			*	
Rep Joe Alexander	Hills 6			X	
Joe Kwasnik	Concord		Self		X
Rep Dick Hinch	House Republican Office			X	
Kathy Cahill	Concord NH		self		X
Melissa Hinebauch	Concord		self		X
Gale Taylor	Concord		self		X
Rep Liz McConnell	Brentwood		self		X
Rep Cam Kenney			Strafford 06		X
[illegible]					X
Rep-Timothy Horrigan			Strafford 6		X
Michael Padmore			NH Medical Society		X
Rep Linda Gould			Hills 7	✓	
Rep Wendy Chase		Self			X
Rep Suzanne Vail		Hills 30			X
Rep Al Baldasaro		Rock - Dist 5		✓	
J. J. Smith, MD, MPH					X
MaryAnn O'Leary Cooper		742-5497		✓	
Hon Phyllis Woods		749-2177		✓	
Hon Dianne Schuett			Merr 20		X
Laura El-Azem	Londonderry	2643081		✓	
Rep Deb Hobson			Rock 35	✓	
Rep Hopper			Hills 2	✓	

(over)

Hcrb

Cornerstone
RESEARCH - ACTION - COMPASSION

TO: House Health, Human Services and Elderly Affairs Committee
FROM: Shannon McGinley, Executive Director, Cornerstone Action,
cornerstone@nhcornerstone.org
DATE: January 24, 2019
RE: Ought to Pass on HB 158-FN, abortion statistics

Cornerstone Action supports HB 158-FN, relative to induced termination of pregnancy statistics. We have supported similar bills since 2004. We saw the commendable and painstaking bipartisan work in 2015 and 2016 that went into a statistics bill which unfortunately did not pass. It demonstrated nonetheless that bipartisan cooperation on this public health measure is possible.

We support the collection of abortion statistics, in aggregated form, as a positive step in terms of public health and public policy. It is time for New Hampshire to join the other U.S. states that collect abortion data and report it to the Centers for Disease Control. Public health officials, and you as policymakers, do not know how many women and adolescents exercise their right to abortion, because the only statistics to which you have access are figures voluntary given to you by abortion providers. You do not know at what stage in pregnancy abortions are performed, a data point that could be relevant to public policy. You don't know the ages of women obtaining abortions.

Reliance on voluntary reporting by abortion providers is not enough. Public policy relative to women's health should be based on something more than anecdotes and unverifiable numbers.

HB 158-FN provides for anonymity for patients as well as providers. While we understand concerns over potential data breaches at the state level, the response to such concerns needs to be on data protection – not declining to collect data since it might be breached someday.

Some might question why statistics ought to be collected on abortion. We suggest that the question ought to be, "what do forty-seven other states and the Centers for Disease Control know that we don't?" New Hampshire is an outlier when it comes to collecting abortion statistics, and there's no good reason for that. HB 158-FN would be a step in the right direction. Please vote "ought to pass."

Joan G. Lovering Health Center
Dedicated to choice & sexual health

Testimony on HB 158
January 24, 2019
Linda Griebsch
Greenland NH 03840

Hello. My name is Linda Griebsch and I was formerly the Executive Director of the Joan G. Lovering Health Center. We are an organization that was founded by local New Hampshire women in response to gaps in health care services. The health center provides three valuable and unique services to our community:
1. Gynecology for all ages, including family planning, cancer detection and menopause care. We give annual exams and follow our patients to make sure that they receive any other care they may need. We have a group of women who have come to us for 30+ years for their health maintenance and care. First Trimester Abortions performed on site for the last 37 years without major incidence or complication.
2. STD/HIV clinics where we provide testing and treatment for STD; testing, risk assessment counseling and referral for HIV and HCV. This clinic is for men and women, though 61% are men (40% are heterosexual men).

I am submitting written testimony on HB158. I am opposed to the passage of this legislation for the following reasons:

1. The information that is proposed to be collected in this bill is already accessible from a number of other sources. Two government agencies collect information on sexual health and family planning: the OPA and the CDC and not only do they collect information nationally, but they break it down state by state. Abortion statistics are also collected by a variety of organizations, the most prominent of these being the Guttmacher Institute. I know that some claim they are a branch of the abortion providers, but in fact they are an accredited research institute, respected internationally. Statistically, abortion is one of, if not the safest procedure one can have, and it will continue to be the safest as long as it remains legal. The history of abortion care in New Hampshire has been exemplary, with a lower than the already low national average rate of complications. The safety of women has been well looked after in New Hampshire.

I have heard that 47 states have statistics laws, but I have not seen any of those, though I have heard of two that will be challenged because of their invasion of privacy. I also have not heard that these state statistics have been particularly enlightening or provided any vital information that we do not have currently or before these bills were enacted.

2. This bill would create an undue burden on small practices as it would involve much paperwork and a day a month to collect, breakdown and submit these answers. The cost of this would fall entirely on the practice. We operate on a very narrow margin, so as to be affordable for low income patients. This kind of cost would be a financial stress on us and on our patients, should we have to pass some of the cost on to them. We should at least be reimbursed for the cost of providing information that could be accessed elsewhere at no cost to providers or the state.

3. We have argued and worked to find a reasonable compromise to address the wishes of the sponsors of this bill. The implacable opposition is to the form in which the information is given. The individualized data that is being sought in this bill is too individual and could open the patient to a major breach of her medical privacy. The HIPPA statute does allow for giving out information to the government without violating the law, but there is no doubt in my mind that this bill would violate the intent of the legislature. The information, even if encrypted will be accessible to hackers and we know that private health information has already been stolen because of a lack of understanding of the dangers of not respecting privacy on the internet. the detail of this information violates the very spirit of the HIPPA statute, regardless of the government exemption. In New Hampshire we value privacy, even from the government.

If there are those who think providers would lie on sharing aggregate information, even when required by law, then how can they be sure individual information would be accurate? I also don't understand what there would be to lie about in aggregate information. How could that hurt providers?

Finally, if we pass this bill, what is the next step? What invasion of privacy by the government will be next? There was a question on what were we hiding. We are not hiding anything. Abortion is lawful and people who access that medical service are not criminals. We are protecting privacy.

I would like you to know that I am here today as a volunteer and as someone who understands this bill and its impact on small practices and on patients. I am not getting paid to be here or to give testimony. I, respectfully, ask that you find this bill, which would create bad policy and harm to the women of this state, Inexpedient To Legislate. Thank you for your attention.

Hon Souza

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From: "CDCExecSec (CDC)" <CDCExecSec@cdc.gov>
To: "jeaninenotter@comcast.net" <jeaninenotter@comcast.net>
Cc: "irishsouza@netscape.com" <irishsouza@netscape.com>
Subject: Lack of Abortion Statistics in New Hampshire
Date: Mon 01/07/19 10:35 AM

Attachments

Name	Type	Save View
Part 1	text/plain	Save
Part 2	text/html	Save

Dear State Representative Notter:

Thank you for your email to Dr. José Montero, Director, Center for State, Tribal, Local, and Territorial Support, Centers for Disease Control and Prevention (CDC), regarding the lack of abortion statistics for the state of New Hampshire. Your email was forwarded to my office for a response.

We are not able to provide a representative to testify, but we can share the following information that we hope is helpful. It is provided as background and is neither in support of nor opposition to any legislative proposal.

Each year, CDC requests aggregated abortion data from the central health agencies of 52 reporting areas (the 50 states, Washington DC, and New York City) to document the number and characteristics of women obtaining legal induced abortions in the United States. The reporting areas provide this information voluntarily. CDC encourages all areas to report so that our abortion surveillance data are as complete as possible; however, California, New Hampshire, and Maryland did not collect or provide CDC abortion data for 2015. The data in this report can help program planners and policymakers identify groups of women with the highest rates of abortion. Unintended pregnancy is the major contributor to induced abortion. Increasing access to and use of effective contraception can reduce unintended pregnancies and further reduce the number of abortions performed in the United States.

Ongoing surveillance of legal induced abortion is important for several reasons. First, abortion surveillance is needed to guide and evaluate the success of programs aimed at preventing unintended pregnancies. Although pregnancy intentions can be difficult to assess, abortion surveillance provides an important measure of pregnancies that are unwanted. Second, routine abortion surveillance is needed to assess trends in clinical practice patterns over time. Information in this report on the number of abortions performed through different methods (e.g., medical or surgical) and at different gestational ages provides the denominator data that are necessary for analyses of the relative safety of abortion practices. Finally, information on the number of pregnancies ending in abortion is needed in conjunction with data on births and fetal losses to more accurately estimate the number of pregnancies in the United States and determine rates for various outcomes of public health importance (e.g., adolescent pregnancies).

Thank you for your interest in this important health topic, and we hope you find this information useful.

Sincerely,

Sandra Cashman, MS
Executive Secretary
Office of the Chief of Staff, CDC

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(1)

Rep. Stapleton, Sull. 5
Rep. Marsh, Carr. 8
January 9, 2019
2019-0003h
01/04

Amendment to HB 158-FN

Amend the bill by inserting before section 1 the following and renumbering the original sections 1 and 2 to read as 2 and 3, respectively:

1 Statement of Purpose. The general court finds that New Hampshire is one of only 3 states that do not report annual termination of pregnancy statistics. The general court hereby declares that such statistics should be collected and therefore requires such collection of statistics under this act.

Amend RSA 126-A:4-i, I(a) as inserted by section 2 of the bill by replacing it with the following:

(a) "Aggregate summary" means compilation of the information received by the department of health and human services on induced terminations of pregnancy, or a compilation reported in aggregate by a facility or health care provider.

Amend RSA 126-A:4-i, I(d) as inserted by section 2 of the bill by replacing it with the following:

(d) "Facility" or "medical facility" means any public or private hospital, clinic, center, medical school, medical training institution, health care facility, physician's office, infirmary, dispensary, ambulatory surgical treatment center, or other institution or location wherein medical care is provided to any person, whether or not such facility is licensed under RSA 151.

Amend RSA 126-A:4-i, I(g) as inserted by section 2 of the bill by replacing it with the following:

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

Amend RSA 126-A:4-i, II-III as inserted by section 2 of the bill by replacing them with the following:

II.(a) The division shall collect non-identifying confidential data on induced termination of pregnancy occurring within the state of New Hampshire using the New Hampshire Vital Record Information Network (NHVRIN) electronic system or any modified or replacement electronic system under the jurisdiction of the division. The division shall bear all responsibility for maintaining the confidentiality of these records. This data shall be stored using only the confidential number of the health care provider assigned by the department to the provider prior to the submission of the form. Provider names or other identifying data shall not be stored in the division or department data systems. This data shall only be released to the department as authorized by this section. Each health care provider or facility shall use an electronic form for such purpose. The electronic form shall be made available by the department to each health care provider or facility. The form shall only require disclosure of information required under this section. The reporting health care provider or facility may create and use an anonymous patient identification code or number created solely for the purpose of this reporting or may report an aggregate summary. The department shall assign a confidential number to each health care provider and facility required to submit the electronic form under this section. The confidential number, or any other personally identifiable information, obtained under this paragraph shall be for statistical purposes only and therefore be exempt from disclosure under RSA 91-A.

(b) The electronic form shall be completed by health care facilities licensed under RSA 151 and securely transmitted to the division on or before the 15th day of each month for the first 6 months of reporting and thereafter on a quarterly basis on the 15th day of the first month of the calendar quarter for all induced terminations of pregnancy occurring within the previous reporting period. The department shall require licensed health care providers to similarly complete this electronic form reporting terminations of pregnancy which did not occur in a facility licensed under RSA 151. The department may request but shall not compel the completion of this electronic form by other health care providers and facilities. The electronic form shall be submitted for each reporting period, even if no procedures were performed during the reporting period, for as long as the facility continues to offer the procedure. One final electronic form shall be submitted for the full reporting period after the procedure is no longer offered.

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

(d) The department shall publish an annual report, commencing with data to be reported as of January 1, 2020, to be posted on the department's website not later than June 30 2021, based on an aggregate summary of the information obtained pursuant to this section. No data may be released by the department that would have the capacity to personally identify either the health care provider who performed the induced termination of pregnancy or the patient on whom it was performed. The department shall report such data to the Centers for Medicare and Medicaid

Services when requested.

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

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

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

(c) The patient's age.

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

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

(f) Date of termination by month and year.

(g) Method of termination as follows:

(1) Curettage;

(2) Intrauterine instillation;

(3) Medical (nonsurgical); or

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

(10)

HB 158-FN, relative to induced termination of pregnancy statistics.
Rep. Jeanine Notter – Hillsborough 21 – Town of Merrimack - 1/24/19

Good morning,

The purpose of this legislation is to confidentially collect meaningful abortion statistics for the purpose of public health analysis and intervention.

County, not by town, will collect the aggregated data to ensure that the information is non-identifying.

New Hampshire is only one of three states that do not collect abortion statistics. You may hear testimony today about the possibility of a breech in the confidentiality. If it could be breeched then so could ANY medical records. Besides that, other states have areas that are more rural than NH, including areas of Vermont and Maine. Patient confidentiality has NOT been breeched. I ask that you disregard such fear mongering.

Additionally, we are not asking for nearly as much information as some of the other states. I brought some examples with me, should you wish to review them. The office of Vital Statistics has previously assured members of this committee that their privacy provisions are stronger than the Health Insurance Portability and Accountability Act (HIPPA.)

Why do we need this legislation?

I contacted Dr. Jose' Montero, the Director, Center for State, Tribal, Local, and Territorial Support for the Centers for Disease Control and Prevention....AKA, the CDC. He was unable to join us today to testify, but Sandra Cashman, MA, the Executive Secretary of the CDC Office of the Chief of Staff sent the following:

Ongoing surveillance of legal induced abortion is important for several reasons. First, abortion surveillance is needed to guide and evaluate the success of programs aimed at preventing unintended pregnancies. Although pregnancy intentions can be difficult to assess, abortion surveillance provides an important measure of pregnancies that are unwanted. Second, routine abortion surveillance is needed to assess trends in clinical practice patterns over time. Information in this report on the number of abortions

performed through different methods (e.g., medical or surgical) and at different gestational ages provides the denominator data that are necessary for analyses of the relative safety of abortion practices. Finally, information on the number of pregnancies ending in abortion is needed in conjunction with data on births and fetal losses to more accurately estimate the number of pregnancies in the United States and determine rates for various outcomes of public health importance (e.g., adolescent pregnancies).

The CDC also says that the data *can help program planners and policymakers identify groups of women with the highest rates of abortion. Unintended pregnancy is the major contributor to induced abortion. Increasing access to and use of effective contraception can reduce unintended pregnancies and further reduce the number of abortions performed in the United States.*

Additionally, I learned from the former sponsor of this legislation, the Honorable Kathy Souza, that we have many groups and programs in our state that reach out to pregnant women, offering education, advice, material help, emotional support, ect. To be more effective, we need to know where these services are most needed throughout the State, and to which populations.

I couldn't step up for the Honorable Souza without also mentioning President Bill Clinton. Her testimony always included his quote that abortion is tragic, that abortion should be "safe, legal, and rare....: I agree with the Hon. Souza when she testified, "We may disagree on whether abortion should be legal, but we certainly can agree that is represents a tragic situation and that making it "rare" is a good goal that we should all be working towards."

To improve any situation, we must understand it.

I thank you for listening.

Rep. Jeanie Nott

(2)

Dear members of the Health, Human Services and Elderly Affairs Committee:

Support HB 158 – relative to induced termination of pregnancy statistics

President Clinton said abortion should be rare.

In order for that to happen we need statistics to know where to provide services to people in need.

With this information provided by HHS in their very professional and proven record of protecting privacy, we would be able to direct assistance to areas where help is needed.

In the pamphlet "The status of Women in NH" put out by the NH Women's Foundation, there are many graphs and statistics on women. (pamphlet provided) They include poverty by county, and even per cent of women who live in a county with abortion providers, but we do not have information to help us help these women.

The Centers for Disease Control identifies abortion surveillance as a public health issue.
The Centers for Disease Control web site, on its page for Abortion surveillance has a Frequently Asked Questions section. One question is "How is the Abortion Surveillance report used?" The answer from the CDC:

"This report is used for many purposes in the field of public health. In the past, it has been used to

- Identify characteristics of women who are at high risk of unintended pregnancy.
- Evaluate the effectiveness of programs for reducing teen pregnancies and unintended pregnancies among women of all ages.
- Calculate pregnancy rates, on the basis of the number of pregnancies ending in abortion, in conjunction with birth data and pregnancy loss estimates.
- Monitor changes in clinical practice patterns related to abortion, such as changes in the types of procedures used, and weeks of gestation at the time of abortion. This information is needed to calculate the mortality rate of specific abortion procedures.

Surveillance systems, such as this one, continue to provide data necessary to examine trends in public health."

This bill would enable us to direct funds to improve women's lives so that abortion could indeed become rare.

Please vote **Ought to Pass**

Representative Linda Gould, District 7, Hillsborough

Example of Statistics to improve quality and (3) Patient Safety

158

Statistics 11/21/16

Report: New Hampshire hospitals had 64 serious 'adverse events' last year

Patient safety: Number of serious events reported dropped from 73 the previous year.

By SHAWNE K. WICKHAM
New Hampshire Sunday News

New Hampshire hospitals last year reported 64 serious "adverse events" — sometimes called "never events" because they're never supposed to happen.

That's a 12 percent drop from the 73 events reported the year before. And officials say it reflects ongoing efforts statewide to improve quality and patient safety.

Since 2010, New Hampshire has required hospitals and ambulatory surgery centers to report any of 29 serious events identified by the National Quality Forum as "serious reportable events."

The annual report doesn't give the specifics of any incidents; reports are categorized as surgical, device, care management, environmental or potential criminal events.

About one-third (21) of all events reported last year were falls; another third (22) were severe "pressure ulcers," or bedsores.

There were 10 surgical events, including four incidents of performing a procedure on the wrong body part; five instances of foreign bodies being left in patients; and one instance of the wrong procedure being performed.

John Martin is deputy legal counsel for the state Department of Health and Human Services; until recently he headed the bureau that oversees the adverse event reporting. He was pleased with the new data.

See Hospitals, Page A3

Reported cases

"Adverse events" reported by New Hampshire hospitals and surgical centers in 2015:

Facility	Events
Alice Peck Day Memorial Hosp.	4
Androscoggin Valley	3
Catholic Medical Center	4
Cheshire Medical Center	2
Concord Hospital	3
Cottage Hospital	0
Dartmouth-Hitchcock Med Ctr.	16
Elliot Hospital	4
Exeter Hospital	0
Franklin Regional Hospital	1
Frisbie Memorial Hospital	3
Huggins Hospital	0
Lakes Region General Hospital	3
Littleton Regional Healthcare	1
Memorial Hospital	0
Monadnock Community Hosp.	0
New London Hospital	1
Parkland Medical Center	0
Portsmouth Regional Hospital	2
Southern NH Medical Center	1
Speare Memorial Hospital	1
St Joseph Hospital	2
Upper Conn. Valley Hospital	0
Valley Regional Hospital	0
Weeks Medical Center	1
Wentworth-Douglass Hospital	6
Crotched Mountain Rehab	0
Hampstead Rehab	0
Healthsouth Rehab	2
New Hampshire Hospital	0
Northeast Rehab	3
Rye Amb.Surgical Center	1

Source: NH Dept. of Health and Human Services

No deaths were associated with any of those events, Martin said.

The report was presented to the Health and Human Services Oversight Committee Friday in Concord, where chairman Frank Kotowski, R-Hooksett, welcomed news that the number of events was down. "So progress is being made," he said.

Kotowski asked why the number of pressure ulcers reported statewide has doubled, from 11 in 2013 to 22 in both 2014 and 2015.

That reflects an expansion of the category of bedsores included in the reporting requirement, explained Deb Wyman from the state Bureau of Licensing and Certification at DHHS.

Officials caution the annual adverse events data has to be understood in the context of how many patient admissions and surgeries a hospital performs.

For instance, the state's largest hospital, Dartmouth-Hitchcock Medical Center in Lebanon, which sees some of the state's sickest patients, reported 16 events, including two "wrong body part" surgeries, two foreign objects left in patients, three falls, eight pressure ulcers and one burn. The 417-bed facility had 19,479 admissions, 8,553 inpatient surgeries and 11,001 outpatient surgeries in 2015.

The 25-bed Alice Peck Day Memorial Hospital in Lebanon, with 1,288 admissions, 593 inpatient and 1,574 outpatient surgeries last year, reported four events.

In Manchester, Elliot Hospital, which has 266 beds, and Catholic Medical Center, with 240 beds, each reported four events.

Eight hospitals — Cottage in Woodsville, Exeter Hospital, Huggins in Wolfeboro, Memorial in North Conway, Monadnock Community Hospital in Peterborough, Parkland Medical Center in Derry, Upper Connecticut Valley in Colebrook and Valley Regional in Claremont — reported no adverse events in 2015.

Anne Diefendorf is vice president for quality and patient safety at the Foundation for Healthy Communities, a sister organization to New Hampshire Hospital Association. She visits all of the state's hospitals and said she sees firsthand "the incredible passion of the people in the hospitals to do the right thing."

But she also sees their challenges, such as the pace of the hospital environment and the complexity of coordinating electronic medical records so that everyone has the same information about a patient's care.

On the plus side, Diefendorf said, New Hampshire is the only state in which all acute-care hospitals participate in the national Partnership for Patients campaign to improve quality and patient safety.

And all adverse events are reviewed by the New Hampshire Health Care Quality Assurance Commission, which includes representatives of all the hospitals. "We're earnestly trying to learn from each other in terms of the type of events that happen," she said.

But Diefendorf said there are subtleties to the data that often get missed.

Take reports of "foreign bodies," for instance. During surgery to place screws in bones, if a small tip falls off, there could be greater harm done to remove it than to leave it there, she said.

Likewise, she said, a "wrong site" report could involve amputation of a gangrenous toe. A surgeon might remove the worst infection but later learn that the patient had consented to a different toe being removed.

"It sounds horrible when you think 'wrong site,' but the ones I'm aware of are

(5)

Jan. 24, 2019
Opposed HB158

My name is Dr. Oge Young. I have practiced Ob/Gyn in Concord for 35 years. I have been a past president of the NHMS and presently serve on their General Council representing NH obstetricians. I am strongly opposed to HB158- a bill that proposes the collection of data on individuals undergoing abortions in NH.

If this bill were made law, patients and providers would have designated identification numbers. Data collection would include highly personal health information- the woman's age, her county or municipality residence, the type of contraception she uses, the gestational age and method of termination. Assigning identification numbers and collecting this individual data would make it possible to re-identify patients, a clear violation of privacy. Federal law protects an individual's health information.

Also, there is no need for this bill. Abortion is one of the safest outpatient surgical procedures in the US. There is certainly no safety issue this data would address. I would ask, is there any other surgical procedure for which we collect this data? This bill seems to have more of a policy agenda than improving the health care of women.

Finally, HB158 would come at a significant cost. To build this new data system would require over $160,000 in start up costs. Subsequent administrative costs to maintain this collection of data has been estimated at $10,000 annually.

NH has a strong tradition of protecting individual privacy. I urge you to oppose HB158 which would violate this important tradition for women. The data would not advance the health of our citizens and it would come at a significant cost to taxpayers.

Oge Young MD

The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Ellen M Joyce, MD, FACOG, chair NH section ACOG

I am writing to oppose HB158. This bill is to collect data on abortion in New Hampshire. The data to be collected includes highly personal information including the patient's use and type of contraception, their age, the estimated gestational age of the fetus, method of termination and the patient's county or municipality. Patients have the right to keep this sensitive data private. The sensitivity of this data makes HB158's requirement of individualized as opposed to aggregate data particularly concerning. New Hampshire puts a premium on privacy, leading the country in protecting this critical civil liberty.

HB158 threatens patient privacy by requiring healthcare providers to submit detailed individualized (as opposed to aggregate) reports on patients' conditions and their care. Despite assigning patients and providers designated identification numbers, collecting this data as individualized—as opposed to aggregated—makes it possible to re-identify patients, in violation of their right to privacy.

There is no compelling public need for this bill's onerous data collection scheme. Given that abortion is one of the safest outpatient surgical procedures in the United States, there is no safety issue or public health care need that this data is needed to address.

HB158 comes at a high cost to taxpayers, which is particularly concerning when the bill is unnecessary to protect patient health or address any public health need. According to the bill's fiscal note, HB158 would cost the government over $160,000 to build a new data system, provide the necessary forms, and due to administrative costs.

Federal law protects a patient's medical records. This bill seems to chip away at that right by individualizing abortion data, which in theory could be used to re-identify patients. The patient's privacy needs to be preserved.

ACLU New Hampshire

Statement by Jeanne Hruska, Political Director ACLU-NH
House Health, Human Services and Elderly Affairs Committee
House Bill 158
January 24, 2019

I submit this testimony on behalf of the American Civil Liberties Union of New Hampshire (ACLU)—a non-partisan, non-profit organization working to protect civil liberties throughout New Hampshire for over fifty years. I appreciate the opportunity to testify today in opposition to HB158, which threatens patient privacy and serves no compelling public need.

HB158 threatens patient privacy. New Hampshire puts a premium on the right to privacy and has long led the nation in securing this vital civil liberty. This was exemplified this past November when over 80% of voters voted in support of ballot question two, which added an explicit right to privacy for personal and private information to the NH Constitution. The new amendment reads: An individual's right to live free from governmental intrusion in private or personal information is natural, essential, and inherent.

HB158 threatens this vital civil liberty by requiring healthcare providers to submit detailed individualized reports on patients' conditions and their care. Despite assigning patients and providers designated identification numbers, collecting this data as individualized – as opposed to aggregated – makes it possible, and in some cases fairly easy, to re-identify patients in violation of their right to privacy. This bill would result in the collection and reporting of a patient's age, use of contraception, gestational age of the pregnancy, the county or municipality of certain patients, and other personal facts. Patients have numerous reasons for wanting to keep this sensitive data private and not shared with and stored by the government.

Along with my written testimony, I have included the introduction of an article entitled "Broken Promises of Privacy: Responding to the Surprising Failure of Anonymization" by University of Colorado Law School Professor Paul Ohm. The article discusses why "data can be either useful or perfectly anonymous but never both."[1] It provides greater insights into how a bill like this one, despite its mandated de-identification data, creates major privacy risks for patients. (The full report is 77 pages long and is available using the URL at the bottom of this page.)

HB158 is unnecessary. This bill's threat to privacy is particularly alarming given the absence of any compelling need for the information to be collected. This personalized data is not collected for any other medical procedure, and there is no specific reason why abortion services should be singled out. Proponents of the bill argue that the information is necessary to track pregnancy rates. However, there are already standardized ways to collect data about pregnancy rates, and this bill cannot provide any accurate information on pregnancy rates because it fails to collect information about pregnancies that are carried to term and miscarriages. Others claim that

[1] https://www.uclalawreview.org/pdf/57-6-3.pdf

HB158 is somehow necessary for "quality control." However, given that abortion is one of the safest medical procedures in the United States, it is unclear why the procedure would be singled out, when such data is not collected on any other medical procedure.

HB158 comes at a significant cost to taxpayers. The cost might make sense if there was an urgent public need for this information to suddenly start being collected. But, there is not one, making the price tag that much more egregious. According to the bill's fiscal note, HB158 would cost the state over $175,000 in the first year and tens of thousands of dollars each subsequent year. It's worth noting that this is more money than the fiscal note included with this same bill last session.

The Department of Vital Records does not collect information on any other medical procedure. The Department of Vital Records and Statistics collects information on births, marriages, divorces, deaths, and adoptions, but it collects no data about any other medical procedure. It is entirely unclear why the Department should be collecting data only on the provision of abortion services, which is one of the safest medical procedures, but is a procedure that directly implicates a woman's right to privacy. Why is data not collected on open-heart surgeries, organ transplants, or cancer surgeries, which are far riskier procedures?

HB158 unjustifiably burdens abortion providers. This bill is singling out induced abortions for data collection, which unjustifiably burdens clinics and hospitals that offer abortion services. Again, it does not require the collection of data by other medical providers or patients undergoing any other comparable outpatient procedures or experiencing miscarriages. HB158 unnecessarily singles out an incredibly safe medical procedure for data collection.

It is for these reasons that the ACLU-NH urges this committee to vote HB158 *inexpedient to legislate*. This same bill was ITL'd last session with a bipartisan vote of 200 to 154.

BROKEN PROMISES OF PRIVACY: RESPONDING TO THE SURPRISING FAILURE OF ANONYMIZATION

Paul Ohm*

Computer scientists have recently undermined our faith in the privacy-protecting power of anonymization, the name for techniques that protect the privacy of individuals in large databases by deleting information like names and social security numbers. These scientists have demonstrated that they can often "reidentify" or "deanonymize" individuals hidden in anonymized data with astonishing ease. By understanding this research, we realize we have made a mistake, labored beneath a fundamental misunderstanding, which has assured us much less privacy than we have assumed. This mistake pervades nearly every information privacy law, regulation, and debate, yet regulators and legal scholars have paid it scant attention. We must respond to the surprising failure of anonymization, and this Article provides the tools to do so.

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* Associate Professor, University of Colorado Law School. This Article was presented at the Privacy Law Scholars Conference and at conferences and faculty workshops at Harvard's Center for Research and Computer Science and Berkman Center, Princeton's Center for Information Technology Policy, Fordham University Center for Law and Information Policy, University of Washington School of Law, University of Washington's Computer Science & Engineering Department, NYU Information Law Institute, DePaul Center for IP Law and Information Technology, International Association of Privacy Professionals Global Privacy Summit, and the University of Colorado Law School. I thank all participants for their comments.

Thanks in particular to Caspar Bowden, Ramon Caceres, Ryan Calo, Deborah Cantrell, Danielle Citron, Nestor Davidson, Pierre de Vries, Vasant Dhar, Cynthia Dwork, Jed Ela, Ed Felten, Victor Fleischer, Susan Freiwald, Brett Frischmann, Michael Froomkin, Simson Garfinkel, Lauren Gelman, Eric Goldman, James Grimmelmann, Mike Hintze, Chris Hoofnagle, Clare Huntington, Jeff Jonas, Jerry Kang, Nancy Kim, Jon Kleinberg, Sarah Krakoff, Tim Lee, William McGeveran, Deven McGraw, Viva Moffat, Tyler Moore, Arvind Narayanan, Helen Nissenbaum, Scott Peppett, Jules Polonetsky, Foster Provost, Joel Reidenberg, Ira Rubinstein, Andrew Schwartz, Ari Schwartz, Vitaly Shmatikov, Chris Soghoian, Dan Solove, Latanya Sweeney, Peter Swire, Salil Vadhan, Michael Waggoner, Phil Weiser, Rebecca Wright, Felix Wu, and Michael Zimmer for their comments. This research was supported by a pre-tenure research leave grant by the University of Colorado Law School, and for this I thank Dean David Getches and Associate Dean Dayna Matthew. Finally, I thank my research assistant, Jerry Green.

INTRODUCTION

Imagine a database packed with sensitive information about many people. Perhaps this database helps a hospital track its patients, a school its students, or a bank its customers. Now imagine that the office that maintains this database needs to place it in long-term storage or disclose it to a third party without compromising the privacy of the people tracked. To eliminate the privacy risk, the office will *anonymize* the data, consistent with contemporary, ubiquitous data-handling practices.

First, it will delete personal identifiers like names and social security numbers. Second, it will modify other categories of information that act like identifiers in the particular context—the hospital will delete the names of next of kin, the school will excise student ID numbers, and the bank will obscure account numbers.

What will remain is a best-of-both-worlds compromise: Analysts will still find the data useful, but unscrupulous marketers and malevolent identity thieves will find it impossible to identify the people tracked. Anonymization will calm regulators and keep critics at bay. Society will be able to turn its collective attention to other problems because technology will have solved this one. Anonymization ensures privacy.

Unfortunately, this rosy conclusion vastly overstates the power of anonymization. Clever adversaries can often *reidentify* or *deanonymize* the people hidden in an anonymized database. This Article is the first to comprehensively incorporate an important new subspecialty of computer science, reidentification

science, into legal scholarship.[1] This research unearths a tension that shakes a foundational belief about data privacy: *Data can be either useful or perfectly anonymous but never both.*

Reidentification science disrupts the privacy policy landscape by undermining the faith we have placed in anonymization. This is no small faith, for technologists rely on it to justify sharing data indiscriminately and storing data perpetually, while promising users (and the world) that they are protecting privacy. Advances in reidentification expose these promises as too often illusory.

These advances should trigger a sea change in the law because nearly every information privacy law or regulation grants a get-out-of-jail-free card to those who anonymize their data. In the United States, federal privacy statutes carve out exceptions for those who anonymize.[2] In the European Union, the famously privacy-protective Data Protection Directive extends a similar safe harbor through the way it defines "personal data."[3] Yet reidentification science exposes the underlying promise made by these laws—that anonymization protects privacy—as an empty one, as broken as the technologists' promises. At the very least, lawmakers must reexamine every privacy law, asking whether the power of reidentification and fragility of anonymization have thwarted their original designs.

The power of reidentification also transforms the public policy debate over information privacy. Today, this debate centers almost entirely on squabbles over magical phrases like "personally identifiable information" (PII) or "personal data." Advances in reidentification expose how thoroughly these phrases miss the point. Although it is true that a malicious adversary can use PII such as a name or social security number to link data to identity, as it turns out, the adversary can do the same thing using information that nobody would classify as personally identifiable.

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1. A few legal scholars have considered the related field of statistical database privacy. *E.g.* Douglas J. Sylvester & Sharon Lohr, *The Security of Our Secrets: A History of Privacy and Confidentiality in Law and Statistical Practice*, 83 DENV. U. L. REV. 147 (2005); Douglas J. Sylvester & Sharon Lohr, *Counting on Confidentiality: Legal and Statistical Approaches to Federal Privacy Law After the USA PATRIOT Act*, 2005 WIS. L. REV. 1033. In addition, a few law students have discussed some of the reidentification studies discussed in this Article, but without connecting these studies to larger questions about information privacy. *See, e.g.*, Benjamin Charkow, Note, *The Control Over the De-Identification of Data*, 21 CARDOZO ARTS & ENT. L.J. 195 (2003); Christine Porter, Note, *De-Identified Data and Third Party Data Mining: The Risk of Re-Identification of Personal Information*, 5 SHIDLER J.L. COM. & TECH. 3 (2008) (discussing the AOL and Netflix stories).

2. *See infra* Part II.B.

3. Council Directive 95/46 on the Protection of Individuals with Regard to the Processing of Personal Data and on the Free Movement of Such Data, 1995 O.J. (L281) 31 [hereinafter EU Data Protection Directive].

How many other people in the United States share your specific combination of ZIP code, birth date (including year), and sex? According to a landmark study, for 87 percent of the American population, the answer is zero; these three pieces of information uniquely identify each of them.[4] How many users of the Netflix movie rental service can be uniquely identified by when and how they rated any three of the movies they have rented? According to another important study, a person with this knowledge can identify more than 80 percent of Netflix users.[5] Prior to these studies, nobody would have classified ZIP code, birth date, sex, or movie ratings as PII. As a result, even after these studies, companies have disclosed this kind of information connected to sensitive data in supposedly anonymized databases, with absolute impunity.

These studies and others like them sound the death knell for the idea that we protect privacy when we remove PII from our databases. This idea, which has been the central focus of information privacy law for almost forty years, must now yield to something else. But to what?

In search of privacy law's new organizing principle, we can derive from reidentification science two conclusions of great importance:

First, the power of reidentification will create and amplify privacy harms. Reidentification combines datasets that were meant to be kept apart, and in doing so, gains power through accretion: Every successful reidentification, even one that reveals seemingly nonsensitive data like movie ratings, abets future reidentification. Accretive reidentification makes all of our secrets fundamentally easier to discover and reveal. Our enemies will find it easier to connect us to facts that they can use to blackmail, harass, defame, frame, or discriminate against us. Powerful reidentification will draw every one of us closer to what I call our personal "databases of ruin."[6]

Second, regulators can protect privacy in the face of easy reidentification only at great cost. Because the utility and privacy of data are intrinsically connected, no regulation can increase data privacy without also decreasing data

4. Latanya Sweeney, *Uniqueness of Simple Demographics in the U.S. Population* (Laboratory for Int'l Data Privacy, Working Paper LIDAP-WP4, 2000). For more on this study, see *infra* Part I.B.1.b. More recently, Philippe Golle revisited Dr. Sweeney's study, and recalculated the statistics based on year 2000 census data. Dr. Golle could not replicate the earlier 87 percent statistic, but he did calculate that 61 percent of the population in 1990 and 63 percent in 2000 were uniquely identified by ZIP, birth date, and sex. Philippe Golle, *Revisiting the Uniqueness of Simple Demographics in the US Population*, 5 ACM WORKSHOP ON PRIVACY IN THE ELEC. SOC'Y 77, 78 (2006).

5. Arvind Narayanan & Vitaly Shmatikov, *Robust De-Anonymization of Large Sparse Datasets*, *in* PROC. OF THE 2008 IEEE SYMP. ON SECURITY AND PRIVACY 111, 121 [hereinafter *Netflix Prize Study*]. For more on this study, see *infra* Part I.B.1.c.

6. *See infra* Part III.A.

utility. No useful database can ever be perfectly anonymous, and as the utility of data increases, the privacy decreases.

Thus, easy, cheap, powerful reidentification will cause significant harm that is difficult to avoid. Faced with these daunting new challenges, regulators must find new ways to measure the risk to privacy in different contexts. They can no longer model privacy risks as a wholly scientific, mathematical exercise, but instead must embrace new models that take messier human factors like motive and trust into account. Sometimes, they may need to resign themselves to a world with less privacy than they would like. But more often, regulators should prevent privacy harm by squeezing and reducing the flow of information in society, even though in doing so they may need to sacrifice, at least a little, important counter values like innovation, free speech, and security.

The Article proceeds in four Parts. Part I describes the dominant role anonymization plays in contemporary data privacy practices and debates. It surveys the recent, startling advances in reidentification science, telling stories of how sophisticated data handlers—America Online, the state of Massachusetts, and Netflix—suffered spectacular, surprising, and embarrassing failures of anonymization. It then looks closely at the science of reidentification, borrowing heavily from a computer science literature heretofore untapped by legal scholars. Part II reveals how these powerful advances in reidentification thwart the aims of nearly every privacy law and regulation. Part III considers three simple and appealing responses to these imbalances, but ultimately rejects them as insufficient and incomplete. Finally, Part IV offers a way forward, proposing a test for deciding when to impose new privacy restrictions on information flow and demonstrating the test with examples from health and internet privacy.

I. ANONYMIZATION AND REIDENTIFICATION

A. The Past: Robust Anonymization

Something important has changed. For decades, technologists have believed that they could robustly protect people's privacy by making small changes to their data, using techniques surveyed below. I call this the *robust anonymization assumption*. Embracing this assumption, regulators and technologists have promised privacy to users, and in turn, privacy is what users have come to expect. Today, anonymization is ubiquitous.

But in the past fifteen years, computer scientists have established what I call the *easy reidentification result*, which proves that the robust anonymization

Statistics

Do we know if this problem correlates with Abortion ?

Rep Linda Gould
9

statistics
Correlation to ?
abortion
areas of state

The Cost of Trauma:
The Economic Impact of Domestic & Sexual Violence in New Hampshire

The trauma experienced by a victim goes far beyond the pain and fear they experience in one isolated incident. When victims don't receive the critical support they need, especially as children, the long-term implications are chilling. While we may not be able to outwardly see the effects of trauma, it is very real and can have devastating consequences. Left untreated, trauma will manifest in various ways, including chronic pain, depression and mental health struggles, substance use disorders, difficulty maintaining employment, and trouble interacting and socializing with others.

How Can We Help?

While we cannot prevent every instance of violence, we know that by intervening and responding to these traumatic events, we can help survivors navigate the aftermath of what they've endured. By supporting, educating, and empowering survivors and their children, we are investing in creating safe communities and helping to foster healthy, productive members of society.

Please understand that survivors of sexual assault fight for their lives daily, and that pushing through the trauma is the absolute hardest thing to do. The crisis centers are assisting survivors in big ways and small ways to help keep people like me alive and well. I have survived the last three years because of the NH crisis centers, and continue to need their support so that I do not turn to drug abuse, alcohol abuse, or even worse, suicide, which I have contemplated many times.

–NH sexual assault survivor

I struggled with the effects of trauma for years. As a child, the trauma that I experienced caused me to start drinking at the age of 12. I was angry at the world, and wasn't sure why. What I later realized was that I was self-medicating—I would drink just to drown out the pain from my childhood. Luckily, eventually, and with the help of a local crisis center, I was able to work past the addiction and start to address the pain I had been covering up. It wasn't until I was able to face this that I was able to take control back. I realize that I am lucky in that I was able to stop this cycle. Not everyone is so lucky. I currently have loved ones struggling with opiate addiction, and I can assure you they didn't start down the path of substance abuse because they wanted to know what it felt like to have a needle in their arm. They, too, became addicted to numbing the pain caused by trauma."

–NH survivor of childhood sexual abuse

Lifetime Cost of Sexual Assault and Domestic Violence

The Center for Disease Control estimates that the lifetime cost of rape is approximately $122,461 per victim; and the estimated lifetime costs associated with domestic violence are $103,767 for a female victim and $23,414 for a male victim. These estimates includes medical costs, lost work productivity among victims and perpetrators, interactions with the criminal justice system, and various other costs such as victim property loss or damage. The effects of domestic and sexual violence have tremendous negative impacts on New Hampshire's communities, families, businesses, healthcare system, and our economy. As a state, we are spending tremendous resources on responding to the symptoms of trauma, but not the cause. By investing in intervention and prevention and ensuring New Hampshire crisis centers are adequately funded, we put ourselves in a position as a state to ensure victims, children, and families receive the swift response and support they need in order to create healthy lives, safe relationships, and assist children so they will eventually become healthy, productive adults.

New Hampshire citizens who receive prevention education and intervention services lead healthier, independent lives that are free from abuse. Oftentimes, victims don't realize that what they're experiencing is abuse until they speak with an advocate, or receive educational programming from a crisis center. When crisis center educators work with children in schools to talk about respect and healthy boundaries, children are given the tools they need to identify what's happening to them, and will feel empowered to speak up if they are in crisis. We can and must do more to ensure that everyone in New Hampshire has access to these life-saving programs.

THE LIFETIME COST OF

SEXUAL ASSAULT:

$122,461

PER VICTIM

THE LIFETIME COST OF

DOMESTIC VIOLENCE:

$103,767

PER FEMALE VICTIM

AND

$23,414

PER MALE VICTIM

Having The Coalition be a strong voice for victims and constantly advocating for victims makes a huge difference in the lives of so many people in the state of New Hampshire and it's critically important that their work continue and be expanded on.
– NH survivor of sexual assault

If you have any questions, please contact:

Amanda Grady Sexton, Director of Public Affairs
Amanda@nhcadsv.org 603-548-9377

Jessica Eskleland, Public Policy Specialist
Jessica@nhcadsv.org 603-568-9357

NH COALITION AGAINST DOMESTIC & SEXUAL VIOLENCE

the coalition AGAINST DOMESTIC & SEXUAL VIOLENCE

MISSION

THE COALITION CREATES SAFE & JUST COMMUNITIES THROUGH **ADVOCACY, PREVENTION, & EMPOWERMENT** OF ANYONE AFFECTED BY SEXUAL VIOLENCE, DOMESTIC VIOLENCE, & STALKING.

JOIN US!

TOGETHER **WE CAN END** DOMESTIC & SEXUAL VIOLENCE IN NH.

PUBLIC POLICY

Collaborate with victims, other advocacy groups, & legislators to draft legislation & advocate for policy changes to advance victims' rights & protections at both the state & federal levels.

PREVENTION EDUCATION

- Work with youth and communities to prevent violence before it happens
- Design and implement innovative statewide educational campaigns

SUPPORT FOR SURVIVORS

- Coordinate the AmeriCorps Victim Assistance Program (AVAP)
- Train Sexual Assault Nurse Examiners (SANE) to provide forensic medical care in NH hospitals

TECHNICAL ASSISTANCE

- Provide training & technical assistance to NH's 13 crisis centers to ensure quality care for survivors
- Coordinate the Family Violence Prevention Specialist (FVPS) Program in collaboration with DCYF

OUTREACH & AWARENESS

- Foster relationships with local, statewide, & national media to inform public opinion
- Design & manage statewide public awareness campaigns

24/7 Domestic Violence Hotline: 1-866-644-3574 24/7 Sexual Assault Hotline: 1-800-277-5570

Phone: (603) 224-8893
Email: INFO@NHCADSV.ORG
@NHCADSV
Learn more:
WWW.NHCADSV.ORG

Interpersonal Violence Statistics: Individuals Served by NH Crisis Centers in 2017

15,138

Individuals Served by NH Crisis Centers

Domestic Violence

9,098 adult victims served

- 644 male victims
- 8,454 female victims

Sexual Violence

2,575 adult victims served

- 2,261 adult victims of sexual assault
  - 350 male victims
  - 1,911 female victims
- 116 victims of sexual harassment
  - 8 male victims
  - 108 female victims
- 198 adult survivors of childhood sexual abuse
  - 41 male victims
  - 157 female victims

Stalking

738 victims served

- 100 male victims
- 638 female victims

CHILD VICTIMS

452 victims of child abuse

277 female victims

175 male victims

741 victims of child sexual abuse

571 female victims

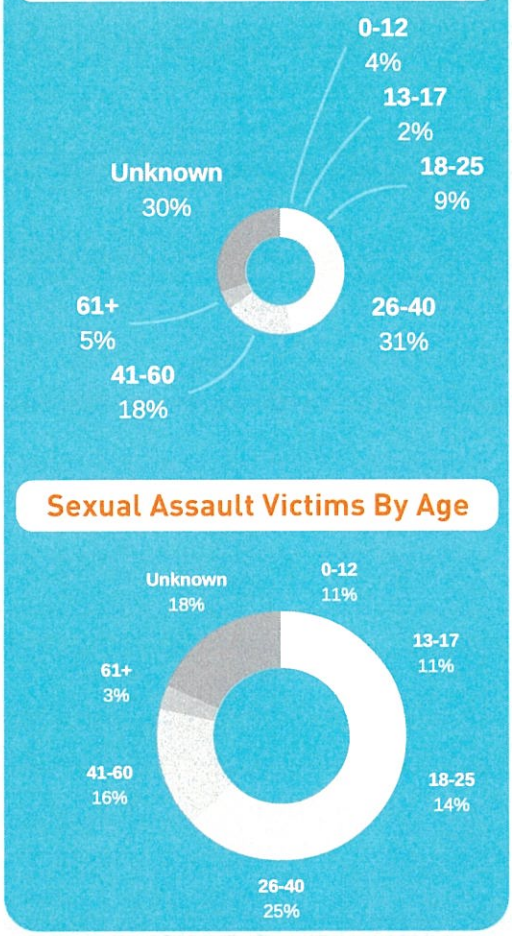
170 male victims

211 children exposed to domestic violence

114 female victims

97 male victims

AGE OF VICTIMS



EMERGENCY SHELTER

448 individuals took refuge in NH's emergency shelters

259 adult women were housed in NH's emergency shelters for a total of 17,896 nights collectively

7 adult men were housed in NH's emergency shelters for a total of 728 nights collectively

182 children were housed in NH's emergency shelters for a total of 17,363 nights collectively

1,032 adults turned away from emergency shelter due to emergency shelter being at full capacity

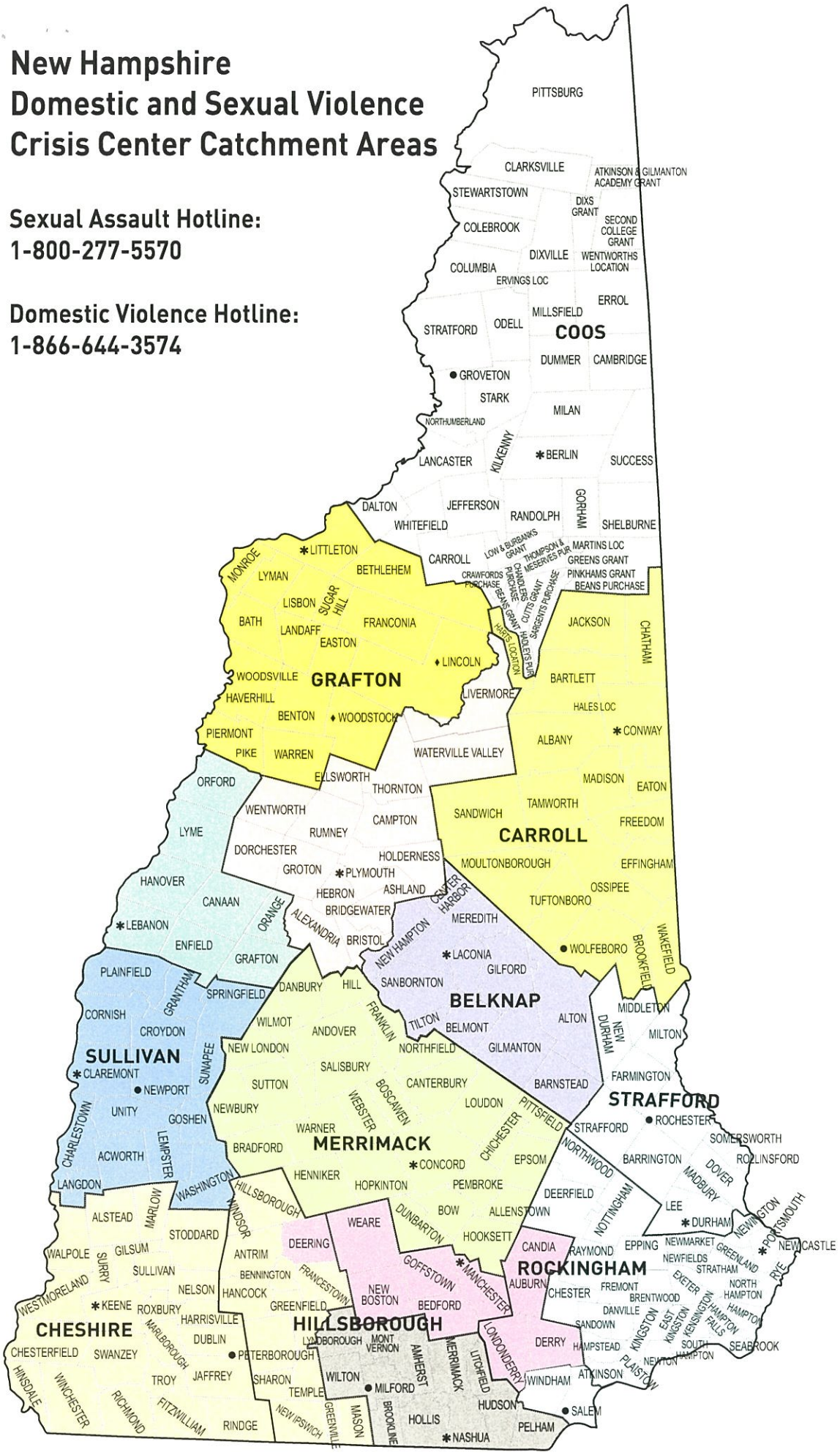
822 children turned away from emergency shelter due to emergency shelter being at full capacity

New Hampshire Coalition Against Domestic and Sexual Violence
www.nhcadsv.org

New Hampshire Domestic and Sexual Violence Crisis Center Catchment Areas

Sexual Assault Hotline:
1-800-277-5570

Domestic Violence Hotline:
1-866-644-3574



- RESPONSE
- SUPPORT CENTER
- STARTING POINT
- VOICES
- WISE
- NEW BEGINNINGS
- TURNING POINTS
- CCCNH
- HAVEN
- SHARPP
  SHARPP serves the students, faculty and staff of the University of New Hampshire
- YWCA
- BRIDGES
- MCVP

♦ VOICES AGAINST VIOLENCE and THE SUPPORT CENTER both provide services to victims in Lincoln and Woodstock.

✱ MAIN OFFICE

● SATELLITE OFFICE

NOTE: Due to space restrictions, some smaller towns are not shown on this map

the coalition

DOMESTIC VIOLENCE, SEXUAL ASSAULT & STALKING SUPPORT SERVICES IN NEW HAMPSHIRE

NH Statewide Sexual Assault Hotline: 1-800-277-5570
NH Statewide Domestic Violence Hotline: 1-866-644-3574

NH Coalition Against Domestic and Sexual Violence
PO Box 353, Concord, NH 03302-0353 - Office Phone: 603-224-8893 - Web Site: www.nhcadsv.org

The NH Coalition is comprised of 13 member programs throughout the state that provide services to survivors of sexual assault, domestic violence, stalking and sexual harassment. You do not need to be in crisis to call. Services are free, confidential, and available to everyone regardless of gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status or religious or political affiliation. The services include:

- Support and information, available in person and through a 24-hour hotline
- Accompaniment, support, and advocacy at local hospitals, courts, and police departments
- Access to emergency shelter
- Peer Support Groups
- Assistance with protective/restraining orders and referrals to legal services
- Information and referrals to community programs
- Community and professional outreach and education

RESPONSE to Sexual & Domestic Violence
54 Willow Street
Berlin, NH 03570
1-866-662-4220 (crisis line)
603-752-5679 (Berlin office)
603-636-1747 (Groveton office)
www.coosfamilyhealth.org/response

Turning Points Network
11 School Street
Claremont, NH 03743
1-800-639-3130 (crisis line)
603-543-0155 (Claremont office)
603-863-4053 (Newport office)
www.turningpointsnetwork.org

Crisis Center of Central New Hampshire (CCCNH)
PO Box 1344
Concord, NH 03302-1344
1-866-841-6229 (crisis line)
603-225-7376 (office)
www.cccnh.org

Starting Point: Services for Victims of Domestic & Sexual Violence
PO Box 1972
Conway, NH 03818
1-800-336-3795 (crisis line)
603-447-2494 (Conway office)
603-452-8014 (Wolfeboro office)
www.startingpointnh.org

Sexual Harassment & Rape Prevention Program (SHARPP)
2 Pettee Brook
Wolff House
Durham, NH 03824
1-888-271-SAFE (7233) (crisis line)
603-862-3494 (office)
www.unh.edu/sharpp

Monadnock Center for Violence Prevention
12 Court Street
Keene, NH 03431-3402
1-888-511-6287 (crisis line)
603-352-3782 (crisis line)
603-352-3782 (Keene office)
603-209-4015 (Peterborough)
www.mcvprevention.org

New Beginnings – Without Violence and Abuse
PO Box 622
Laconia, NH 03247
1-866-841-6247 (crisis line)
603-528-6511 (office)
www.newbeginningsnh.org

WISE
38 Bank Street
Lebanon, NH 03766
1-866-348-WISE (9473) (crisis line)
603-448-5525 (local crisis line)
603-448-5922 (office)
www.wiseuv.org

The Support Center at Burch House
PO Box 965
Littleton, NH 03561
1-800-774-0544 (crisis line)
603-444-0624 (Littleton office)
www.tccap.org/support_center.htm

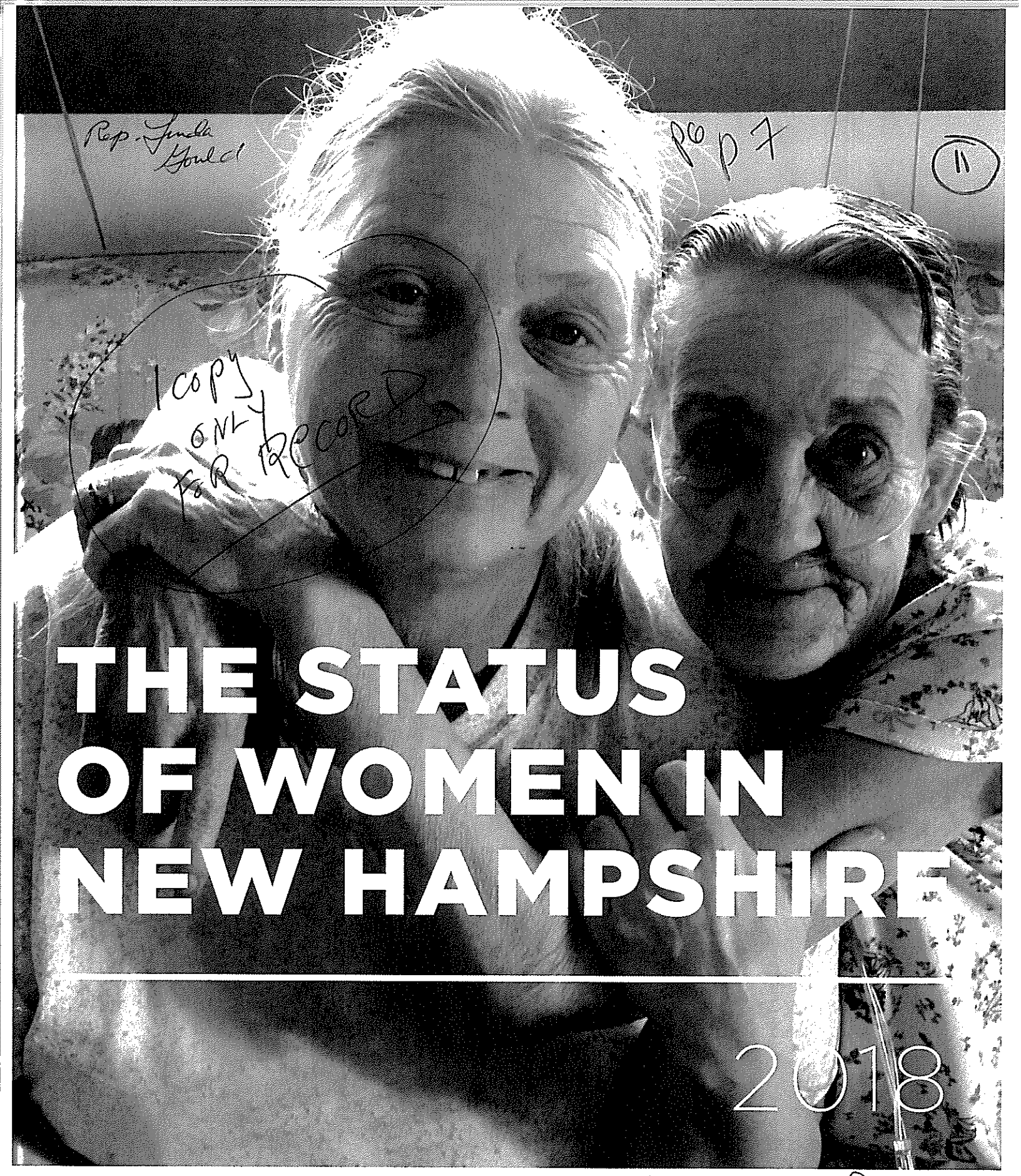
YWCA Crisis Service
72 Concord Street
Manchester, NH 03101
603-668-2299 (crisis line)
603-625-5785 (Manchester office)
www.ywcanh.org

Bridges: Domestic & Sexual Violence Support
PO Box 217
Nashua, NH 03061-0217
603-883-3044 (crisis line)
603-889-0858 (Nashua office)
603-672-9833 (Milford office)
www.bridgesnh.org

Voices Against Violence
PO Box 53
Plymouth, NH 03264
1-877-221-6176 (crisis line)
603-536-1659 (local crisis line)
603-536-5999 (public office)
603-536-3423 (shelter office)
www.voicesagainstviolence.net

HAVEN
20 International Drive, Suite 300
Portsmouth, NH 03801
603-994-SAFE (7233) (crisis line)
603-436-4107 (Portsmouth office)
(Offices in Portsmouth, Rochester and Salem)
www.havennh.org

REV 09/17



THE STATUS OF WOMEN IN NEW HAMPSHIRE

2018

NEW HAMPSHIRE WOMEN'S FOUNDATION

Example of Statistics in New Hampshi

HB 158

MISSION

THE NEW HAMPSHIRE WOMEN'S FOUNDATION INVESTS IN OPPORTUNITY AND EQUALITY FOR WOMEN AND GIRLS IN NEW HAMPSHIRE THROUGH RESEARCH, EDUCATION, ADVOCACY, GRANTMAKING, AND PHILANTHROPY. OUR VISION IS ECONOMIC, SOCIAL, AND POLITICAL GENDER EQUALITY.

Cover photo courtesy of Hospice Help Foundation, a New Hampshire Women's Foundation Community Grant recipient. Unless otherwise noted, all photos by Cheryl Senter.

Printed September 2018

The New Hampshire Women's Foundation is pleased to present our inaugural edition of The Status of Women in New Hampshire. This biennial report showcases a cross section of New Hampshire data including 15 "indicators" of women's health, safety, economic security, and leadership.

Our indicators highlight notable successes, but also reveal significant challenges for women in New Hampshire. Across all indicators, Granite State women generally do as well as women in other New England states. Yet within New Hampshire, we see significant disparities based on region and race. We must focus our attention on these disparities to progress toward a future in which all New Hampshire women are healthy, safe, prosperous, and powerful.

Finally, this report includes snapshots of organizations and programs – including our own Women Run! initiative – doing work across the state to protect, engage, and empower New Hampshire women. We encourage you to learn more and join us in investing in opportunity and equality for women in the state. We are grateful to the many partners that make this work possible.

Thank you for your interest in The Status of Women in New Hampshire. We are proud to provide you with data-driven research about Granite State women.

With you in spirit and in action,

Tanna

Tanna Clews
CEO

P.S. Next year we will focus on girls, with our inaugural release of The Status of Girls in New Hampshire.

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ACKNOWLEDGEMENTS

This report was authored by Sarah Mattson Dustin, J.D., director of policy at the New Hampshire Women's Foundation, and Kristin Smith, Ph.D., family demographer at the Carsey School of Public Policy and research associate professor at the University of New Hampshire. The authors thank University of New Hampshire graduate student Ezra Temko for indicator data collection and analysis of IPUMS data, and University of New Hampshire law students Amanda Noël and Kirsten Allen for their research assistance. Haigh + Martino of Portsmouth, New Hampshire designed the report. RAM Companies of East Hampstead, New Hampshire printed it. This report was underwritten in part by the New Hampshire Charitable Foundation.

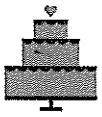
THIS IS WHO WE ARE

New Hampshire has **1.3 million** people, half of whom are female.[1]

MEDIAN AGE

WOMEN: 45 ♀ ♂ MEN: **42**

MARITAL STATUS

WOMEN: 52% MARRIED  MEN: **54%** MARRIED

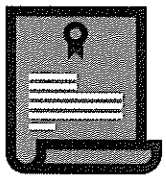
RACE & ETHNICITY (WOMEN & MEN)

92% WHITE **3%** HISPANIC **3%** ASIAN OR PACIFIC ISLANDER **1%** BLACK **1%** NATIVE AMERICAN

HIGH SCHOOL DIPLOMA OR HIGHER

WOMEN: 94%  MEN: **92%**

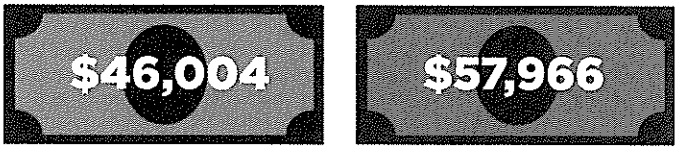
ASSOCIATE'S DEGREE OR HIGHER

WOMEN: 50%  MEN: **44%**

IN THE LABOR FORCE

WOMEN: 65%  MEN: **72%**

MEDIAN EARNINGS (FULL-TIME, YEAR-ROUND WORKERS)



WOMEN MEN

HEALTH

Health and health care have profound implications for women's ability to achieve their full economic, social, and political potential. Health insurance coverage is one measure of health care access, and New Hampshire's rates of coverage reveal racial disparities. Over 90% of New Hampshire adults have health insurance – but only 77% of New Hampshire Black women do. New Hampshire also continues to struggle with one of the nation's worst opioid epidemics, which disproportionately affects men.

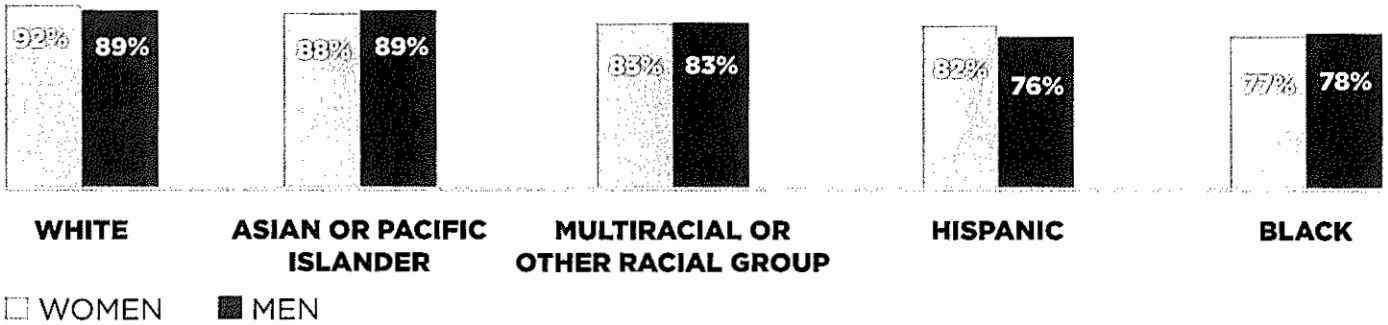
HEALTH INSURANCE COVERAGE

In today's health care environment, access to care often depends on insurance coverage. Although cost-sharing such as co-payments and deductibles can act as a barrier for some women, insurance coverage promotes access to care, and particularly to preventive health care services. Over 90% of New Hampshire adults have health insurance, with no statistically significant difference between women's and men's rates of coverage.[2,3] There are **stark racial disparities** behind this high rate of coverage. White women have the highest rate of coverage at 92%. Black women have the lowest rate of coverage at 77%.

In New Hampshire, over 78% of women and men have private health insurance; over 63% of women and men have employment-based health insurance; and over 9% of women and men have insurance through Medicaid. There are no statistically significant differences between women's and men's rates of coverage through these different types of health insurance.

HEALTH INSURANCE COVERAGE RATES BY RACE & ETHNICITY

U. S. Census Bureau American Community Survey 2012-2016 5-Year Estimates (Ezra Temko Analysis of IPUMS Data[4])

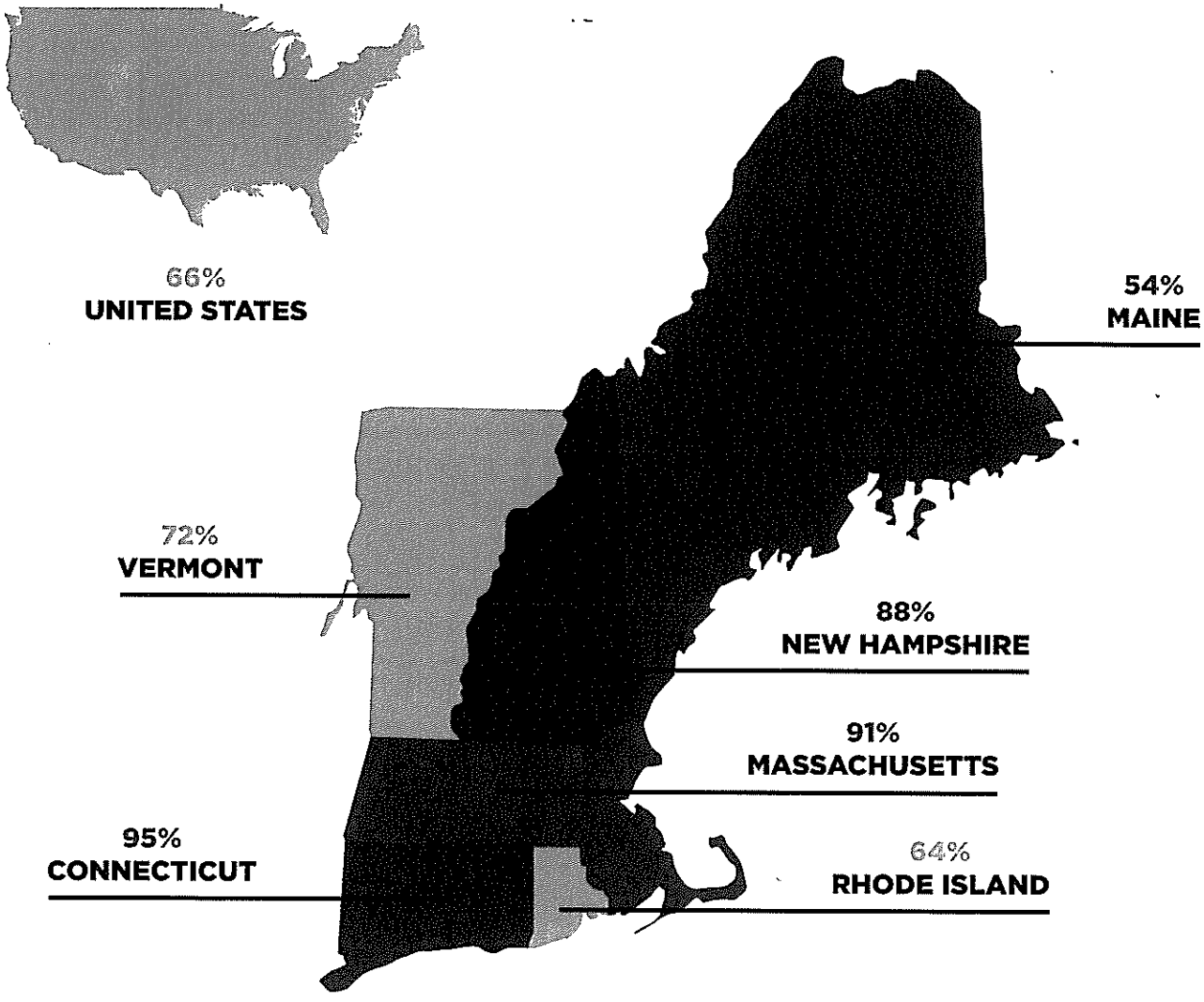


ABORTION CARE ACCESS

Across the country and here in New Hampshire, access to safe abortion care is a central women's health issue. It is also highly politicized. Unlike many other state legislatures, New Hampshire lawmakers have consistently protected women's access to safe abortion care. New Hampshire has 12 abortion providers located in 6 of the state's 10 counties, although only 4 counties have abortion clinics.[6] **Eighty-eight percent of New Hampshire women between the ages of 15 and 44 live in a county with an abortion provider** — a rate that is lower than Connecticut and Massachusetts but higher than the rest of the states in New England.

PERCENT OF WOMEN WHO LIVE IN A COUNTY WITH AN ABORTION PROVIDER

Guttmacher Institute 2014 Abortion Provider Census



PLANNED PARENTHOOD FIGHTS FOR BIRTH CONTROL ACCESS

Planned Parenthood of Northern New England provides sexual and reproductive health care at 21 health centers across New Hampshire, Vermont, and Maine. Through its advocacy arm, the Planned Parenthood New Hampshire Action Fund, the organization also works to ensure reproductive rights and promotes access to sexual and reproductive health care and education. In 2018, the Action Fund led a campaign to pass SB 421, legislation to protect and expand New Hampshire women's access to prescription birth control. SB 421 guarantees no-cost insurance coverage for prescription birth control and requires insurance coverage for 12-month prescriptions. SB 421 passed both chambers of the New Hampshire Legislature and was signed into law by Governor Chris Sununu.

The New Hampshire Women's Foundation partnered with the Action Fund on SB 421.

Photo courtesy of Planned Parenthood New Hampshire Action Fund

SAFETY

Around the world and here in New Hampshire, gender-based violence is a prevalent human rights violation and a persistent threat to women's safety. In New Hampshire, both intimate partner violence and sexual violence disproportionately affect women.[7] New Hampshire's domestic and sexual violence crisis centers served 15,138 people in 2017. The vast majority of people served were women. Women accounted for 93% of adult domestic violence survivors and 85% of adult sexual assault survivors.[8]

INTIMATE PARTNER VIOLENCE (IPV)

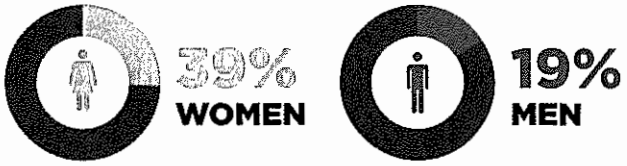
More than **one-third of women and men in New Hampshire** have experienced intimate partner violence during their lifetime.[9] Women are much more likely to have been seriously impacted by intimate partner violence, including impacts such as needing medical care and missing work.[10]

SEXUAL VIOLENCE

Women are **more than twice as likely as men** to have experienced sexual assault during their lifetime.

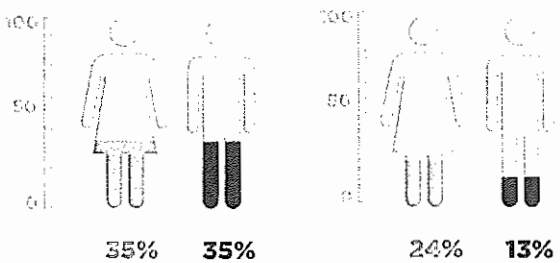
LIFETIME PREVALENCE OF SEXUAL VIOLENCE IN NH

The National Intimate Partner and Sexual Violence Survey, 2010-2012 Average Annual Estimates



LIFETIME PREVALENCE OF IPV AND IMPACT FROM IPV

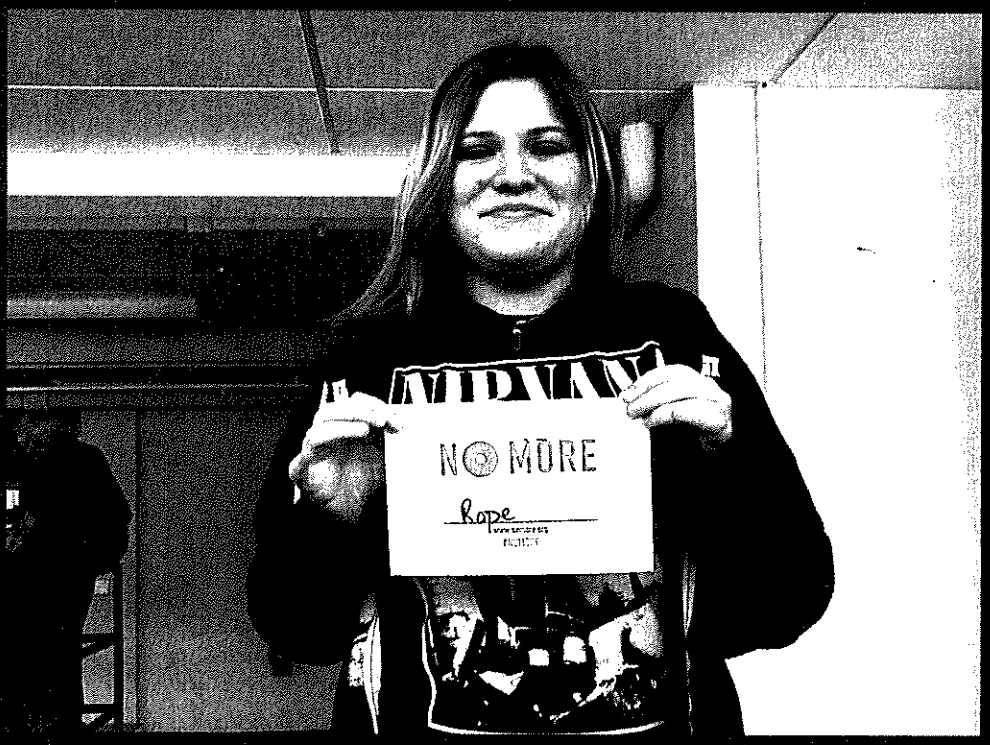
The National Intimate Partner and Sexual Violence Survey, 2010-2012 Average Annual Estimates



PEOPLE WHO HAVE EXPERIENCED IPV

PEOPLE WHO HAVE BEEN IMPACTED BY IPV

GREEN DOT PROGRAM WORKS TO BUILD A SAFER COMMUNITY



Turning Points Network serves Sullivan County with free and confidential crisis and support services for survivors of domestic violence, sexual assault, and stalking. In an innovative partnership with a local school district, Turning Points Network helps coordinate Claremont Green Dot, a community-based initiative that trains community providers, businesses, and individuals to prevent personal violence through safe bystander intervention and social marketing. Claremont Green Dot moves beyond working with the usual allies and stresses the importance of community-wide support for violence prevention. The program trains individuals from bars, restaurants, banks, small businesses, faith communities, organizations, and the general public on how to get involved when they see a potentially violent situation.

The New Hampshire Women's Foundation supported Claremont Green Dot with a Community Grant.

Photo courtesy of Turning Points Network

ECONOMIC SECURITY

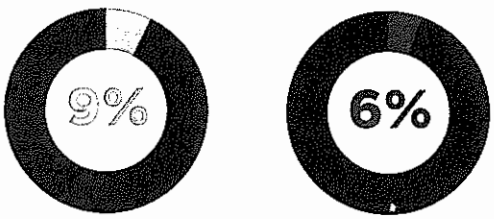
Economic security means the **ability to provide for basic needs**, such as shelter, health care, and food. Women's economic security has ripple effects for families, communities, and the economy. New Hampshire compares favorably to other states in New England and outperforms the rest of the country on most economic security measures. The relative affluence of New Hampshire women belies significant disparities within the state; for example, **women's poverty is twice as high in Coös County as in Rockingham County**. Women's economic security continues to be compromised by **the gender wage gap**, which gets even wider for mothers.

POVERTY

With an overall poverty rate of 8% and an adult women's poverty rate of 9%, New Hampshire scores well on this central economic security measure — but many groups in New Hampshire experience much higher rates of poverty.[11] Poverty is highest among Hispanic women (16%), Black women (16%), and women who are multiracial or belong to another racial group (22%). Women's poverty is **more than twice as high in Coös County as it is in Rockingham County**.

PERCENT OF ADULTS IN POVERTY

U.S. Census Bureau American Community Survey 2017 1-Year Estimates, Table B17001

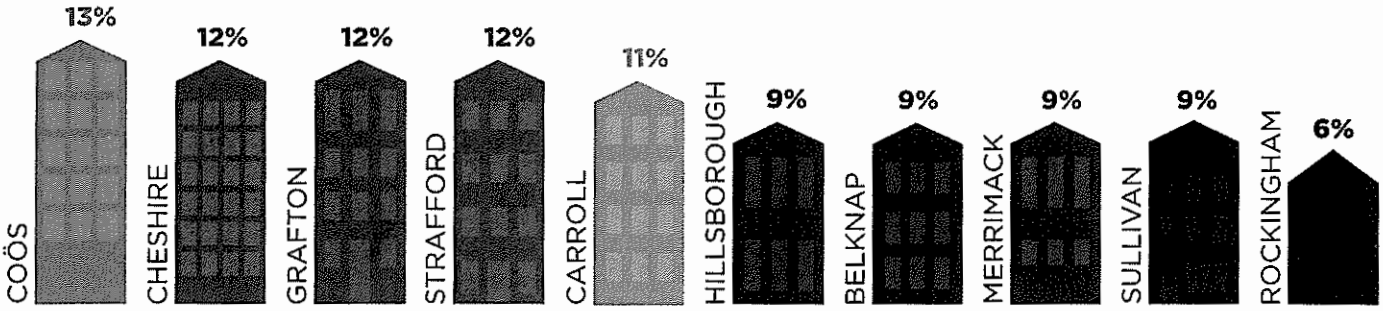


PERCENT OF WOMEN IN POVERTY BY RACE

U.S. Census Bureau American Community Survey 2012-2016 5-Year Estimates (Ezra Temko Analysis of IPUMS Data)

PERCENT OF WOMEN IN POVERTY BY COUNTY

U.S. Census Bureau American Community Survey 2012-2016 5-Year Estimates, Table B17001

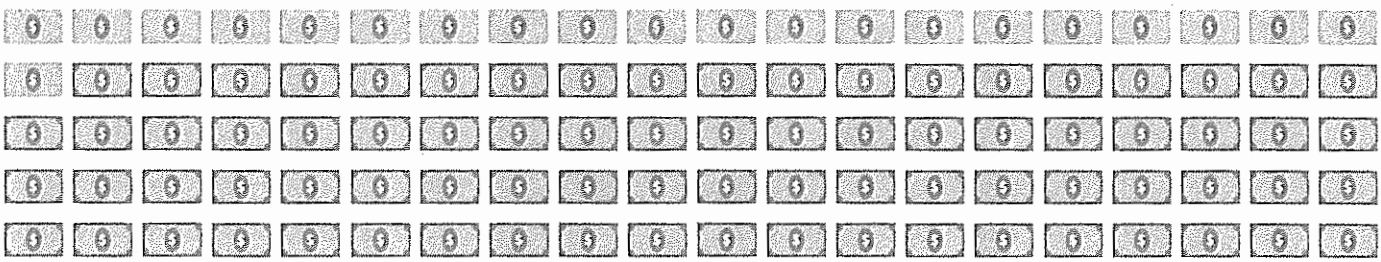


THE GENDER WAGE GAP

Earnings from paid work are a crucial driver of women's economic security. Here in New Hampshire, 65% of women age 16 and over are in the labor force (meaning they are employed or looking for work). As is true in all 50 states, in New Hampshire women earn less than men do. **New Hampshire women who work full-time, year-round earn 79 cents for every 1 dollar that men earn.**[12] Reducing this gender wage gap would help families meet their basic needs. For example, New Hampshire families with children under 6 spend 27% of their income on child care.[13]

THE GENDER WAGE GAP

U.S. Census Bureau American Community Survey 2017 1-Year Estimates, Table S2414



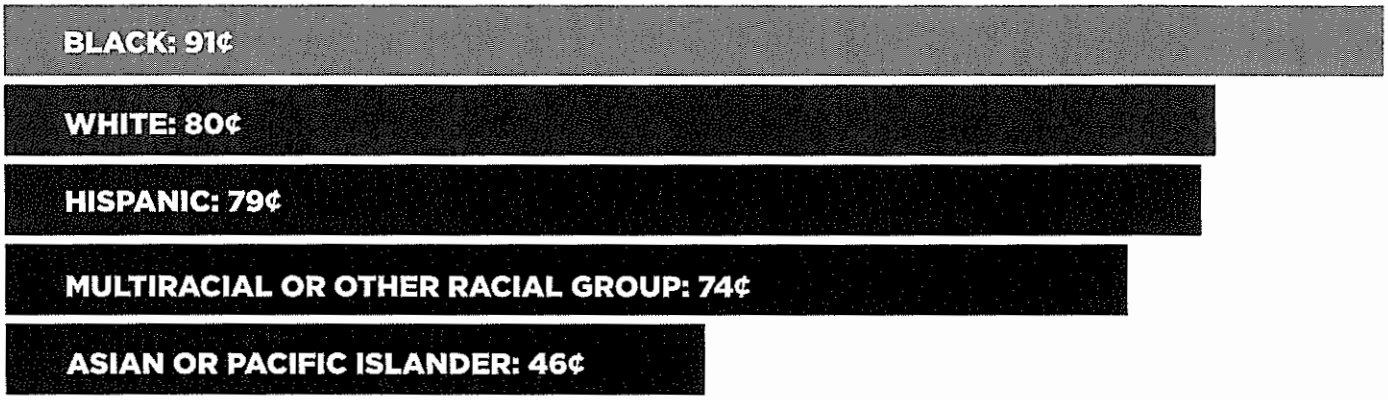
NEW HAMPSHIRE WOMEN EARN 79¢ FOR EVERY $1 MEN EARN

(FULL-TIME, YEAR-ROUND WORKERS)

The gender wage gap gets bigger or smaller depending on factors such as race, geography, and parenting status. Black women earn 91 cents for every 1 dollar that Black men earn, while Asian or Pacific Islander women earn 46 cents for every 1 dollar that Asian or Pacific Islander men earn (This data is a comparison of female and male full-time, year-round workers within a racial/ethnic group in New Hampshire.)

THE GENDER WAGE GAP BY RACE & ETHNICITY

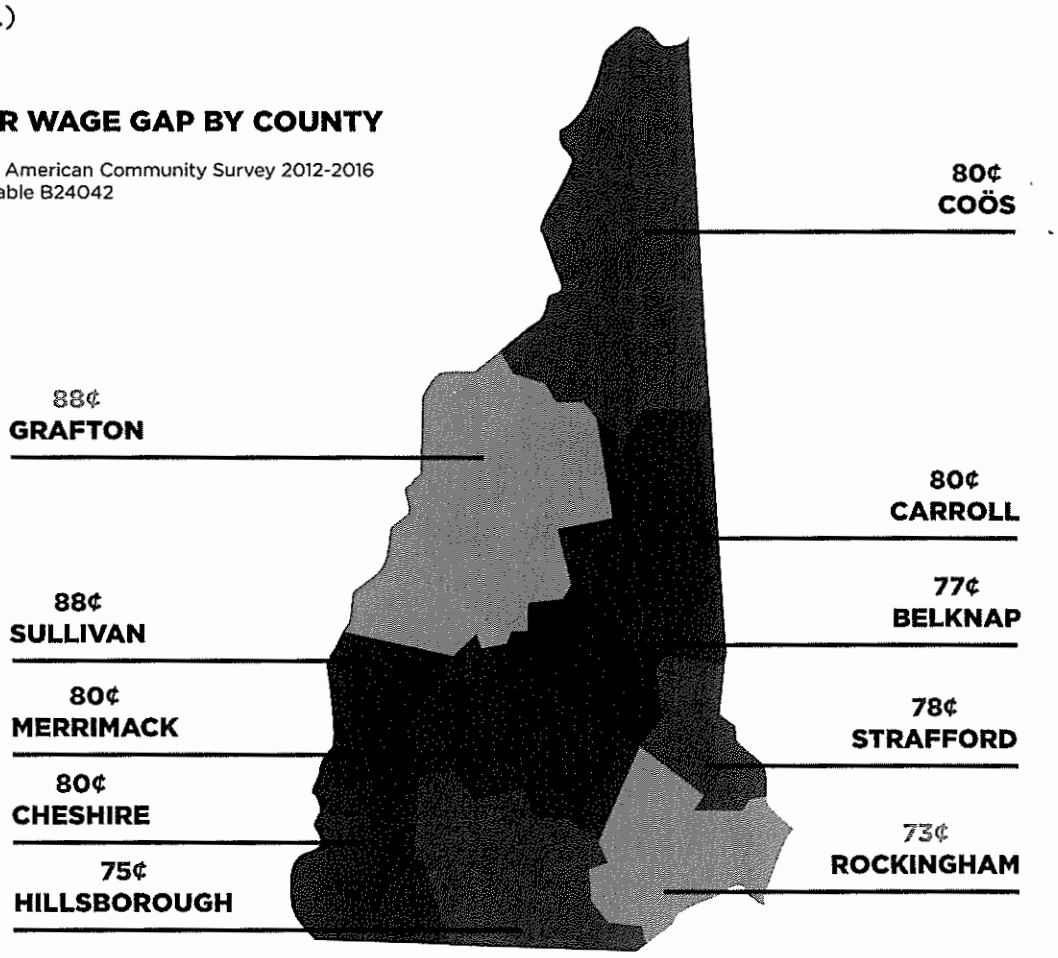
U.S. Census Bureau American Community Survey 2012-2016 5-Year Estimates (Ezra Temko Analysis of IPUMS Data)



Women earn 88 cents for every 1 dollar that men earn in Grafton and Sullivan Counties, but only 73 cents on the dollar in Rockingham County and 75 cents on the dollar in Hillsborough County. (This data is a comparison of female and male full-time, year-round workers within each county.)

THE GENDER WAGE GAP BY COUNTY

U.S. Census Bureau American Community Survey 2012-2016 5-Year Estimates, Table B24042



ECONOMIC SECURITY FOR SENIORS

Although only 9% of New Hampshire women age 65 and older live in poverty, **senior women's median personal income is a whopping $15,800 less than senior men's median personal income**.[16] That's more than $1,000 less per month. The gender disparity in personal income for seniors demonstrates **the cumulative lifetime effect of the gender wage gap**. Among people over 65, **women with bachelor's degrees have less personal income than men with no college education**.

PERCENT OF ADULTS AGE 65+ IN POVERTY

U.S. Census Bureau American Community Survey, 2017 1-Year Estimates, Tables B17002, S1701

9% WOMEN

6% MEN

ANNUAL MEDIAN PERSONAL INCOME FOR ADULTS AGE 65+ BY EDUCATION LEVEL

U.S. Census Bureau American Community Survey 2016 1-Year Estimates (Ezra Temko Analysis of IPUMS Data)

ALL EDUCATION LEVELS

$19,700

$35,500

NOT COMPLETED HIGH SCHOOL

$16,680

$18,800

HIGH SCHOOL DIPLOMA

$16,900

$27,000

SOME COLLEGE

$20,600

$37,900

ASSOCIATE'S DEGREE

$22,300

$40,100

BACHELOR'S DEGREE

$23,100

$49,200

GRADUATE OR PROFESSIONAL DEGREE

$35,300

$60,000

PROGRAM SPOTLIGHT

BUSINESS OF CHILD CARE INITIATIVE DRIVES SUCCESS

The New Hampshire Community Loan Fund knows that access to quality, affordable child care is essential for working families. To help strengthen child care centers across New Hampshire, the Community Loan Fund founded the Business of Child Care Initiative. The program works with child care centers on business management practices and shares business tools and resources specific to the child care industry. Early care and education programs are vital small businesses in our communities. The Business of Child Care Initiative works to ensure that the beneficial ripple effect of quality child care for children and families can grow to meet demand, and to be viable for the long term.

The New Hampshire Women's Foundation supported the Business of Child Care Initiative with a SheChange Grant.

Photo courtesy of New Hampshire Community Loan Fund

LEADERSHIP

Leadership in government and business are key measures of New Hampshire **women's access to power** and resources – power and resources that can be harnessed to improve all women's health, safety, and economic security. Only **29% of New Hampshire legislators are women**, although women hold a larger share of city leadership positions. In the business and nonprofit sectors, **just 17% of companies with 1,000 or more employees are run by women**.

STATE LEGISLATIVE REPRESENTATION

New Hampshire made headlines when it elected the nation's first all-female Congressional delegation in 2012. Yet gender parity has not been achieved in our state and local government. New Hampshire is currently led by a male Governor and a five-man Executive Council. **Only 29% of New Hampshire legislators (House and Senate members) are women – a lower percentage than in Vermont, Maine, and Rhode Island**.

PERCENT OF LEGISLATORS WHO ARE WOMEN (NEW ENGLAND STATES)

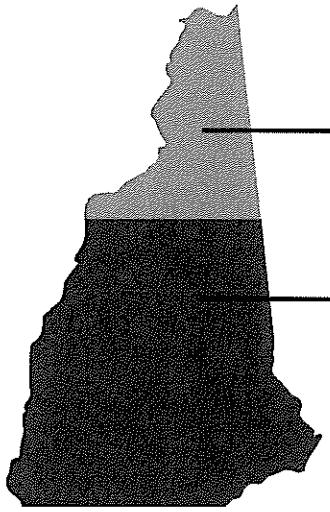
Rutgers University, Center for American Women and Politics (Collected February 2018)

CITY GOVERNMENT REPRESENTATION

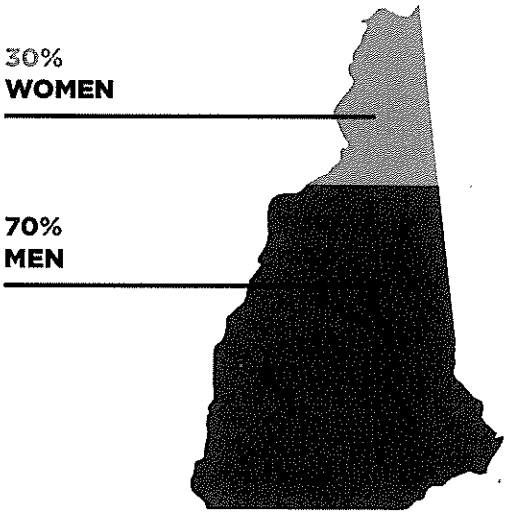
Around New Hampshire's cities, women's political representation in local government sits at just above one-third. **Five of 13 city mayors are women, and 30% of city councilors are women**. By contrast, **city school boards are majority women**.

PERCENT OF CITY MAYORS, CITY COUNCILORS, AND CITY SCHOOL BOARD MEMBERS WHO ARE WOMEN

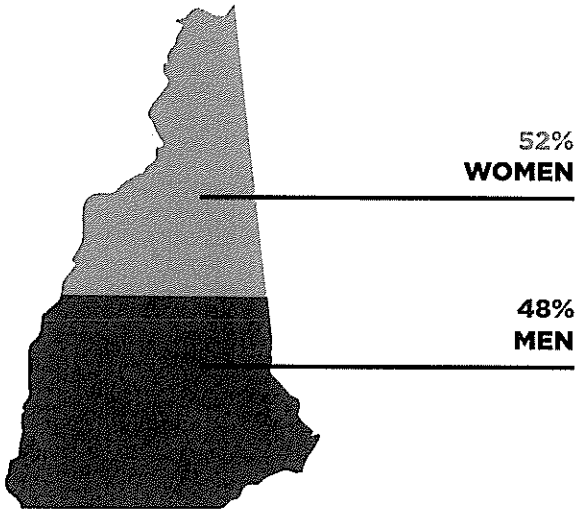
City Websites (Collected January 2018)



MAYORS



CITY COUNCIL



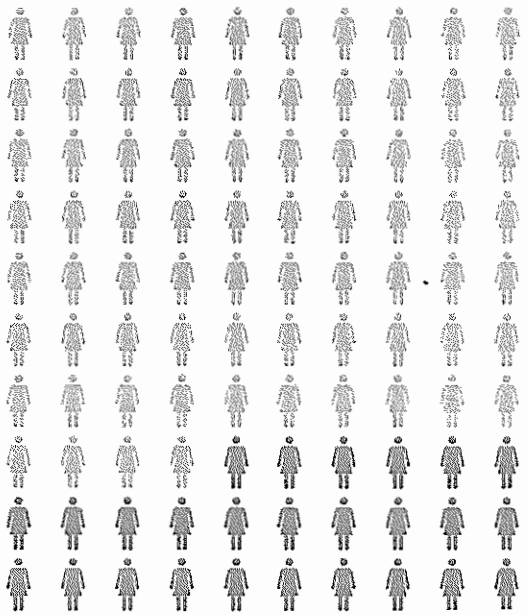
SCHOOL BOARD

BUSINESS AND NONPROFIT LEADERSHIP

In the business and nonprofit world, women hold top leadership roles less frequently than men. Women's business ownership is growing: **40% of New Hampshire businesses are now owned solely or jointly by women**.[17] Leadership at larger companies nevertheless remains overwhelmingly male. Among for-profit and non-profit companies in New Hampshire with 1,000 or more employees, **only 17% have a woman in the top executive or management position**.[18] In the group of New Hampshire companies with 250 or more employees that we analyzed, only 26% have a woman in the top executive or management position. Reliable data about New Hampshire women in business and nonprofit leadership is sparse and difficult to access, particularly when it comes to smaller companies. Further research on this topic is essential.

PERCENT OF EMPLOYERS WITH A WOMAN TOP EXECUTIVE

NHetwork: New Hampshire's Economic and Labor Market Information Data Systems; Company Websites and Telephone Calls to Companies (Collected February-May 2018)



VERMONT DEPARTMENT OF HEALTH
REPORT OF INDUCED TERMINATION OF PREGNANCY

DH-PHS-ABO-02

State File Num

FACILITY

Name of Facility or Physician:	City or Town:

PATIENT INFORMATION

Patient Identification Number:	Date of Birth: *(Month,Day,Year)*

Residence-State:	City or Town:	Zip Code:

Domestic Relationship:

- ☐ Not married/ not in civil union
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Civil union
- ☐ Civil union dissolved
- ☐ Unknown

Of Hispanic Origin? *(If Yes, specify Cuban, Mexican, Puerto Rican, etc.)*

- ☐ No
- ☐ Yes (Specify) _____

Race

- ☐ White
- ☐ Black
- ☐ Amer. Indian
- ☐ Other *(Specify)* _____

Education *(Specify only highest grade completed)*

Elementary/Secondary (0-12)	College (1-4 or 5+)

MEDICAL INFORMATION

Date of Procedure: *(Month,Day,Year)*	Clinical Estimate of Gestation *(Weeks)*	Previous Pregnancies *(Complete each section)*			
		Live Births		Other Terminations	
Date Last Normal Menses Began: *(Month,Day,Year)*		Now Living	Now Dead	Spontaneous	Induced
		#_____ None ☐	#_____ None ☐	#_____ None ☐	#_____ None ☐

TERMINATION

TYPE OF TERMINATION PROCEDURE
(Check only one)

- ☐ Suction Curettage/Early Uterine Evacuation
- ☐ Medical (Nonsurgical)
- ☐ Dilation and Evacuation (D&E)
- ☐ Intra-Uterine Instillation (Saline or Prostaglandin)
- ☐ Sharp Curettage (D&C)
- ☐ Hysterotomy/Hysterectomy
- ☐ Other *(Specify)* _____

CERTIFICATION

I hereby certify that this procedure was performed on the date stated above.

Signature _____ Date _____

Address _____

This certification constitutes permission for final disposition.
If remains are released to a funeral director or other person, a burial transit permit must be completed.

SEND THIS REPORT WITHIN SEVEN DAYS TO:

Vital Records
Vermont Department of Health
P.O. Box 70, 108 Cherry Street
Burlington, VT 05402-0070

(Title 18, Section 5222, V.S.A)

(Rep. Souza
Nutter (12)

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Maine Center for Disease Control and Prevention (Maine CDC)
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011
(207) 287-3771
Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

Report of Induced Abortion

1. FACILITY NAME *(If not clinic or hospital, give address)*	2. COUNTY OF ABORTION	3. CITY/TOWN OF ABORTION	4. PATIENT MARRIED? ☐ Yes ☐ No ☐ Unknown

5. DATE OF ABORTION *(Mo., Day, Yr.)*	6. AGE OF PATIENT	7. RESIDENCE STATE	8. RESIDENCE COUNTY	9. RESIDENCE CITY/TOWN

10. ANCESTRY – French, English, Irish Etc. *(specify)*	11. RACE ☐ American Indian ☐ Black ☐ White ☐ Other *(specify)*________	12. EDUCATION *(Specify only highest grade completed)* Elementary/Secondary (0 – 12)	College (1 – 4 or 5+)

13. DATE LAST NORMAL MENSES BEGAN *(Mo., Day, Yr.)*	14. CLINICAL ESTIMATE OF GESTATION *(Weeks)*	PREGNANCY HISTORY (Complete Each Section)			
		Live Births		Other Terminations *(Do not include this termination)*	
		15A. Now Living Number____ None ☐	15B. Now Dead Number____ None ☐	16A. Spontaneous Number____ None ☐	16B. Induced Number____ None ☐

17. TYPE OF TERMINATION PROCEDURE *(Check only one)*

- ☐ Suction Curettage
- ☐ Dilation and Evacuation (D & E)
- ☐ Sharp Curettage (D & C)
- ☐ Medical (Nonsurgical), *Specify Medication(s)*____________
- ☐ Intra-Uterine Instillation (Saline or Prostaglandin)
- ☐ Hysterotomy/Hysterectomy
- ☐ Other *(Specify)*____________

18. SIGNATURE OF ATTENDING PHYSICIAN →	19. NAME OF PERSON COMPLETING REPORT *(TYPE OR PRINT)*

USE INK ONLY

new hampshire
WOMEN'S FOUNDATION

www.nhwomensfoundation.org

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ABOUT US

BOARD OF DIRECTORS

STAFF

ABOUT THE AUTHORS

Sarah Mattson Dustin is the director of policy at the New Hampshire Women's Foundation, where she oversees the

PROGRAM SPOTLIGHT

WOMEN RUN! JUMP STARTS ELECTED LEADERSHIP

Women Run!, a program of the New Hampshire Women's Foundation, is New Hampshire's only statewide, nonpartisan leadership program for women who want to make a difference in their communities through service in state and local government. From the one-of-a-kind New Hampshire Legislature, to city councils and school boards charged with budgeting precious property tax dollars, to the many committees and commissions that help our towns flourish, there are leadership opportunities for every New Hampshire woman interested in service. Women Run! is incubating a more inclusive government that embraces gender diversity and looks to women for leadership.

The New Hampshire Women's Foundation launched Women Run! in 2017; in just its first year, the program had 26 alumnae run for office.

Bill as Introduced

HB 158-FN - AS INTRODUCED

2019 SESSION

19-0100
01/05

HOUSE BILL *158-FN*

AN ACT relative to induced termination of pregnancy statistics.

SPONSORS: Rep. Notter, Hills. 21; Rep. Spillane, Rock. 2; Rep. Stapleton, Sull. 5; Rep. Gould, Hills. 7; Rep. Wuelper, Straf. 3; Rep. Camarota, Hills. 7; Rep. Prudhomme-O'Brien, Rock. 6; Rep. Potucek, Rock. 6; Rep. Baldasaro, Rock. 5

COMMITTEE: Health, Human Services and Elderly Affairs

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

19-0100
01/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to induced termination of pregnancy statistics.

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

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

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

I. In this section:

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

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

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

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

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

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

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

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

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

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

systems. This data shall only be released to the department as authorized by this section. Each health care provider or facility shall use an electronic form for such purpose. The electronic form shall be made available by the department to each health care provider or facility. The form shall only require disclosure of information required under this section. The reporting health care provider or facility shall create and use an anonymous patient identification code or number created solely for the purpose of this reporting. The department shall assign a confidential number to each health care provider and facility required to submit the electronic form under this section. The confidential number, or any other personally identifiable information, obtained under this paragraph shall be for statistical purposes only and therefore be exempt from disclosure under RSA 91-A.

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

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

(d) The department shall publish an annual report, commencing with data to be reported as of January 1, 2020, to be posted on the department's website not later than June 30th of the subsequent year, based on an aggregate summary of the information obtained pursuant to this section. No data may be released by the department that would have the capacity to personally identify either the health care provider who performed the induced termination of pregnancy or the patient on whom it was performed.

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

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

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

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

(d) The patient's age.

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

(f) 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.

(g) Date of termination by month and year.

LBAO
19-0100
11/14/18

HB 158-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to induced termination of pregnancy statistics.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Appropriation	$0	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	$179,253	$19,876	$20,750	$21,624
Funding Source:	[X] General Funds	[ ] Education	[ ] Highway	[X] Other - Federal

METHODOLOGY:

This bill requires the Department of State, Division of Vital Records to collect non-identifying data on induced terminations of pregnancy occurring within New Hampshire using the New Hampshire Information Vital Record Information Network, or other system under the jurisdiction of the Division of Vital Records. The bill also requires the Department of Health and Human Services to provide electronic forms to health providers and facilities in order for them to complete applicable information on or before the 15th of each month. Records will remain confidential and be maintained by the Division of Vital Records. Confidential data would be released to the Department of Health and Human Services for statistical purposes only, and the Department would be required to publish publicly available annual reports with an aggregate summary of data.

The Department of Health and Human Services states data analysis and reporting would be provided through a contract with the University of New Hampshire for Maternal and Child Health Epidemiology Services and anticipates an additional 0.1 full-time equivalent (FTE) or four hours per week would be required to comply with the bill. The current contract expires June 30, 2021, and is funded with 43 percent general funds and 57 percent federal funds. Based on costs in the current contract and anticipated additional work, the Department estimates the following expenditures:

Expenditure Type	FY 2020*	FY 2021	FY 2022	FY 2023
Salary and Benefits	$2,499	$12,868	$13,242	$13,616
Facilities and Administrative	$1,754	$3,508	$3,508	$3,508

Training	$10,000	$0	$0	$0
Total	**$14,253**	**$16,376**	**$16,750**	**$17,124**
*FY 2020 represents six months of expenditures based on the effective date of January 1, 2020.				
Funding Source:				
General Funds @ 43%	$6,129	$7,042	$7,202	$7,363
Federal Funds @ 57%	$8,124	$9,334	$9,548	$9,761

The Department of State estimates the following additional expenditures to set up, deploy, and maintain a new module within the New Hampshire Information Vital Record Information Network. The Department anticipates that these costs will be funded with 100% state general funds.

Expenditure Type	FY 2020	FY 2021	FY 2022	FY 2023
Development and Deployment	$165,000	$0	$0	$0
Maintenance	$0	$3,500	$4,000	$4,500
Total	**$165,000**	**$3,500**	**$4,000**	**$4,500**

AGENCIES CONTACTED:

Department of Health and Human Services and Department of State