

REGULAR CALENDAR

March 8, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Health, Human Services and Elderly Affairs to which was referred HB 1379,

AN ACT relative to the department of health and human services' rulemaking authority regarding immunization requirements. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Jim Kofalt

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 1379
Title:	relative to the department of health and human services' rulemaking authority regarding immunization requirements.
Date:	March 8, 2022
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2022-0844h

STATEMENT OF INTENT

Current statute authorizes the addition of new immunization requirements for children by administrative rule. This bill recognizes that decisions of such gravity ought to be made by the entire legislature and should be afforded a thorough and transparent public debate. The committee considered two different amendments, the first of which would have simply extended the vaccine requirements that presently exist in administrative rule (for varicella, Hepatitis B, and Haemophilus influenza type b) through their expiration in 2026, thereby giving the legislature ample time to consider adding these to statute with full oversight and decision-making by the entire legislature. That amendment failed by a single vote and the committee instead voted to adopt amendment 2022-0844h, which adds varicella vaccine requirements to statute, extends requirements for two other vaccines that are currently in rules until 2026, and provides for a temporary, non-renewable 20-month immunization mandate which must be approved by a three-fifths vote of the Joint Legislative DHHS Oversight Committee.

Vote 12-9.

Rep. Jim Kofalt
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1379, relative to the department of health and human services' rulemaking authority regarding immunization requirements. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Jim Kofalt for Health, Human Services and Elderly Affairs. Current statute authorizes the addition of new immunization requirements for children by administrative rule. This bill recognizes that decisions of such gravity ought to be made by the entire legislature and should be afforded a thorough and transparent public debate. The committee considered two different amendments, the first of which would have simply extended the vaccine requirements that presently exist in administrative rule (for varicella, Hepatitis B, and Haemophilus influenza type b) through their expiration in 2026, thereby giving the legislature ample time to consider adding these to statute with full oversight and decision-making by the entire legislature. That amendment failed by a single vote and the committee instead voted to adopt amendment 2022-0844h, which adds varicella vaccine requirements to statute, extends requirements for two other vaccines that are currently in rules until 2026, and provides for a temporary, non-renewable 20-month immunization mandate which must be approved by a three-fifths vote of the Joint Legislative DHHS Oversight Committee. **Vote 12-9.**

Original: House Clerk

Cc: Committee Bill File

Rep. Kofalt, Hills. 4
Rep. Merchant, Sull. 4
Rep. Gay, Rock. 8
Rep. Woods, Merr. 23
February 24, 2022
2022-0844h
05/04

Amendment to HB 1379

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Communicable Disease; Immunization. RSA 141-C:20-a, I is repealed and reenacted to read
4 as follows:

5 I. All parents or legal guardians shall have their children who are residing in this state
6 immunized against diphtheria, mumps, pertussis, poliomyelitis, rubella, rubeola, tetanus, and
7 varicella. Immunization against hepatitis B and haemophilus influenzae shall be required until
8 June 30, 2026, unless otherwise authorized by statute. The commissioner may add an immunization
9 requirement to the above list for up to 20 months with the approval of the legislative oversight
10 committee on health and human services established in RSA 126-A:13. Such action shall require a
11 3/5 vote by the oversight committee and shall be permitted only one time per communicable disease.
12 Continuation beyond 20 months shall require specific statutory authority for the immunization
13 requirement. The commissioner may only adopt rules under RSA 541-A relative to changes in the
14 number of doses, dosage, route of administration, and age requirements for immunization against
15 the diseases identified in this paragraph.

16 2 Communicable Disease; Rulemaking. Amend RSA 141-C:6, XIII to read as follows:

17 XIII. [~~Other~~] Communicable diseases requiring immunization under RSA 141-C:20-a, I.

18 3 Effective Date. This act shall take effect 60 days after its passage.

Amendment to HB 1379
- Page 2 -

2022-0844h

AMENDED ANALYSIS

This bill limits immunization requirements to those diseases identified in statute. The bill also provides the commissioner of health and human services with limited authority to include an additional immunization requirement with the approval of the oversight committee on health and human services.

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 1379

TITLE: An Act relative to the department of health and human services' rulemaking authority regarding immunization requirements.

DATE: 3/8/2022

LOB ROOM: 201-3

MOTION:

Adoption of Amendment 2022-0943h

Moved by Rep. Kofalt Seconded by Rep. Cushman Vote: 10-11

MOTION:

Adoption of Amendment 2022-0844h

Moved by Rep. Merchant Seconded by Rep. Cannon Vote: 16-5

MOTION:

OTP/A 3033-0844h

Moved by Rep. Kofalt Seconded by Rep. Gay Vote: 12-9

CONSENT CALENDAR: YES X NO

Minority Report? Yes X No If yes, author, Rep: Motion

baf

Respectfully submitted: _____
Rep. Beth Folsom, Clerk

**STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK**



9/28/2021 11:15:01 AM
Roll Call Committee Registers
Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB1379 **Motion:** _____ **AM #:** 2022-0844h **Exec Session Date:** 3/8/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman		N	
McMahon, Charles E.		N	
Acton, Dennis F.		N	
Gay, Betty I.	Y		
Cushman, Leah P.	Y		
Folsom, Beth A. Clerk		N	
Kelsey, Niki		N	
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.	Y		
MacKay, James R.	Y		
Snow, Kendall A.	Y		
Knirk, Jerry L.	Y		
Salloway, Jeffrey C.	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	Y		
TOTAL VOTE:	16	5	

**STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK**



9/28/2021 11:15:01 AM
Roll Call Committee Registers
Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB1379 **Motion:** OTPA **AM #:** 2022-0844h **Exec Session Date:** 3/8/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
Cushman, Leah P.	Y		
Folsom, Beth A. Clerk	Y		
Kelsey, Niki	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.		N	
MacKay, James R.	Y		
Snow, Kendall A.		N	
Knirk, Jerry L.		N	
Salloway, Jeffrey C.		N	
Cannon, Gerri D.		N	
Nutter-Upham, Frances E.		N	
Schapiro, Joe		N	
Woods, Gary L.		N	
Merchant, Gary		N	
TOTAL VOTE:	12	9	

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK



9/28/2021 11:15:01 AM
Roll Call Committee Registers
Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB1379 **Motion:** _____ **AM #:** 2022-0943h **Exec Session Date:** 3/8/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman		N	
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
Cushman, Leah P.	Y		
Folsom, Beth A. Clerk	Y		
Kelsey, Niki	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.		N	
MacKay, James R.		N	
Snow, Kendall A.		N	
Knirk, Jerry L.		N	
Salloway, Jeffrey C.		N	
Cannon, Gerri D.		N	
Nutter-Upham, Frances E.		N	
Schapiro, Joe		N	
Woods, Gary L.		N	
Merchant, Gary		N	
TOTAL VOTE:	10	11	

Rep. Kofalt, Hills. 4
Rep. Merchant, Sull. 4
Rep. Gay, Rock. 8
Rep. Woods, Merr. 23
February 24, 2022
2022-0844h
05/04

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7 varicella. Immunization against hepatitis B and haemophilus influenzae shall be required until
8 June 30, 2026, unless otherwise authorized by statute. The commissioner may add an immunization
9 requirement to the above list for up to 20 months with the approval of the legislative oversight
10 committee on health and human services established in RSA 126-A:13. Such action shall require a
11 3/5 vote by the oversight committee and shall be permitted only one time per communicable disease.
12 Continuation beyond 20 months shall require specific statutory authority for the immunization
13 requirement. The commissioner may only adopt rules under RSA 541-A relative to changes in the
14 number of doses, dosage, route of administration, and age requirements for immunization against
15 the diseases identified in this paragraph.

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Amendment to HB 1379

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Communicable Disease; Immunization. Amend RSA 141-C:20-a, I to read as follows:

4 I. All parents or legal guardians shall have their children who are residing in this state
5 immunized against ~~[certain diseases. These diseases shall include, but not be limited to,~~
6 ~~diphtheria, mumps, pertussis, poliomyelitis, rubella, rubeola, and tetanus. [The commissioner shall~~
7 ~~adopt rules under RSA 541-A relative to other diseases which require immunization.]~~ ***The rules***
8 ***adopted by the commissioner requiring varicella, Hepatitis B, and Haemophilus***
9 ***influenzae type B (Hib) vaccinations shall remain in effect until their regular expiration***
10 ***date of June 30, 2026.***

11 2 Repeal. RSA 141-C:6, XIII, relative to rulemaking for other communicable diseases under
12 RSA 141-C:20-a, I.

13 3 Effective Date. This act shall take effect 60 days after its passage.

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB1379

BILL TITLE: An Act relative to the department of health and human services' rulemaking authority regarding immunization requirements.

DATE: 2/15/2022

ROOM: LOB 210-11

Time Public Hearing Called to Order: 11:00am

Time Adjourned: 12:15pm

Committee Members: Reps. M. Pearson, Layon, Folsom, Acton, McMahon, Cushman, Kelsey, Gay, B. King, Kofalt, MacKay, DeLemus, Weber, Knirk, Nutter-Upham, Salloway, Snow, Cannon, Schapiro, Woods and Merchant,

TESTIMONY

Representative Kofalt - introduced the bill

- Has sent a written testimony by email to the members of the committee
- rules have been made by the commissioner as to what vaccines are included
- should be made by the legislature
- more transparent process
- people would have more of a voice
- when people are allowed to be a part of the process trust can be built
- legislative hearings are a process where MDs and other medical experts can weigh in on different points of view.
- the existing rules regarding the list of vaccines would remain in existence until 2026
- never before has there been a mandated vaccine due to an imminent threat
- polio vaccine took 7 years to reach full coverage
- Emergency authorization would be handled by an emergency session of the legislature
- Current process of legislative "oversight" is a long process
- legislative process is more visual than the rules process
- Risk could be matched by speed
- We need a fresh look at this process.
- More representation for constituents in the full legislature rather than the limited number on the oversight commission
- full legislative process could bring about greater participation in the vaccine program as trust can be built
- We need to be protected from over-reaching Federal law

Abby Rogers, Anne Marie Mercuri, DHHS - opposed

- stay the same
- they research, take advice
- ACIP
- JELCAR
- Are voices really being heard

Russan Chester - support

- openness helps break through the level of trust
- transparency is necessary

Laura Condon, support

- vaccine injuries vs efficacy
- forced mandates
- poorly handled exemptions
- Foster parents mandated to immunize or no longer have children to care for - loss of great fostering families when they are so badly needed.

Shauna Healy - support

- Personal story - vaccine injury

Erin & Tony Fallon - support

- NH should do what they did with Lyme disease processing through the legislature opening up many more choices

Ken Eyring - support

- DHHS needs to be using the best tools not federal mandates
- CEO of Pfizer has stated that the vaccine has no effectiveness on Omicron and other variants
- the scientist who discovered MRNA has potential irreparable harm for humans
- Parents should be the decision makers not the government

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB1379 on 2022-02-14

Support: 402 Oppose: 155 Neutral: 0 Total to Testify: 0

Export to Excel

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Butcher, Suzanne	Keene, NH SuzanneButcherNH@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/4/2022 10:04 AM
Fenner-Lukaitis, Elizabeth	Warner, NH glukaitis@mcttelecom.com	A Member of the Public	Myself	Oppose	No	No	2/6/2022 6:16 AM
O'Neill, Nan	SALISBURY, NH raptorko@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/6/2022 6:12 PM
Jakubowski, Deborah	Loudon, NH Dendeb146@gmail.com	A Member of the Public	self	Oppose	No	No	2/6/2022 6:31 PM
Vincent, Laura	Loudon, NH lvlauravincent5@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/6/2022 8:48 PM
Aronson, Laura	Manchester, NH laura@mlans.net	A Member of the Public	Myself	Oppose	No	No	2/6/2022 10:18 PM
Reed, Barbara	North Swanzey, NH BDRreed74@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/6/2022 10:42 PM
Podlipny, Ann	chester, NH apodlipny57@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/7/2022 6:48 AM
Sellarole, Jana	Walpole, NH jgsellarole@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 8:19 AM
Mooney, Bridget	Wilton, NH Bridget@moonchick.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 9:22 AM
Hackmann, Kent	Andover, NH hackmann@uidaho.edu	A Member of the Public	Myself	Oppose	No	No	2/7/2022 9:35 AM
Smith, Sara	Pembroke, NH sara.rose.ssmith@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 10:45 AM
Josephson, Helina	Canaan, NH helinahappy@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 12:41 PM

Hurley, Paula	Concord, NH graffymanor@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/7/2022 12:49 PM
Lynch, Chrisinda	Concord, NH cmmelynch@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/7/2022 1:33 PM
Lamphier, Regan	Nashua, NH ReganBurkeLamphier@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 1:48 PM
Shamel, Susan	Hillsborough, NH Susanshamel@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 2:05 PM
Weber, Jill	Mont Vernon, NH jill@frajilfarms.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 4:19 PM
Merlone, Lynn	Rindge, NH prulone@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 4:31 PM
Thomas, Anne	Rindge, NH annekerosie@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 4:31 PM
Martin, Patricia	rindge, NH pmartin2894@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 4:31 PM
Hershey, Jane	Rindge, NH janelhershey@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 4:31 PM
Turnbull, Shauna	Andover, NH shaunaturnbull@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 7:16 PM
Jones, Nate	BRENTWOOD, NH nate_jones@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 10:08 PM
Jones, Jennifer	BRENTWOOD, NH jennjones123@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 10:08 PM
Coon, Kate	Peterborough, NH kate2coon@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/7/2022 10:56 PM
Hatch, Sally	Concord, NH SALLYHATCH@COMCAST.COM	A Member of the Public	Myself	Oppose	No	No	2/8/2022 6:32 AM
FRIEDRICH, ED	Loudon, NH erfriedrich@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/8/2022 9:08 AM
Magruder, Joe	CONCORD, NH joe.magruder@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/8/2022 12:26 PM
jelleme, lisa	Andover, NH ljelleme@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/8/2022 2:13 PM
Koch, Laurie	Concord, NH kochlj@aol.com	A Member of the Public	Myself	Oppose	No	No	2/8/2022 8:37 PM

Tilli-Pauling, Marianne	Amherst, NH m.tillipauling@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/8/2022 9:07 PM
Tilli-Pauling, Nigel	Amherst, NH N.tillipauling@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/8/2022 9:14 PM
Bushueff, Catherine	Sunapee, NH agawamdesigns@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/9/2022 7:04 AM
Koch, Helmut	Concord, NH helmut.koch.2001@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/9/2022 8:53 AM
Brown, Nancy	Hopkinton, NH wcbnpb@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/9/2022 10:35 AM
Clark, Denise	Milford, NH denise.m.clark03055@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/10/2022 12:26 AM
Cahill-Yeaton, Miriam	Epsom, NH nmyeaton.mims@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/10/2022 8:44 AM
Sullivan, Alexandra	Merrimack, NH alexmarysullivan@gmail.com	A Member of the Public	Myself	Support	No	No	2/10/2022 9:46 PM
Kondratenok, Anna	Hollis, NH Anna.kondra@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 9:32 AM
Smith, Julie	Nashua, NH Cantdog@comcast.net	A Member of the Public	Myself	Support	No	No	2/11/2022 10:04 AM
Friedman, Richard	Bedford, NH friedman946@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/11/2022 10:21 AM
Veno, Jason	Center Conway, NH mrandmrsveno@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:28 AM
Oljey, Melissa	Deerfield, NH oljey.melissa@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:30 AM
Oljey, Timothy	Deerfield, NH oljey.melissa@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:30 AM
Barassi, Tina	Brookline, NH Tinams1012@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:35 AM
Courchaine, Sarah	Sanbornton, NH simplybalanced@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:50 AM
Courchaine, Nick	Sanbornton, NH n_courchaine@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 10:51 AM
Leone, Rose	Danbury, NH Rosurple50@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 11:42 AM

Johnson, Steve	Boscawen, NH stevejohnson660@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 12:09 PM
Washer, Juliann	Milford, NH juliann.washer@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 12:27 PM
Doughty, Patrick	Bethlehem, NH patrickdoughty@roadrunner.com	A Member of the Public	Myself	Support	No	No	2/11/2022 1:58 PM
Cembalisty, Richard	Rochester, NH taxmanrick@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 2:08 PM
Cembalisty, Clara	Rochester, NH Cqsc43@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 2:09 PM
Roy, Mary	Goffstown, NH Royz7777us@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 3:16 PM
Mahoney, Elisabeth	Haverhill, NH Calgonnow13@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 3:18 PM
Kenyon, Jeannine	Newmarket, NH quahogjk@icloud.com	A Member of the Public	Myself	Support	No	No	2/11/2022 3:23 PM
Albrecht, Tom	Candia, NH jetfuel123@yahoo.com	A Member of the Public	Myself	Support	No	No	2/11/2022 3:26 PM
Frey, Kate	Concord, NH kfrey@new-futures.org	A Lobbyist	New Futures	Oppose	No	No	2/11/2022 3:56 PM
Jorgensen, Patricia	NORTHFIELD, NH yellaboat@aol.com	A Member of the Public	Myself	Support	No	No	2/11/2022 4:58 PM
Anastasia, Patricia	Londonderry, NH patti.anastasia@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/11/2022 5:20 PM
Beauchain, Brenda	Fremont, NH bbfly728@yahoo.com	A Member of the Public	Myself	Support	No	Yes	2/11/2022 5:21 PM
Beauchain, Edward	Fremont, NH ed@forwater.com	A Member of the Public	Myself	Support	No	Yes	2/11/2022 5:28 PM
Lane, Connie	Concord, NH connie.lane@leg.state.nh.us	An Elected Official	Merrimack District 12	Oppose	No	No	2/11/2022 5:35 PM
Hamer, Heidi	Manchester, NH heidi.hamer@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	2/11/2022 6:13 PM
Schwab, Rebecca	Penacook, NH rebecca.schwab@protonmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 6:23 PM
Levell, Michelle	AUBURN, NH mlevell@hotmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 6:38 PM

Roux, Deb	Manchester, NH bealight2020@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 6:41 PM
Descoteaux, Michelle	Gilmanton, NH mdescoteaux3232@gmail.com	A Member of the Public	Myself	Support	No	No	2/11/2022 9:27 PM
Fay, Chris	Litchfield, NH loyalx3@aol.com	A Member of the Public	Myself	Support	No	No	2/11/2022 9:37 PM
Dyer, Allison	Nashua, NH allie_scott@comcast.net	A Member of the Public	Myself	Support	No	No	2/11/2022 10:15 PM
Emus, Joanne	Hollis, NH jremus0322@aol.com	A Member of the Public	Myself	Oppose	No	No	2/12/2022 1:05 AM
Kauffman, Jeri	Laconia, NH Jmkauffman37@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2022 6:19 AM
Cahill, Michael	Newmarket, NH michael.cahill@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	2/12/2022 6:23 AM
Weston, Joyce	Plymouth, NH jweston14@roadrunner.com	An Elected Official	Myself	Oppose	No	No	2/12/2022 7:29 AM
Duncan, Stan	Newton, NH standuncan@post.harvard.edu	A Member of the Public	Myself	Oppose	No	No	2/12/2022 8:17 AM
Till, Mary	Derry, NH maryforderry@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/12/2022 9:23 AM
Guyen, Taci	Windham, NH taci.guyen@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2022 9:56 AM
Wood, Jacqueline	Auburn, NH jackie_wood47@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/12/2022 10:24 AM
Anderson, Mary	Plaistow, NH elfskid@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2022 12:54 PM
Edwards, Amber	AMHERST, NH AEDWARDS812@GMAIL.COM	A Member of the Public	Myself	Support	No	No	2/12/2022 4:57 PM
Nicholson, Amy	Newmarket, NH Nicholamy@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/12/2022 5:09 PM
Mackie, Danielle	Nashua, NH Daniellenuzzo70@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2022 5:43 PM
Mackie, Jordan	Nashua, NH Jmackie@jmdotcom.com	A Member of the Public	Myself	Support	No	No	2/12/2022 5:44 PM
Camarota, Hon. Linda Rea	Bedford, NH Repcamarota@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2022 5:55 PM

White, Robert	Merrimack, NH white14@comcast.net	A Member of the Public	Myself	Support	No	No	2/12/2022 6:35 PM
Howland, Curtis	Manchester, NH howland@priss.com	A Member of the Public	Myself	Support	No	No	2/12/2022 7:33 PM
Petrusewicz, Carol	Rochester, NH Clmcc2befree@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2022 7:33 PM
Kliskey, Jessica	Stratham, NH silversmithjess@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2022 8:13 PM
Osborne, Stephanie	Campton, NH Osbornestephanie@me.com	A Member of the Public	Myself	Oppose	No	No	2/12/2022 8:25 PM
Rhoades, Chuck	Dover, NH chuckrhoades@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/12/2022 8:44 PM
Hagenow, Janice	Warner, NH lovestodance40@yahoo.com	A Member of the Public	Myself	Support	No	No	2/12/2022 9:38 PM
Hart, Kristie	Nashua, NH Kls686@gmail.com	A Member of the Public	Myself	Support	No	No	2/12/2022 10:35 PM
Demars, Michael	Claremont, NH mdemars@ccimanged.com	A Member of the Public	Myself	Support	No	No	2/12/2022 10:59 PM
Lucas, Janet	Campton, NH janluca1953@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 8:20 AM
Gould, Rep. Linda	Bedford, NH lgouldr@myfairpoint.net	An Elected Official	Myself	Support	No	No	2/13/2022 8:39 AM
Richards, John	Holderness, NH salmon246@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 8:59 AM
Kaeding, Patrick	Hopkinton, NH patrick@kaeding.name	A Member of the Public	Myself	Support	No	No	2/13/2022 11:30 AM
Kaeding, Kristen	Hopkinton, NH kristen@kaeding.name	A Member of the Public	Myself	Support	No	No	2/13/2022 11:44 AM
Kenyon, David	Newmarket, NH quahogdk@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2022 12:00 PM
Campion, Polly	etna, NH pollykcampion@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 12:25 PM
Cantwell, Matthew	Nashua, NH mtoddcantwell@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2022 12:32 PM
Cantwell, Kara	Nashua, NH kara.cantwell8@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 12:32 PM

Scott, Donald	Nashua, NH dfscott123@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 12:52 PM
Maddocks, William	Amherst, NH wmaddocks@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 1:07 PM
Lewandowski, Jean	Nashua, NH jlewando@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 1:29 PM
Gilman, Representative Julie	Exeter, NH Julie.gilman@leg.state.nh.us	An Elected Official	Town of Exeter	Oppose	No	No	2/13/2022 1:50 PM
Rettew, Annie	Concord, NH abrettew@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 2:02 PM
Young, Susan	Alton Bay, NH snewco@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 2:22 PM
Constantian, Mark	Hollis, NH mbconstantian@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 2:28 PM
Le Doux, Julie	Hollis, NH jbizzbuzz@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 2:41 PM
McLeod, Kenna	Windham, NH kennamcleod@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/13/2022 2:57 PM
Snell, Stephanie	Windham, NH sassysnell@mac.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 3:00 PM
Renner, Ansel	Hollis, NH ansel.renner@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 3:14 PM
Scott, Andrew	Hollis, NH Ascottusa@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 3:14 PM
Sayer, Robert	Chester, NH Sayer55@msn.com	A Member of the Public	Myself	Support	No	No	2/13/2022 3:18 PM
Grady, Virginia	Hollis, NH ginnygrady13@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 3:18 PM
Richardson, Daniel	Nashua, NH daniel6_22@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 3:26 PM
Valentine, Elizabeth	Windham, NH Beth_valentine@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/13/2022 3:34 PM
Chase, Susan	ANDOVER, NH SRFCHASE@GMAIL.COM	A Member of the Public	Myself	Oppose	No	No	2/13/2022 3:52 PM
Merner, Kelly	Wilton, NH Kellyamerner@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 3:59 PM

Monehart, Will	Wilton, NH Sylvandream@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:02 PM
McKinney, Carolyn	Amherst, NH Carolyn.mckinney@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:06 PM
Bates, David	Warner, NH dbates3@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:06 PM
Moore, Kristen	Milford, NH Kristen_cotsifas@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:09 PM
Manuse, Andrew J	Derry, NH amanuse@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:23 PM
OKeefe, Bonnie	Stratham, NH okeehome@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 4:26 PM
St Pierre, Maria	Milford, NH mariaestpierre@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:28 PM
Broshek, Mary Anne	Andover, NH mabandsadie@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:29 PM
Bemis, Ashley	Manchester, NH Abemis427@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:30 PM
Braden, Julie	Brentwood, NH Julesflyer75@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:33 PM
Szafarz, Stephen	Manchester, NH Steve@eprodgroup.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:33 PM
Chicoine, Brian	Manchester, NH brian.chicoine@outlook.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:33 PM
DeMark, Rick	Meredith, NH demarknh114@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:36 PM
Mirzoeff, Joseph	Keene, NH mrzvyp@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:38 PM
Comstock, Nancy	Litchfield, NH Njcomstock@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:38 PM
Hinckley, Cheryl	Hollis, NH clockmanswife@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:41 PM
Nardino, Marie	Andover, NH mdnardino@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:42 PM
Pouliot, Cheryl	West Lebanon, NH capouliot@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:43 PM

Laforme, Patricia	East Kingston, NH plaforme@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 4:43 PM
st-yves, claudia	waterville valley, NH st_yvesclo@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:51 PM
Brown, Joanna	Manchester, NH jberardi2@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:51 PM
Willett, Kathleen	Swanzy, NH kwillettinnh@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:51 PM
Willett, Michael	Swanzy, NH mapleknollfarmnh@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:52 PM
Hunnewell, Richard	Holderness, NH hunnewell.richard@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:53 PM
O'Donnell, Kristy	Dublin, NH Theodonnellzoo@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:53 PM
Hunnewell, Anne	Holderness, NH ahunne@roadrunner.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 4:53 PM
Willett, Elizabeth	Swanzy, NH Lizarelli22@gmail.com@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:53 PM
Fletcher, Theresa	Swanzy, NH Fourfletcherz@gmail.com@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:54 PM
Wester, Jessica	Loudon, NH wester.j@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:54 PM
O'Donnell, Brian	Dublin, NH Bod1976@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2022 4:55 PM
Taku, Noelle	Merrimack, NH Nmtaku@me.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:02 PM
Babb, Paul	Antrim, NH babbpa@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:05 PM
Babb, Julie	Antrim, NH babbpa@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:05 PM
McCullough, Daniel	Enfield, NH dan.mccullough@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:10 PM
Moulton, Sue	Hampton, NH suevaliq@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:12 PM
Navarro, Clarissa	Londonderry, NH cnavarro@allegrotech.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:15 PM

Kelly, Jim and Nina	Auburn, NH jnkelly154@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 5:16 PM
Lussier, Deborah	Hollis, NH deb100265@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:24 PM
Wadleigh, Nicole	Rochester, NH clasmere@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:26 PM
Pechalk, Dana	Portsmouth, NH Danabennardo@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:26 PM
Peternel, Catherine	Wolfeboro, NH katypeternel@pm.me	A Member of the Public	Myself	Support	No	No	2/13/2022 5:37 PM
Lloyd, Gisela	East Kingston, NH haus@onepinewoods.us	A Member of the Public	Myself	Support	No	No	2/13/2022 5:38 PM
Froumy, Heather	Exeter, NH hastingsfroumy@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:39 PM
Steenbeke, Melanie	Loudon, NH edswife4life@msn.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:40 PM
Cartier, Darlene	Derry, NH msdarlene@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 5:41 PM
Surman, Elizabeth	Hampton Falls, NH hellolibby@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 5:43 PM
CRITTENDEN, JAMES	HOLLIS, NH jcrittenden37@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:46 PM
Mara, Jessica Kuncik	Dunbarton, NH jlkuncik@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 5:47 PM
Cartier, John	Derry, NH jmcartier@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 5:47 PM
Cooper, David	North Sandwich, NH pelicanbaytreasure@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:55 PM
Pettengill, Maryjane	North Sandwich, NH dazeyfields@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:57 PM
Tyszka, Matthew	Newport, NH mattcol@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 5:58 PM
Roberts, Bryan	Greenland, NH zeekroberts3@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:01 PM
Roy, Darlene	Alexandria, NH darlene@metrocast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 6:02 PM

Anderson, Shayla	Merrimack, NH Shaylan85@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:02 PM
Husted, Kerry	Rochester, NH donotuse@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:03 PM
graustein, alan	sanbornton, NH alangraustein@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:06 PM
Eyring, Ken	Windham, NH Ken@IntrinetSystems.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:07 PM
Barbour, Liz	Hollis, NH lizbarbour@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:09 PM
Zirkle, Holly	Nottingham, NH gnomenclaturefun@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 6:09 PM
Carroll, Deborah	Hollis, NH dac@oco.net	A Member of the Public	Myself	Support	No	No	2/13/2022 6:11 PM
Brown, Kathleen	Acworth, NH brown57kat@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:12 PM
A Little, Valerie	Farmington, NH val4471@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:14 PM
Roberts, Katherine	Greenland, NH mychuckbrown@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:14 PM
DeCaprio, Trish	Kensington, NH trishsoineann@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 6:17 PM
McNulty, Nathan	Windham, NH nmcnulty5@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:34 PM
Turcotte, Angela	Dover, NH daredfam217@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:36 PM
deMartelly, E.	Nelson, NH libde@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/13/2022 6:36 PM
Carlile, Rebecca	Hudson, NH Rcarlile@rfraserco.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:37 PM
Carlile, Nathy	Hudson, NH Ncarlile@rfraserco.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:37 PM
Phillips, Emily	Fremont, NH Theemilyphillips@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:40 PM
Brown, Linda	Sandown, NH Lindab@medlinesys.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:41 PM

Mayo, Kathy	NOTTINGHAM, NH kathymayo2013@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:42 PM
Leno, Gigi	Newark, NY Gigileno4@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:43 PM
Setterlund, Deb	Londonderry, NH dsetterlund1@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 6:44 PM
Trexler, Larisa	Stoddard, NH Trexlah@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:44 PM
Lorento, Janelle	Bow, NH jlprevost122@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:46 PM
Trexler, Ryan	Stoddard, NH Trelers@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:48 PM
Swiderski, Ed	Chester, NH wa2wsx@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:51 PM
Bowers, Danielle	Actworth, NH Bktime777@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:53 PM
St. Onge, Bonnie	Manchester, NH Bstonge1021@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:54 PM
Seppala, Kathleen	Rindge, NH katsep25@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:55 PM
Strycharz, Sarah	Concord, NH sarah@nhforever.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:55 PM
Stuckart, Danyelle	Windham, NH dmstuckart@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 6:56 PM
Bowers, Steven	Actworth, NH Cpcliberty@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:58 PM
Darrow, Linda	Ctr. Barnstead, NH lindard.1956@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:58 PM
Lorento, Joseph	Bow, NH J.lorento@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 6:59 PM
Roman, Valerie	Windham, NH Vroman@aol.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 7:02 PM
Etlinger, David	Lyndeborough, NH yogev_87@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:03 PM
Smith, Carla	Fremont, NH tsmith1992@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 7:03 PM

Panek, Sandra	Pelham, NH Sandypanek@protonmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:03 PM
Carter, Kathleen	Meredith, NH kcarter52@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:04 PM
Roblee, Diane	Bedford, NH d.roblee@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 7:05 PM
Prevost, Eileen	Goffstown, NH lee_prevost@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:07 PM
Panek, Charles	Pelham, NH Fullmet460@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:07 PM
Prevost, Stephen	Goffstown, NH slp71881@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:08 PM
Lessard, Martha	Salem, NH jlessardfamily@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 7:09 PM
Tuttle, Jennifer	Farmington, NH Mom4ever81@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:12 PM
Catanuso, Alyx	Deerfield, NH Hfnh.district11@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:15 PM
Romano, Leane	Litchfield, NH Leaneari@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:18 PM
Romano, Stephen	Litchfield, NH Allpro@allpromoversnh.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:23 PM
Warriner, Andrea	Ossipee, NH Warand9m@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 7:30 PM
Valliere, Eileen	Hampstead, NH eileen@tbisoftware.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:31 PM
Cormier, Jane	Concord, NH jane4newhampshire@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:32 PM
THOMPSON, STEVE	Hampton, NH steve@life-elevated.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:33 PM
Borisko, Pamela	Atkinson, NH pjborkisko@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:42 PM
Dewey, Karen	NEWPORT, NH pkdewey@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/13/2022 7:44 PM
Scaer, Beth	Nashua, NH bscaer@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:46 PM

Ketteler, Claire	Newbury, NH cketteler@tds.net	A Member of the Public	Myself	Support	No	No	2/13/2022 7:47 PM
porter, sally	Meredith, NH sapdep90@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:48 PM
Chagnon, Jonathan	Londonderry, NH jshag@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:48 PM
Mosseu, Karen	Merrimack, NH kmmossey@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 7:55 PM
Tolman, Gwyneth	Sullivan, NH mydivinefather@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:56 PM
LaPointe, Susan	Epping, NH suelap16@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 7:57 PM
Libby, Heather	Merrimack, NH hmwilson04@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:00 PM
Naylor, Matthew	Windham, NH Mnaylor@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:01 PM
Pauer, Diane	Brookline, NH Diane.Pauer@leg.state.nh.us	An Elected Official	Myself	Support	No	No	2/13/2022 8:03 PM
DiMasi, Alisha	Lyndeborough, NH alisha.dimasi@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:07 PM
Hartzell, Emily	Portsmouth, NH emilyhartzell@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:08 PM
Nuchow, Leslie	Portsmouth, NH leslienuchow@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:09 PM
Methot, Jennifer	Milford, NH jennifer.s.methot@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:15 PM
Cedolin, Alexandra	Epping, NH ahwhyte@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:17 PM
Mason, Richard	Boscawen, NH wrench38@juno.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:19 PM
Watson, Joseph	Laconia, NH joeandjennyw@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:19 PM
Cedolin, Bradley	Epping, NH bbcedolin@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:19 PM
Watson, Jennifer	Laconia, NH joeandjennyw@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:20 PM

Hartsook, Ingrid	Moneta, VA Ingridhartsook@rocketmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:20 PM
Martsof, Emma	Windham, NH Emmamartsof@comcast.net	A Member of the Public	Myself	Oppose	No	Yes	2/13/2022 8:21 PM
Wilson, Audra	Alstead, NH h3islife@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:21 PM
Methot, Leon	Milford, NH methotl@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:22 PM
Wilson, Rock	Alstead, NH fullermachine@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:23 PM
Hohler, Beth	Hampton, NH Bethina.web@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:26 PM
LaLone, Edward	Epping, NH lalone.edward@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:27 PM
Cushman, Leah	Weare, NH leah.cushman@leg.state.nh.us	An Elected Official	Myself	Support	No	No	2/13/2022 8:28 PM
Cushman, Stephen	Weare, NH cstephen521@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:30 PM
Owens, Brady	Nashua, NH brady.owens@pm.me	A Member of the Public	Myself	Support	No	No	2/13/2022 8:31 PM
Condon, Laura	Bedford, NH vaxchoicenh@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:31 PM
Rojas, Cali	Manchester, NH calianne321@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:32 PM
Kotelly, Ellen	Hollis, NH bekotelly2@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:33 PM
Cloutier, Suzanne	Hampton, NH shcloutier@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:34 PM
Rojas, Emily	Manchester, NH emilyrojas27@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:35 PM
Spillane, Amy	Manchester, NH Aemiepaquette@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:36 PM
Jensen, Jean	Dover, NH bookend-guards-00@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:36 PM
Nadreau, Courtney	Deering, NH teetsiecast@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:36 PM

Nadreau, Todd	Deering, NH toddraymond@mail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:38 PM
Beatrice, Donna	Nashua, NH dbjb1314@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:39 PM
Beatrice, John	Nashua, NH dbjb1314@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:39 PM
Beatrice, Angela	Nashua, NH dbjb1314@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:39 PM
Beatrice, Gianna	Nashua, NH dbjb1314@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:39 PM
McCartney, Michelle	Concord, NH michelleredmond2000@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:41 PM
Greenwood, Nancy	Hollis, NH catnanc@msn.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:41 PM
McCartney, Evan	Concord, NH bebop0505@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:42 PM
Kishinevsky, Rebecca	Wilton, NH rp.kishinevsky@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:44 PM
Sanchez, Alison	Wilton, NH alison.faye@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:49 PM
White, Melissa	PETERBOROUGH, NH marino_melissa@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:51 PM
Sanchez, Leo	Wilton, NH canvasfly@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:51 PM
Beaudoin, Sherry	Rochester, NH sherrybeaudoin@metrocast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:52 PM
Beaudoin, Steve	Rochester, NH stevebeaudoin@metrocast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 8:53 PM
Marino, John	PETERBOROUGH, NH techlon11@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:53 PM
Wells, Lee	Andover, NH Leewells.locustfarm@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 8:54 PM
Avallon, James	North Hampton, NH jimavallon@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:54 PM
Reed, Christie	Temple, NH christiereed333@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:55 PM

Wells, Ken	Andover, NH kenwells3@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 8:56 PM
Kirby, Pamela	Derry, NH pkirby1@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/13/2022 8:56 PM
Porter, Jandee	Acworth, NH jandeeper@live.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:56 PM
Howes, Linda	SPRINGFIELD, NH 4lindahowes@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:58 PM
Dudak, Breanna	Marlow, NH bdudak8820@icloud.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:59 PM
Dudak, Colemann	Marlow, NH dudak93@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 8:59 PM
Brisson, David	Manchester, NH Overmann@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 9:02 PM
Brisson, Angel	Manchester, NH Angelbrisson72@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:03 PM
Rogers, Mary	Winchester, NH tiplady2001@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:04 PM
Davison, Ruth Ellen	Keene, NH livemoveinyou@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:05 PM
A, Jarvis	Greenfield, NH jarvis45@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/13/2022 9:08 PM
Siegars, Kathleen	Greenfield, NH kseigars5@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:09 PM
Griffin, Amy	Loudon, NH Nhkick@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:09 PM
Kuemmerle, Nancy	Enfield, NH nkuemmerle@une.edu	A Member of the Public	Myself	Oppose	No	No	2/13/2022 9:10 PM
Richman, Susan	Durham, NH susan7richman@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 9:10 PM
Siegars, Linette	Greenfield, NH earthandstones@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:11 PM
Barth, Katherine	Berlin, NH booblue39@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:14 PM
Martin, Valerie	Nashua, NH valscustomsigns@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:16 PM

Almy, Susan	Lebanon, NH Susan.almy@comcast.net	An Elected Official	Myself	Oppose	No	No	2/13/2022 9:23 PM
Barr, Lisa	Danville, NH scottbarr107@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 9:24 PM
Parry, Nancy	Hollis, NH njparry@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:24 PM
Martin, Kurt	Nashua, NH advanced.graphic.design@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:25 PM
Littlefield, Lisa	Rochester, NH Lag0131@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:26 PM
Prevost, Amanda	Merrimack, NH Amandaferraina@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:27 PM
Paquette, Amanda	Pelham, NH amartin8513@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 9:32 PM
Zaenglein, Barbara	AMHERST, NH bzaenglein@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 9:34 PM
Mazur, Lisa	Goffstown, NH piperscovenh@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:35 PM
Burrows, Karen	Milford, NH Kaburrows12@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 9:36 PM
Clendenen, Faith	East Andover, NH FClen@tds.net	A Member of the Public	Myself	Support	No	No	2/13/2022 9:37 PM
T, Joe	Concord, NH nejester@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 9:39 PM
Cope, David	Hancock, NH davidcope2000@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:40 PM
Beame, Julia	Hancock, NH juliabeame@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:41 PM
Mastroianni, Amanda	Merrimack, NH Amandamastroianni@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:44 PM
Mastroianni, Dana	Merrimack, NH Dmastri1@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:45 PM
Zaenglein, Eric	Amherst, NH henley11@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/13/2022 9:48 PM
Hitt, Jay	Hancock, NH jay@jayhitt.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:51 PM

Dickler, Jeffrey	Rindge, NH gsgstriker@aol.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 9:52 PM
Lipkin, Lisa	Hancock, NH lisa@lisajanelipkin.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:53 PM
Johnson, Diana	Salem, NH diana.g.johnson1@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 9:55 PM
Stevens, Representative Deb	Nashua, NH debstevens4ward7@gmail.com	An Elected Official	My 10K constituents	Oppose	No	No	2/13/2022 9:57 PM
Kalenderian, Marie	Windham, NH mariekalen@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 10:00 PM
Ahern, Jr., Omer	Wentworth, NH omer.ahern.jr@gmail.com	An Elected Official	Myself	Support	No	No	2/13/2022 10:02 PM
Hamblet, Joan	Portsmouth, NH jhamblet4@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 10:03 PM
Korfiatis, Maria	WALPOLE, NH korfi309@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:03 PM
Diaz, Brianna	Londonderry, NH 2bmk63@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:03 PM
Diaz, Rachel	Pelham, NH afootballchick@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:06 PM
McDowell, Karen	Gilford, NH karen.l.mcdowell66@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:07 PM
Diaz, Carmelo	Pelham, NH diaz88@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:07 PM
Moore, Janet	Andover, NH Jmpcilley@tds.net	A Member of the Public	Myself	Oppose	No	No	2/13/2022 10:09 PM
Brown, Christine	Goffstown, NH Cfbmoves@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:14 PM
Grant, Janice	Pinckney, MI jmr48307@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:14 PM
Walker, Debra	Hooksett, NH alearose2008@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:21 PM
Dontonville, Roger	Enfield, NH rdontonville@gmail.com	An Elected Official	Myself	Oppose	No	No	2/13/2022 10:25 PM
Dulac, Nancy	Brookline, NH Nancyd8338@aol.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:28 PM

Tassey, Kenneth	Manchester, NH kentassey@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:34 PM
Fraysse, Michael	Epsom, NH mikefraysse@gmail.com	A Member of the Public	Michael Fraysse	Oppose	No	No	2/13/2022 10:40 PM
Campbell, Karen	Epsom, NH klynncampbell50@gmail.com	A Member of the Public	Michael Fraysse	Oppose	No	No	2/13/2022 10:41 PM
Chester, Russan	bedford, NH russan.chester@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:45 PM
Loveless, eric	bedford, NH lovelessej@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:45 PM
Campbell, Nanette	Merrimack, NH nan.campbell@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 10:49 PM
Zlatin, Marina	Portsmouth, NH marzlatin@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 10:55 PM
See, Alvin	Loudon, NH absee@4liberty.net	A Member of the Public	Myself	Support	No	No	2/13/2022 10:55 PM
Jadczak, Deborah	Concord, NH indigo03304@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 10:56 PM
Tavanyar, Yvonne	Nashua, NH ytavanyar@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:00 PM
Bock, Debra	Hudson, NH the2box@msn.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:11 PM
Archambault, Luanna	Pembroke, NH luanna97@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 11:17 PM
Murphy, Kevin	Hampstead, NH kfmurphy76@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:18 PM
Russell, Leslie	Salem, NH lesliearussell@live.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:18 PM
Sylvia, Elizabeth	Nashua, NH elizabethlidman@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:18 PM
Lennartz, Marie	Merrimack, NH c-m-lennartz@comcast.net	A Member of the Public	Myself	Support	No	No	2/13/2022 11:26 PM
Dunlap, Elisabeth	Lisbon, NH dunlapme@gmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:31 PM
Spencer, Louise	Concord, NH kentstusa@aol.com	A Member of the Public	Myself	Oppose	No	No	2/13/2022 11:31 PM

Molinaro, Linda	Campton, NH molinaro.linda@gmail.com	An Elected Official	Myself	Support	No	No	2/13/2022 11:34 PM
Black, Danielle	Manchester, NH danielleblack484@yahoo.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:39 PM
Martin, Andrea	Sandwich, NH andi_t_martin@hotmail.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:39 PM
Millman, Linda	Concord, NH jdm73@phreego.com	A Member of the Public	Myself	Support	No	No	2/13/2022 11:56 PM
Grassie, Chuck	Rochester, NH chuck.grassie@leg.state.nh.us	An Elected Official	Strafford 11	Oppose	No	No	2/14/2022 12:01 AM
Economakis, Melissa	Newton, NH Meliscsj@protonmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 12:07 AM
Kalenderian, David	Windham, NH davekalen@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 12:20 AM
Capone, jeffrey	Dover, NH jeffmconell@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 12:38 AM
Martin, Jeanne	Merrimack, NH jeanne-martin@hotmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 1:06 AM
Freedman, Aubrey	Bridgewater, NH aubreyyfreedman@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 1:17 AM
Delano, Janie	HUDSON, NH tadandpole4@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 1:39 AM
Smiszek, Cynthia	Danville, NH Cynthiasmiszek@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 1:40 AM
Roberge, Brad	Madison, NH brad.roberge@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 1:51 AM
Johnson, Debra	Grantham, NH debjohnsondjj@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 1:54 AM
MARVIN, KURT	Franklin, NH INFO@BURLINGTONFOUNDRYINC.COM	A Member of the Public	Myself	Support	No	No	2/14/2022 1:57 AM
chapman, kevin	marlborough, NH denoet103@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 4:02 AM
Buttrick, Victoria	Fremont, NH Pisces001964@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 4:27 AM
Robinson, Steven	Northwood, NH Nikkiandme@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 4:34 AM

Robinson, Karen	Northwood, NH Bdabng12@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 4:35 AM
Tucker, Katherine	Wilmot, NH katherine.s.tucker@valley.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 5:21 AM
Tilton, Paul	Nashua, NH pwt619@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 5:50 AM
Meyer, Heidi	Derry, NH Floweroflife369@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:25 AM
Vendetti, Marissa	Nashua, NH Mvendetti@protonmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:38 AM
Ingram, April	Warner, NH aandk@tds.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 6:42 AM
Sullivan, Jacqueline	Deerfield, NH oh4sox@metrocast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 6:47 AM
Sullivan, Sean	Deerfield, NH sully2@metrocast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 6:47 AM
Sullivan, Eric	Deerfield, NH Isaiah40_31@metrocast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 6:48 AM
Maillet, Brenda	Ashland, NH brendamaillet7@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:50 AM
Lewis, Elizabeth	Nashua, NH ecop.lewis@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 7:06 AM
Maillet, Ivan	Ashland, NH im45us@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:07 AM
Pappas, Laurie	Contoocook, NH laurie.hallmark@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:10 AM
Thalheimer, David	Nashua, NH dthalheimerusa@me.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:10 AM
Emrich, Alan	Keene, NH alanemrich@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:11 AM
Rouillard, Eleanor	Windham, NH foresthavn@aol.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 7:13 AM
glidden, deborah	alexandria, NH moosepathfarmstainedglass@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:14 AM
Geyer, Alberta	Merrimack, NH Alberta@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 7:20 AM

Ferreira, Melissa	Londonderry, NH Melissacrouch74@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:28 AM
House, Nancy	Hooksett, NH nhousenh@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:37 AM
Diggins, Margie	Fremont, NH montanamargie1@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:41 AM
Dinzeo, David	Dover, NH dinz00@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 7:44 AM
Richardson, Bryan	Alexandria, NH marks-dad@ipatriots.us	A Member of the Public	Myself	Support	No	No	2/14/2022 7:47 AM
Kaminski, Marie	Bridgewater, NH Martkam4492@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:48 AM
Kaminski, Joseph	Bridgewater, NH Joe.kaminski142@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:48 AM
Brennan, Nancy	Weare, NH burningnan14@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:50 AM
Letellier, Kathleen	Dover, NH Kathleenletellier@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 7:51 AM
Jellison, Catherine	Amherst, NH Cathyjello@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 7:55 AM
Connell, Jonathan	Alexandria, NH jpconnell13@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:58 AM
Joyce, Michele	Bath, NH mjdigspigs@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:59 AM
Ross, Greer	Windham, NH gcross@burnslev.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 7:59 AM
Meszynski, Edwin	Mason, NH Mezyski@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:59 AM
Theriacult, Mary	Brookline, NH theriacult.mary@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:02 AM
Radzelovage, William	Andover, NH radbill@earthlink.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:04 AM
Capriccio, Jill	Derry, NH taurusjmc@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:05 AM
Couture, Laurie A.	Newmarket, NH LAC@LaurieACouture.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:08 AM

Mason, Angela	Concord, NH acmbogue@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:08 AM
Johnson, Lynne	Wilmot, NH tropicats@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:09 AM
Ward-Scott, Colleen	Nashua, NH colleenws@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 8:12 AM
Tillinghast, Daniel	Atkinson, NH dantiller2001@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:15 AM
Brown, Steve	Derry, NH stephenh5893@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:22 AM
Brown, Phyllis	Derry, NH phyllis@stevebrownssellshomes.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:22 AM
MacDonald, Michael	Hudson, NH Mmacdonald0330@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:23 AM
Smith, James	Deerfield, NH edudesdad@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:28 AM
Howard, Raymond	Alton, NH brhowardjr@yahoo.com	An Elected Official	Belknap 8	Support	No	No	2/14/2022 8:29 AM
DiNapoli, Pamela	Manchester, NH nhna.ned@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:33 AM
Young, Tim	Pembroke, NH tim.young11@outlook.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:41 AM
Brennan, Arthur	Weare, NH arete301314@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:42 AM
Koehler, Barbara	Moultonborough, NH barb.orders@roadrunner.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:43 AM
Moschetto, Grace	Derry, NH gracemariestyle@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:43 AM
Brennan, Jane	Weare, NH Jane.brennan1920@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:45 AM
Byrne, Mary	Francestown, NH mbyrne@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:47 AM
Martin, Katie	Derry, NH katiemartiann@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:48 AM
Szalowski, Jessica	Derry, NH dr.jess.dc@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:50 AM

Capriotti, Joseph	Nashua, NH Jmc62190@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:50 AM
Hamel, Bonnie	MILAN, NH bonnie1397@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:50 AM
Straiton, Marie	Pembroke, NH m.straiton@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:51 AM
Stefanile, Thomas	Derry, NH thomasstefanile@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:56 AM
Ellermann, Maureen	Concord, NH ellermannf@aol.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:57 AM
Sommese, Cheryl	Londonderry, NH dsommese@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:00 AM
Phillips, Betsey	Bethlehem, NH bphil36@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:00 AM
Owens, Kimberly	Nashua, NH tiptoeskst@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:01 AM
Carpenter, Penny	Raymond, NH pcarp2627@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:03 AM
Raspiller, Cindy	Mont Vernon, NH raspicl@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:03 AM
thompson, julia	durham, NH maple371@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:04 AM
Ferrier, Jamie	Nashua, NH jferrier22@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:08 AM
Bresciano, Lisa	Hollis, NH Lbresciano@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:10 AM
Archibald, Janan	KENSINGTON, NH jva_archibald@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:13 AM
LaClair, Donna	Loudon, NH alleycat9801@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 9:13 AM
Kennedy, Beverly	Portsmouth, NH bevster71@hotmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:15 AM
Jakubowski, Dennis	LOUDON, NH dendeb146@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:15 AM
landry, rosemary	meredith, NH rkqueenie@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:18 AM

Brown, Howard	Mont Vernon, NH hobro39@hotmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:18 AM
Killmeyer, Kathleen	Chesterfield, NH killmeyer@myfairpoint.net	A Member of the Public	Myself	Support	No	No	2/14/2022 9:18 AM
perencevich, ruth	concord, NH rperence@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:19 AM
Wilke, Mary	CONCORD, NH wilke.mary@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:20 AM
Templeton, Christine	Goffstown, NH templetonfamilyorganics@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:25 AM
Salamanca, David	Salem, NH pzzboy1@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 9:26 AM
Dontonville, Anne	Enfield, NH Ardontonville@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:27 AM
Coletta-Thompson, Rose Marie	Hampton, NH rmrd@life-elevated.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:33 AM
Paschell, Susan	Bow, NH spaschell@dupontgroup.com	A Lobbyist	NH Community Behavioral Health Association	Oppose	No	No	2/14/2022 9:33 AM
Sousa, Nicole	Amherst, NH activia@hotmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:37 AM
Raymond, Susan	Tamworth, NH susanjaneraymond@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:38 AM
VanPatten, Emily	Deering, NH Emily.b.vanpatten@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:44 AM
Twomey, Steven	Manchester, NH TwomeyFamily7@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:46 AM
Kenney, Robert	Temple, NH rsrkenney@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:47 AM
Cunha, Candice	Brookline, NH icancunha@me.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:48 AM
Cumbee, Lydia	FRANCONIA, NH lydiac7@hotmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:50 AM
Lafontaine, Lisa	Pelham, NH Luky0ne@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 9:54 AM
Gladders, Barbara	NEW LONDON, NH bharriso98363@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:56 AM

Erlebacher, Frances	Rye, NH creatives@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:56 AM
Nelson, Deborah	Hanover, NH dbaconnelson@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:57 AM
Brovman, Sarah	Nashua, NH sarah.brovman@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:59 AM
McNeel, Joyce	Andover, NH jlmcneel@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 10:12 AM
Devore, Gary	Pembroke, NH torin_asheron@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 10:13 AM
Jones, Andrew	Pembroke, NH arj11718@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 10:13 AM
Sylvain, Barbara	TILTON, NH brbsalem@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:18 AM
Corell, Elizabeth	Concord, NH Elizabeth.j.corell@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 10:22 AM
Harney, JoAnn	Milford, NH infix_veers01@icloud.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:22 AM
Lillis, Kimberly	Hillsborough, NH crumberly6@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:29 AM
Freeman, Barbara	Andover, NH donavonfreeman@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 10:33 AM
Hansen, Lorraine	Rollinsford, NH lhansennh@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 10:35 AM
Colquhoun, Laura	Nashua, NH lauracolquhoun2@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:37 AM
Leslie, Sarah	Deerfield, NH Sleslie0517@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:47 AM
Ferrantello, Anthony	Keene, NH ajfnino@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:47 AM
Gordon, Margaret	Weare, NH Megordon98@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 10:47 AM
McDonald, Stuart	Nashua, NH mcdonasa@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:50 AM
thoman, karen	Nashua, NH kt03062@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:53 AM

Chesney, Laura	Windham, NH Lchesney1012@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:57 AM
Collins, Kelly	Hancock, NH kellyanncollins@live.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:58 AM
Kashulines, Angelica	Auburn, NH AngelicaScribit@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:59 AM
Lozito, Viola Marie	Claremont, NH vmarielozito@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:03 AM
Lozito, Patrick	Claremont, NH patlozito@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:04 AM
McLeod, Thomas	Mont Vernon, NH contact@ldfnh.org	A Member of the Public	Myself	Support	No	No	2/14/2022 11:15 AM
Walker, Peter	Brookline, NH de395@charter.net	A Member of the Public	Myself	Support	No	No	2/14/2022 11:17 AM
McLeod, Ferngold	Mont Vernon, NH fern@naturalhealth.media	A Member of the Public	Myself	Support	No	No	2/14/2022 11:17 AM
Spalinger, Daniel	Windham, NH spalind@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:17 AM
McLeod, Raphaella	Mont Vernon, NH chantokangaeru@protonmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:18 AM
Donaldson, Marcia	Hollis, NH wsource2239@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:20 AM
Gordon, Laurie	Weare, NH lmgord23@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 11:27 AM
Martin, Diane	Hampton falls, NH 79thurdparty@comcast.net	A Member of the Public	Myself	Support	No	No	2/14/2022 11:30 AM
Brown, Jean	HANOVER, NH jean.e.brown1@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 11:32 AM
Carraher, Melanie	Boscawen, NH MLCarraher@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:37 AM
KING, DORENE	PORT ORCHARD, WA dakmba60@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:42 AM
loew, jenny	windham, NH jeloew@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:43 AM
Cormier, Jennifer	Dunbarton, NH nhgencourt@jcsmotif.com	A Member of the Public	Myself	Support	No	No	2/14/2022 11:49 AM

Bergevin, Leslie	Loudon, NH Leslie.bergevin@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 11:51 AM
QUISUMBING-KING, Cora	Dover, NH coraq@comcast.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 12:01 PM
Bowles, Margaret	Lyme, NH mcb2885@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 12:07 PM
Walker, Colleen	Brookline, NH cbwlaw@charter.net	A Member of the Public	Myself	Support	No	No	2/14/2022 12:12 PM
Acciard, Julian	Derry, NH Julian@Julian4NH.com	A Member of the Public	Myself	Support	No	No	2/14/2022 12:15 PM
Hubert, Fred	Hollis, NH fhubert67@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 12:26 PM
Marshall, James	Derry, NH jim_marshall2268@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 12:32 PM
Bouchard, Donald	MANCHESTER, NH donaldjbouchard@gmail.com	An Elected Official	Myself	Oppose	No	No	2/14/2022 1:01 PM
Minton, Faith	Warner, NH minton.faith@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 1:19 PM
Warren, Joan	Warner, NH joanbcwarren@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 1:37 PM
Devane, Melissa	Windham, NH melissa.devane@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 2:01 PM
Borisko, Jack	Atkinson, NH Jackborisko@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 2:05 PM
Azibert, Susan	Windham, NH, NH sazibert@aol.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 2:24 PM
Trostorff, Stephen	Warner, NH spt360@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 2:29 PM
Orkin, Susan	Grantham, NH susanorkin@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 2:33 PM
Anthes, Gregory	New Durham, NH gaanthes@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 2:43 PM
Anthes, Janis	New Durham, NH j.antes@hotmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 2:44 PM
Trostorff, Pamela	Warner, NH pdt360@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 2:44 PM

Murray, Kate	New Castle, NH dr.karma2000@gmail.com	An Elected Official	Myself	Oppose	No	No	2/14/2022 2:48 PM
Ashton, Miriam	Lebanon, NH miriamashton3@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 3:05 PM
Hatcher, Phil	Dover, NH phil.hatcher@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 4:20 PM
Sweeney, Margaret	Campton, NH ms975@protonmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 4:26 PM
Doherty, David	Pembroke, NH ddoherty0845@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 4:28 PM
Arend, Caroline	Bedford, NH arendnh@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 4:36 PM
Peterson, Kathy	Nashua, NH KathyofNH@aol.com	A Member of the Public	Myself	Support	No	No	2/14/2022 4:42 PM
Chalifour, Tamara	Loudon, NH tamara@chalifourgroup.com	A Member of the Public	Myself	Support	No	No	2/14/2022 5:28 PM
Trombley, Mary	Pembroke, NH lotusfloraldesigns@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 5:43 PM
Woods, Renia	Bow, NH renia.woods1@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 6:10 PM
Cates, Tammy	Nashua, NH tjcates@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:12 PM
Cates, William	Nashua, NH wcatesjr@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:12 PM
Cates, Bethany	Nashua, NH brcates99@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:13 PM
Cates, Tyler	Nashua, NH xtylercatesx@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:13 PM
Cates, Sahriah	Nashua, NH sahriah@sahriah.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:13 PM
Stearn, Sylvia	Nashua, NH supermimi@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:13 PM
Stearn, Charity	Nashua, NH superauntie@eagleswind.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:13 PM
Gallant, Elizabeth	Derry, NH emgallant3@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:29 PM

Provencher, Gilbert	Derry, NH Gpro60@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:29 PM
Robbins, Ashley	Milton, NH ashleylincoln@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 6:31 PM
Laker-Phelps, Gail	Chichester, NH lpsart@tds.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 6:34 PM
Houston, Alicia	Nashua, NH ahouston617@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 7:13 PM
Avery, Jenna	Brentwood, NH misbhvnprincess@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 7:17 PM
Stevens, Elizabeth	New London, NH er.stevens@verizon.net	A Member of the Public	Myself	Oppose	No	No	2/14/2022 7:51 PM
Jordon, Jo	Dover, NH Handy_Aunt_Jo@yahoo.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 8:06 PM
Stoddard, Kristine	Bow, NH kstoddard@bistatepca.org	A Lobbyist	Bi-State Primary Care Association	Oppose	No	No	2/14/2022 8:14 PM
Kelley, BaoChau	Hooksett, NH chaukelley@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:29 PM
Brophy, Rachel	Kingston, NH Rachelbrophy85@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:32 PM
Brophy, Shawn	Kingston, NH Sbrophy33@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:33 PM
Edwardsen, Cheryl	Kingston, NH C_edwardsen@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:33 PM
Edwardsen, Richard	Kingston, NH Richardedwardsen@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:34 PM
Jacobus, Haeyoon	Danville, NH haejacobus@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:46 PM
Macpherson, Christine	Chesterfield, NH Christine.macpherson@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:47 PM
Roe, Jonathan	Londonderry, NH jjrow0509@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:48 PM
A Gieschen Jr, John	Chesterfield, NH jgieschen@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 8:52 PM
Wade, Linda	North Hampton, NH lindafwade@gmail.com	A Member of the Public	Myself	Support	No	No	2/14/2022 9:09 PM

Hallock, Linda	Cornish, NH LINDASH@MAIL.COM	A Member of the Public	Myself	Oppose	No	No	2/14/2022 9:36 PM
Scribner, Leah	New Durham, NH Leahdevost@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:23 PM
Scribner, Cory	New Durham, NH Leahdevost@yahoo.com	A Member of the Public	Myself	Support	No	No	2/14/2022 10:25 PM
Istel, Claudia	Acworth, NH cistel79@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/14/2022 10:54 PM

Archived: Monday, February 14, 2022 8:38:53 AM
From: info@alignact.us
Sent: Sunday, February 13, 2022 11:04:16 PM
To: ~House Health Human Services and Elderly Affairs
Subject: SUPPORT HB 1379
Importance: Normal

Please support HB 1379. Health mandates should not be put in place by bureaucrats, but only through the legislature, who are the People's representatives.

Thank you!

Genevieve Hans
1079 Filbert Ave
Chico CA 95926
glhans@uspi.com
530-893-2844

Archived: Monday, February 14, 2022 8:38:53 AM
From: [Michelle Slack](#)
Sent: Sunday, February 13, 2022 11:42:40 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Please Support HB 1379
Importance: Normal

Dear committee members please support this Bill HB 1379 Thank you !

Archived: Monday, February 14, 2022 8:38:53 AM
From: [Ken Eyring](#)
Sent: Sunday, February 13, 2022 11:50:02 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Please SUPPORT HB 1379
Importance: Normal

Dear Representatives,

Please support HB1379 to ensure that only a parent will decide whether or not their child is injected with a Covid vaccine. There is a lot of data available now that shows the vaccines are not as safe and effective as we were originally told - especially for children.

The inventor of the mRNA technology that is used to produce the Moderna and Pfizer vaccines issued a short 4-1/2 minute warning that I would appreciate you watch:

<https://rumble.com/vqq7gc-dr.-robert-malone-before-you-inject-your-child.html>

In addition, some countries have banned vaccines for children:

[Sweden and Denmark halted the use of the Moderna vaccination on those 30-and-under due to potential side effects.](#)

[Iceland banned the Moderna vaccine](#) for everyone.

Taiwan has banned the Pfizer vaccine in children 5-11 [due to myocarditis issues in vaccinated teens.](#)

In addition to the above concerns, I believe the decision regarding whether or not a child receives a Covid-19 vaccine should be at the sole discretion of the parent. Therefore, I respectfully ask that you support HB1379.

Thank you,

Ken Eyring

Windham, NH

Archived: Monday, February 14, 2022 8:38:53 AM

From: Rogers, Abigail

Sent: Sunday, February 13, 2022 11:50:42 PM

To: ~House Health Human Services and Elderly Affairs

Subject: DHHS Testimony on HB1379 (opposition) -relative to the department of health and human services' rule making authority regarding immunization requirements

Importance: Normal

Attachments:

[DHHS Testimony for HB1379 \(oppose\).pdf](#) 

Dear Representative Pearson and Members of the Committee:

Please find attached DHHS testimony in opposition to HB 1379- relative to the department of health and human services' rule making authority regarding immunization requirements. The bill is scheduled for a hearing tomorrow.

Best regards,

Abby Rogers

Abigail Rogers
Legislative Liaison

Division of Public Health Services
New Hampshire Department of Health and Human Services
29 Hazen Drive, Concord, NH 03301
603-333-6309 (cell)
603-271-4593 (O)
Abigail.Rogers@dhhs.nh.gov

ATTENTION: please visit the DHHS COVID-19 website for the latest COVID-19 information, resources and guidance: <https://www.nh.gov/covid19/>

Archived: Monday, February 14, 2022 8:38:53 AM
From: jdm73@phreego.com
Sent: Monday, February 14, 2022 3:27:46 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379 OTP
Importance: High

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

I ask that you support HB 1379 which would limit the rule-making powers of the Department of Health and Human Services with respect to vaccines for all New Hampshire children to the vaccines listed in the statute, and further require that any other communicable disease that requires immunization be codified by the Legislature. The authority to designate other vaccines required for all New Hampshire children must reside in the Legislature and not with unelected government employees. This authority must not be delegated.

Please vote HB 1379 OTP and support it in the House.

Thank you.

Linda Millman

Archived: Monday, February 14, 2022 8:38:52 AM
From: [Tammy MacNeil](#)
Sent: Monday, February 14, 2022 4:31:14 AM
To: ~[House Health Human Services and Elderly Affairs](#)
Subject: Support HB1379
Importance: Normal

SUPPORT – HB 1379,

Dear NH representatives,

I am writing in support of HB1379. I strongly feel that we need to allow parents to determine what vaccines their children will receive and at what ages. While my children have been infants into school aged we have lived in 3 states. I was shocked to learn that each state have very different shot requirements. If these immunizations are so necessary, why would each state have different standards? It doesn't add up.

All three of my children received their recommended vaccinations early on, however with the pushy introduction of the HPV vaccination at such young ages I started to research vaccinations. I very much regret trusting my doctors in the past.

Also, I am a believer in natural immunity. After fighting Covid infections in 1/2020 before it was even a named virus, I felt confident in our antibodies. As the emergency vaccines rolled out, I chose not to get my family vaccinated.

We were all healthy throughout the pandemic after that initial illness. Omicron touched us briefly this fall and again our bodies did what they are supposed to do and fought that one off quickly.

I am never vaccinating my children with this poorly researched vaccine, so if it becomes required I will have to homeschool. I feel the same way about the HPV vaccine. I know too many teens with vaccine injuries from this "emergency" immunization. As a former school Psychologist, I also worked with the autistic population and have read the data about immunizations causal affects on these babies. My instinct, along with most parents was that made sense, but for years I believed the other studies that claimed it wasn't immunizations. Sadly, in doing more research I see studies can be skewed to fit an agenda and other data can be buried. This is scary. We need to give parents back their rights to choose what vaccines they want for their families. Lastly, please allow all medical and religious exemptions to be applied. Thank you very much for considering this most important bill.

Tammy MacNeil, Brentwood

Archived: Monday, February 14, 2022 8:38:52 AM

From: montanamargie1@aol.com

Sent: Monday, February 14, 2022 7:34:33 AM

To: ~House Health Human Services and Elderly Affairs

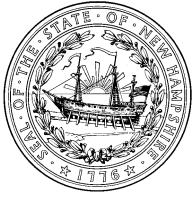
Subject: I support HB 1379

Importance: Normal

Archived: Monday, February 14, 2022 8:38:52 AM
From: [Edwin Meszynski](#)
Sent: Monday, February 14, 2022 8:05:02 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Please support HB1379
Importance: Normal

Representatives
please support HB 1379.
Thank you,
Edwin Meszynski

Sent from my iPhone



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF INFECTIOUS DISEASE CONTROL

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Testimony for HB 1379
Relative to the department of health and human services' rulemaking
authority regarding immunization requirements.
Health and Human Services Elderly Affairs Committee, Legislative Office Building
Monday, February 14, 2022

Dear Chairman Pearson and Members of the Committee:

Immunization is considered one of the most important public health achievements of the last century. Vaccines have prevented millions of illnesses, disabilities, and deaths in the United States.

The Department is in opposition to HB1379. HB 1379 proposes to do the following:

- Limits immunization requirements to those diseases identified in statute and
- Removes the Department of Health and Human Services's rulemaking authority in this area.

Immunization is considered one of the most important public health achievements of the last century. Safe and effective immunizations have prevented millions of illnesses, disabilities, and deaths in the United States. Immunization has led to eradication of disease like Smallpox, and historic low numbers of infectious disease cases like measles, hepatitis B, and certain bacterial infections, to name some examples. Despite this success, vaccine-preventable diseases, such as measles, mumps, and whooping cough (pertussis), continue to circulate and infect children resulting in hospitalizations and deaths every year. Vaccine coverage is not 100% nor are vaccines 100% effective so outbreaks can occur when an unvaccinated person becomes infected and introduces the disease into a community, especially those with low vaccination rates. **It is essential that the Department retain its authority and oversight over school and child care entry requirements to prevent communicable diseases.**

Currently, vaccination against 16 diseases is recommended during childhood and adolescence by the national Advisory Committee on Immunization Practices (ACIP). **Not all vaccines recommended for children are required for school and childcare entry in New Hampshire.** The Department carefully reviews childhood vaccine recommendations and key criteria including vaccine efficacy, vaccine safety, severity of disease, likelihood of infection and method of transmission in order to determine which should be required for school and childcare entry. Any Administrative Rules process to add additional requirements involves feedback from

the public and legislative concurrence through the [Joint Legislative Committee on Administrative Rules](#) (JLCAR).

Of the 16 recommended vaccines, vaccination against 7 diseases (Diphtheria, Mumps, Pertussis, Poliomyelitis, Rubella, Rubeola, and Tetanus) is required by law (RSA 141-C:20) in New Hampshire, with an additional 2 (Hepatitis B and Varicella) required for school entry and 3 (Hemophilus Influenza Type B, Hepatitis B and Varicella) required for childcare entry by administrative rule (He-P 301). The Department of Health and Human Services does not require vaccination against any diseases that do not meet the definition of “communicable” in RSA 141-C:20.

There are several ACIP recommended vaccines that are not required for New Hampshire school and childcare entry, including those against human papilloma virus (HPV), meningococcal disease, pneumococcal disease, hepatitis A, rotavirus, and influenza. While the Department does not intend at this time to require the aforementioned vaccinations or COVID-19 vaccination for schools and childcare settings, maintaining the Commissioner’s authority to adopt rules is necessary to protect the health and safety of New Hampshire residents. The Commissioner has the ability to act quickly through the Administrative Rules process to address imminent threats to the health of children. For example in the event that meningitis rose to a level that requiring vaccination was clearly demonstrated.

The ability for the Commissioner to adopt new childcare or school requirements in order to protect public health is an essential. Adopting new requirements under administrative rule (He-P 301) has been shown to safely and effectively protect NH’s children from diseases that can lead to severe illnesses, disabilities, and deaths. If HB 1379 were enacted NH would become the only state in the nation that does not have immunization requirements for HIB and Varicella, and only one of three states that does not have a requirement for Hepatitis B.

- Before Hib vaccine was adopted Hemophilus Influenza Type B was the leading cause of bacterial meningitis among children under 5 years old. Meningitis an infection of the lining of the brain and spinal cord is dangerous as it can lead to brain damage, deafness and death. Since the widespread use of the Hib vaccine, the number of new cases of Hib disease in infants and young children decreased by 99 percent.
- Before Hepatitis B vaccine was adopted (1996) under Administrative Rule He-P 301 children were less protected against Hepatitis B disease which can cause debilitating diseases such as cirrhosis and liver cancer. Hepatitis B, is among our state’s required childhood vaccines because the risk for chronic infection is related to age at infection. 90% of infants with hepatitis B develop chronic infection, compared to 2-6% of people who are adults when infected.
- Before Varicella vaccine was adopted (2003) children were less protected against chicken pox. While the varicella virus is “usually” mild, varicella can be serious in infants under 12 months of age, adolescents, adults, pregnant women, and people with weakened immune systems. Severe cases of chickenpox can lead to pneumonia and encephalitis, swelling of the brain. Varicella vaccine prevents more than 3.5 million cases of

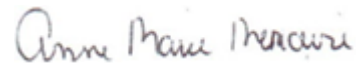
chickenpox, 9,000 hospitalizations and 100 deaths each year. The virus also remains dormant in the body and can reactivate years later as shingles, producing painful blisters. While chickenpox may be considered a rite of passage by some, failing to prevent chicken pox also means that individuals who were infected have a greater chance of develop shingles (herpes zoster) as adults. Shingles cannot only be incredibly painful it can also lead to permanent loss of sight, infections in the brain and other serious complications.

The Department opposes HB 1379. The existing statute and corresponding administrative rules provide public health protection while appropriately balancing individual and parental choice, legislative input, and the goal of keeping children enrolled in school while protecting the health of all children.

Respectfully Submitted,



Patricia Tilley, MS Ed
Director, Division of Public Health Services



Anne Marie Mercuri BSN, MPH
Chief, Immunization Section



1 Pillsbury Street, Suite 200
Concord, NH 03301
603.225.6633
www.nhcbha.org

February 13, 2022

Hon. Mark Pearson, Chair
House Health, Human Services & Elderly Affairs Committee
Legislative Office Building
Concord, NH 03301

Via email: HHSEA@leg.state.nh.us

RE: HB 1379, limiting the authority of the department of health and human services to mandate vaccinations; and relative to quarantine costs.

Dear Chairman Pearson and members of the Committee:

The NH Community Behavioral Health Association wishes to register its opposition to HB 1379, being heard by your Committee on February 14th. The Association, representing the State's ten community mental health centers, has adopted the following policy:

The NH Community Behavioral Health Association (CBHA) would like to thank its Community Mental Health Center members and the thousands of Community Mental Health Center NH Employees for all their efforts to stay up to date and vaccinated for the best health and safety of the patients they serve. NHCBHA believes that our state's public health policies should be based on scientific research, and medical literature, and reputable sources like the Centers for Disease Control and Prevention. At a time when the intense public health danger associated with the COVID-19 pandemic is being exacerbated with misleading and inaccurate information about basic public health norms – including vaccines, mitigation measures, and responsible public behavior – and is being amplified in public arenas, establishing this baseline of relying on trusted and informed voices is critically important.

Vaccines have worked historically for diseases such as polio and they work today – they are regulated and tested by credible science and their use should not be subjected to political interference. The CBHA opposes any legislation or state regulatory actions which would limit the funding or distribution of vaccines by the Division of Public Health; negatively impact the work of the Department's adult and childhood Immunization Program; or interfere with the ability and freedom of an employer, School Administration Unit, school board, or institution of higher education to adopt measures to ensure the health and welfare of their employees, students, and consumers.



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The Association and the centers object to this bill because it would significantly interfere with the ability of the Department of Health and Human Services to carry out its legal responsibilities in the area of public health.

We respectfully request that you vote Inexpedient to legislate on HB 1379. Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in cursive script that reads "Roland P. Lamy".

Roland P. Lamy
Executive Director

CC: Brian Collins
Jay Couture
Maggie Pritchard
Bill Rider

FEBRUARY 11, 2022

Re: HB1379

Dear Committee Members:

I am writing to you today as a concerned citizen of New Hampshire. I urge you to SUPPORT HB 1379.

It is a primary duty of the government to protect the natural rights of its citizens. No school or child care facility should be able to force injections on our most vulnerable citizens, especially when children are not at risk from COVID-19, children have never been vectors for the disease, and the available vaccines do not stop COVID transmission.

I feel compelled to write to you today to express my concerns regarding mandates for the Covid vaccine. We ALL should be able to make our own medical choices without the interference from the government.

These vaccines do NOT provide "immunity" like a true vaccine should. I have had many vaccines and I am NOT anti-vaccine. I am ANTI-MANDATE. I know several people that have been fully vaccinated, and still got Covid! Johns Hopkins has reported that there are over 140 Million people that have already had Covid, but yet our government agencies (FDA, CDC) do not recognize natural immunity. A study out of Israel shows that natural immunity gives you 27 times the protection than the Covid vaccine! (Johns Hopkins)

There has not been enough research on the **long-term effects** of this experimental MRNA vaccine. The Vaccine Adverse Event Reporting System (VAERS) has registered over 875,651 adverse events through November 5, 2021, including over 18,000 deaths.

I am afraid for my three grandchildren being forced to take this injection in order to attend school. There have been many instances where young boys and men have suffered pericarditis and myocarditis due to the vaccine. I don't want my grandchildren to suffer long term medical problems, or die from a vaccine that is NOT necessary for most children. Children are hardly affected by Covid, so why would we take the risk of side effects from the vaccine, when the virus itself has a 99.998% recovery rate for children. The flu itself is 6 times more deadly for our children, and yet we DO NOT MANDATE the flu shot for children.

Also, the FDA Briefing document - *Vaccines and Related Biological Products Advisory Committee Meeting* of October 26, 2021 (section 5 page 14) changed the formulation of the Pfizer vaccine for 5-11 year olds to include "tromethamine" (Tris) which is considered a "heart attack" drug that stabilizes people who have suffered a heart attack. Why the need to add this additional drug? Why don't the Pharma companies that manufacture these vaccines have some level of liability? If the state forces these vaccines will THEY be LIABLE for any associated adverse medical events?

We used to live in a free country where we were allowed to make informed choices and consent for our own medical care, sadly, this no longer is the case.

Please stand up for the citizens of NH, to allow them to continue to make their own medical decisions.

I implore you to Vote AGAINST any Mandates or Vaccine passports!

Respectfully,

Mary Roy
Independent voter
Lifelong NH citizen

From: Patricia Anastasia, Londonderry, NH

To: Health, Human Services and Elderly Affairs Committee

Re: HB 1378

HB 1379 aims to:

- 1) restrict the list of childhood immunizations required by the state (by amending RSA 141-C:20-a).
- 2) remove the authority of the commissioner of DHHS to adopt rules for other communicable diseases requiring immunization (by repealing RSA 141-C:6 XIII)

I am OPPOSED to HB 1379. It is an unnecessary bill. The process to modify childhood immunizations required by the state is more than adequately covered in RSA 141-C:20-a.

In its current version, RSA 141-C:20-a (Immunization) provides a process under which the immunization requirements for communicable diseases will be adopted (by following rules of RSA 541-A).

DHHS is responsible for the health, safety and well-being of the citizens of New Hampshire. Part of the mission of the DHHS is to work to prevent disease and to protect and improve the health and safety of all citizens through regulatory and health promotion efforts. Removing the authority of the commissioner of DHHS to adopt rules pertaining to immunization for communicable diseases undermines the health and safety of all NH citizens. DHHS was established to improve and protect the health of NH citizens. Let DHHS do its job.

Subject: In Support of HB 1379 relative to the department of health and human services' rulemaking authority, regarding immunization requirements

From: Daniel Richardson <daniel6_22@comcast.net>

Date: 2/13/2022, 3:27 PM

To: HHSEA@leg.state.nh.us

CC: Tom Lanzara <tomlanzara@gmail.com>, Jim Kofalt <staterrep@jimkofalt.com>, Melissa Blasek <Melissa.Blasek@leg.state.nh.us>, Hershel Nunez <Hershel.Nunez@leg.state.nh.us>, JD Bernardy <jd.bernardy@comcast.net>, Gregg Hough <gregg.hough@leg.state.nh.us>, Chris TRUE <chris.true@leg.state.nh.us>, David Love <davidlove4rep@gmail.com>, Kevin Avard <Kevin.Avard@leg.state.nh.us>, James Spillane <James@JamesSpillane.org>

Ref: February 14, 2022 Public Hearing

Health, Human Services and Elderly Affairs Committee -

I write in support of HB 1379. This bill rightly contains the scope of DHHS authority for compulsory immunizations to those already having successfully completed extensive, exhaustive and final trials. No room is made for experimental vaccination mandates on children.

Please recommend HB 1379 as OTP.

Daniel Richardson, Nashua

I support HB 1379. It is very important to eliminate rule making ability for the NH Commissioner of Health & Human Services with respect to childhood immunizations. New childhood immunizations and vaccine mandates should be required to go through the legislative process and not be in the hands of a handful of people.

Take Action to Stop Vaccine Mandates for our Children

How many elected officials does it take to impose a vaccine mandate on your children? Answer: 6. OK, – technically, it's just 5. The sixth participant is an unelected commissioner, appointed by the Governor.

The decision to force a vaccine on virtually every child in New Hampshire should not be taken lightly. It certainly shouldn't be possible for a mere six people to impose that kind of a mandate. Unfortunately, current law in our state allows exactly that.

This is why I filed [House Bill 1379](#), which would revoke rulemaking authority for the Commissioner of Health & Human Services with respect to childhood immunizations. If this bill becomes law, then decisions of this magnitude would need to pass a much higher hurdle, by requiring a majority vote in both houses of the legislature, plus the assent of the Governor.

Here's the more detailed explanation: Most of what we call "law" in New Hampshire falls within two broad categories. When a bill goes through the legislative process and is signed by the Governor, we call it **statute**. That's how most people think about the lawmaking process.

The second category is what's called "[Administrative Rule](#)," made possible when the legislature enacts statutes that delegate authority to unelected officials. It has the advantage of being faster and more flexible than the standard legislative process, but it also hands considerable power over to a relatively small group of people. Administrative rules tend to get far less public attention than bills that come before the legislature. That should be a concern to anyone who cares about good government.

There's a well-defined process for adopting rules, and it does involve some elected officials, but there are very few people involved in actually rendering those decisions. A commissioner proposes a rule, then it gets a hearing before the [Joint Legislative Committee on Administrative Rules](#) (JLCAR). Unless a majority of that 10-person committee votes to object to the rule, it eventually takes on the force of law.

Unfortunately, there are people who would love to impose a vaccine mandate on our children. In fact, last week, the House Health & Human Services & Elderly Affairs Committee heard testimony on [HB1633](#), a bill sponsored by Bill Marsh that would mandate the COVID-19 shot for school attendance in New Hampshire, including students attending colleges and universities in our state.

I'm predicting that HB1633 will go down in flames, – and I'll be glad when it does. But we should be equally concerned about the power of a very small group to accomplish the same thing via administrative rule. In recent testimony, DHHS staff testified that they are not prepared to impose a COVID-19 vaccine mandate "*at this time*". Further testimony indicated that DHHS insiders have not yet reached consensus as to whether

or not there should be such a mandate. If you need any evidence that they're considering a mandate, – there it is.

My bill will simply revoke the rulemaking authority currently held by the Commissioner of DHHS. Any new vaccine mandates would need to go through the legislative process.



February 14, 2022

Representative Mark Pearson, Chairman
House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
33 N. State Street
Concord, NH 03301
Email: HHSEA@leg.state.nh.us

RE: HB 1379 relative to the department of health and human services' rulemaking authority regarding immunization requirements

Dear Chairman Pearson and Members of the HHSEA Committee:

Bi-State Primary Care Association and our members respectfully request HB 1379 relative to the department of health and human services' rulemaking authority regarding immunization requirements, be recommended inexpedient to legislate. Bi-State staff and our members will not attend legislative hearings due to the risk of COVID-19, and we thank you for the opportunity to submit written testimony to your committee electronically. Bi-State and our members write to you in strong opposition of HB 1379 because it dilutes existing vaccination requirements and eliminates the Department of Health and Human Services' rulemaking authority. We believe HB 1379 will endanger Granite Staters by exposing people to vaccine-preventable diseases.

Bi-State Primary Care Association (Bi-State) is a 501(c)(3) nonprofit organization, formed by two health and social service leaders in 1986 to advance access to comprehensive primary care and preventive services for all, with special emphasis on those most in need in New Hampshire and Vermont. Today, Bi-State represents 28 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 146 locations. Our members include community health centers (CHCs), federally qualified health centers (FQHCs), rural health clinics (RHCs), area health education center programs, and Planned Parenthood of Northern New England. New Hampshire's 13 health centers serve approximately 112,000 patients at locations across the state, including in those districts represented by the members of this esteemed committee.

Bi-State and our members oppose HB 1379 because it limits the State's ability to respond to existing, emerging, and future diseases.

As is consistent with any federal or state agency, the New Hampshire Department of Health and Human Services (DHHS) has the statutory authority to draft rules for programs under its purview, and vaccinations are no exception.¹ New Hampshire, like all states, requires childhood

¹ See N.H. Rev. Stat. Ann. §141-C:6 (eff. July, 1, 2006).

vaccinations to attend school.² These include diphtheria, tetanus, pertussis, polio, hepatitis B, measles, mumps, rubella, and chickenpox.³ Any necessary administrative rule changes are drafted by DHHS and presented to the Joint Legislative Committee on Administrative Rules at a public hearing. Currently, New Hampshire statute allows for medical and religious exemptions.⁴ Public health measures, such as childhood vaccination requirements to attend school, are designed to protect all community members, including those too young to be vaccinated. It is completely irresponsible to limit the ability of the agency tasked with keeping the Granite State safe from infectious diseases.

For example, measles was eliminated in the United States in 2000.⁵ In 2019, 1,282 cases of measles were confirmed in 31 states.⁶ According to the Centers for Disease Control and Prevention (CDC), this was the largest number of measles cases in the United States since 1992, and the majority of cases were in people who were unvaccinated. Prior to 2019, the largest number of measles cases since the elimination of the disease in the United States was in 2014 when there were 667 cases, 57% of which were associated with an outbreak in an Amish community with low vaccination rates.⁷ The CDC reported that “[r]ecent outbreaks have been driven by misinformation about measles and MMR vaccine, which has led to undervaccination in vulnerable communities.”⁸ Of the 1,249 measles cases from January 1 through October 1, 2019, 93% were associated with 22 measles outbreaks in the United States.⁹ 89% of those infections were in people who were unvaccinated.¹⁰ According to the CDC, “[i]ncreased global measles activity and existence of undervaccinated communities place the United States at continual risk for measles cases and outbreaks.” Measles is just one of many preventable diseases that children are protected against through vaccinations. Bi-State and our members do not want New Hampshire to become a hotspot for preventable diseases.

While this bill is not specific to COVID-19 vaccinations, the spread of COVID-19 in schools this year provides a timely example of the necessity of vaccinations in schools. On January 19th, the New Hampshire Department of Health and Human Services reported there were 117 active COVID-19 clusters in the K-12 schools, with an average of 12.8 cases per cluster.¹¹ The Department also reported 40 active childcare clusters. There are likely several factors that caused the drastic rise in pediatric cases, and the rise in school and childcare clusters, including the lack of mask requirements and lack of availability of COVID-19 vaccinations for children. In the 2020-21 school year, New Hampshire’s schools had mask requirements in place for attendance.¹²

² See Chapter He-P 300 Diseases last accessed on Jan. 31, 2022.

³ New Hampshire School Immunization Requirements 2021-2022 (February 2021).
<https://www.dhhs.nh.gov/dphs/immunization/documents/schools21-22.pdf> (last visited Feb. 7, 2022).

⁴ N.H. Rev. Stat. Ann. §141-C:20-c (eff. Jan. 1, 2002).

⁵ Increase in Measles Cases – United States, (January 26, 2019),
https://www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm?_cid=mm6817e1_w (last visited Feb. 7, 2022).

⁶ *Id.*

⁷ *See id.*

⁸ *Id.*

⁹ Cent. for Disease Control and Prev., Morbidity and Mortality Weekly Report, (Oct. 11, 2019),
https://www.cdc.gov/mmwr/volumes/68/wr/mm6840e2.htm?_cid=mm6840e2_w (last visited Feb. 7, 2022).

¹⁰ *Id.*

¹¹ NH DHHS COVID-19 Education and Childcare Partner Call (January 19, 2022),
<https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/inline-documents/sonh/hcp-call-presentation-011922.pdf> (last visited Feb. 7, 2022).

¹² NH DHHS COVID-19 Education and Childcare Partner Call (December 1, 2021),
<https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/inline-documents/sonh/school-call-presentation-12022021.pdf> (last visited Feb. 7, 2022).

There were only 693 infections associated with 110 clusters for the entire school year, and only 464 of those were in students. By December 1, 2021, there were 3,326 total COVID-19 cases associated with clusters in schools, and 88% of the cases were in children.¹³ On February 11, 2022, 94.9% of the COVID cases in New Hampshire were in children.¹⁴ Clearly, employing mitigation measures in schools, including vaccinations and masks, prevents the spread of disease.¹⁵

Bi-State and our members oppose HB 1379 because it interferes with the ability of Granite State schools to maintain safe learning environments.

HB 1379 eliminates any agility the DHHS has to respond to outbreaks of disease by limiting the types of vaccinations required and eliminating the Department’s rulemaking authority. Without mitigation measures in place like vaccination requirements, we place the health of children, teachers, and school district staff at risk. Further, children and their families do not live in bubbles: Families go to grocery stores, movie theaters, sporting activities, and more. As demonstrated by the 2019 measles outbreaks, normal day-to-day activities have the potential to spread deadly disease. If New Hampshire makes it easier to for school children to go without life-saving vaccinations, health care workers and other patients present during the child’s visit are also at risk of exposure. HB 1379 adds unnecessary risk to schooling children in New Hampshire and creates the potential for an additional and preventable public health catastrophe like the one we are living through now.

HB 1379 will erode the “Granite Advantage.”

New Hampshire is nothing without its residents: Our true advantage is the people who call the Granite State home. HB 1379 will endanger school children, and in turn, their families, loved ones, and the health care workforce who selflessly risk their lives every day to keep us healthy. For these reasons and more, Bi-State Primary Care Association and our members respectfully request the Committee recommend HB 1379 inexpedient to legislate.

Sincerely,

Kristine E. Stoddard, Esq.
Senior Director of NH Public Policy
kstoddard@bistatepca.org
(603) 228-2830 ext. 113

¹³ NH DHHS COVID-19 Education and Childcare Partner Call (December 1, 2021), <https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/inline-documents/sonh/school-call-presentation-12022021.pdf> (last visited Feb. 7, 2022).

¹⁴ NH DHHS COVID-19 Update (February 11, 2022) landing page: <https://www.covid19.nh.gov/news/dhhs-updates> (the website was not updated as of Feb. 14, 2022).

¹⁵ *See id.*

Archived: Friday, February 25, 2022 8:33:21 AM
From: [Kate Frey](#)
Sent: Monday, February 21, 2022 12:14:18 PM
To: ~[House Health Human Services and Elderly Affairs](#)
Subject: New Futures testimony in opposition to HB 1379
Importance: Normal
Attachments:
HB 1374 rulemaking process.pdf ;

February 14, 2022

The Honorable Mark Pearson, Chair
House Health and Human Services and Elderly Affairs Committee
Legislative Office Building Room 205
Concord, NH 03301

Re: New Futures' testimony in opposition to HB 1379, relative to the department of health and human services' rulemaking authority regarding immunization requirements.

Dear Chair Pearson and Members of the Committee:

New Futures appreciates the opportunity to provide written testimony in opposition to **HB 1379, relative to the department of health and human services' rulemaking authority regarding immunization requirements**. New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and communities to improve overall public health and improve health equity across the Granite State.

New Futures supports public health policy measures that decrease illness and disease, including immunizations and programs that ensure equitable and broad distribution of vaccines-especially for children. New Hampshire's vaccine for children program does just that. In New Hampshire, all children through the age of 18 years can receive vaccines at no cost through an innovative program that has been replicated by several other states. By combining general funds, federal funds and contributions from health insurance companies that do business in the state, the Department can purchase enough vaccines to provide every child in the state with all the vaccines recommended in the "Childhood Immunization Schedule, US." The Advisory Committee on Immunization Practices, the American Academy of Family Physicians and the American Academy of Pediatrics (ACIP) have approved this schedule. [\[1\]](#)

There is a careful but nimble process within the New Hampshire Department of Health and Human Services regarding adding vaccines required for children. Before the New Hampshire Immunization Program adopts a new vaccine, the Vaccine Selection Committee within Department reviews input from providers, epidemiologists, and other stakeholders on the effectiveness of considered vaccine. The Department subsequently begins the administrative rule process which includes a public hearing and legislative oversight through the Joint Committee on Administrative Rules.

HB 1379 would remove the Department's rulemaking authority for other communicable diseases under RSA 141-C:20-a, I. This bill would undermine the Department's ability to provide protection for children from vaccine preventable diseases. Childhood vaccinations is considered one of the Ten

Great Public Health Achievements in the United States^[2] because it results in substantial health and cost savings. A 2011 economic analysis indicated that vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease, with net savings of nearly \$14 billion in direct costs and \$69 billion in total societal costs^[3]

Public health achievements such as vaccines are often a victim of its own success. Because of vaccines, many of us have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox, or known a friend or family member whose child died of one of these diseases. Childhood vaccines also protect the broader population because they build the protective “firewalls” around us by increasing herd immunity and protecting those who can’t get vaccinated, including infants, and children and adults with weakened immune systems.

New Hampshire has very high childhood vaccination rates and is often ranked in the top three states with the highest vaccination rates in the country.^[4] RSA 141-C:20-c allows for medical and religious exemptions for students. It is important to note that New Hampshire has only required 10 of the 16 vaccines recommended by the ACIP. The Department on multiple occasions has said it has no plans at this time to mandate the COVID vaccine.

For these reasons. New Futures strongly urges the committee members to vote Inexpedient to Legislate on HB1379.

Sincerely,



Kathryn (Kate) Frey
Vice President of Advocacy



Kate Frey (she, her, hers)

Vice President of Advocacy, New Futures, Inc.

P: 603-225-9540 ext 110 | kfrey@new-futures.org

www.new-futures.org | 100 North Main St., 4th floor Concord, NH
03301



[1] <https://www.dhhs.nh.gov/dphs/immunization/vfc.html>

[2] <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm>

[3] <https://pubmed.ncbi.nlm.nih.gov/24590750/>

[4] https://www.americashealthrankings.org/explore/annual/measure/Immunize_b/state/NH

Archived: Friday, February 25, 2022 8:33:08 AM
From: [Dave Cory](#)
Sent: Wednesday, February 23, 2022 6:20:16 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: In strong support of HB 1379
Importance: Normal

Dear Committee Members,

Please SUPPORT – [HB 1379](#), relative to the department of health and human services' rule-making authority regarding immunization requirements. This bill would remove authority from the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school, and restore the Legislature's sole authority as the lawmaking branch of government to determine what vaccines ought to be required (religious and medical exemptions in other laws would still apply). We cannot have Executive Branch bureaucrats deciding what ought to be law in our state, particularly with something this important; this is a Constitutional authority that should be decided by the Legislature alone. The citizens of NH want the power to pass laws regarding required vaccines restored to the Legislature!

Thank you,
Dave Cory
Rye, NH

February 14, 2022

The Honorable Mark Pearson, Chair
House Health and Human Services and Elderly Affairs Committee
Legislative Office Building Room 205
Concord, NH 03301

Re: New Futures' testimony in opposition to HB 1379, relative to the department of health and human services' rulemaking authority regarding immunization requirements.

Dear Chair Pearson and Members of the Committee:

New Futures appreciates the opportunity to provide written testimony in opposition to **HB 1379, relative to the department of health and human services' rulemaking authority regarding immunization requirements**. New Futures is a nonpartisan, nonprofit organization that advocates, educates, and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and communities to improve overall public health and improve health equity across the Granite State.

New Futures supports public health policy measures that decrease illness and disease, including immunizations and programs that ensure equitable and broad distribution of vaccines-especially for children. New Hampshire's vaccine for children program does just that. In New Hampshire, all children through the age of 18 years can receive vaccines at no cost through an innovative program that has been replicated by several other states. By combining general funds, federal funds and contributions from health insurance companies that do business in the state, the Department can purchase enough vaccines to provide every child in the state with all the vaccines recommended in the "Childhood Immunization Schedule, US." The Advisory Committee on Immunization Practices, the American Academy of Family Physicians and the American Academy of Pediatrics (ACIP) have approved this schedule.¹

There is a careful but nimble process within the New Hampshire Department of Health and Human Services regarding adding vaccines required for children. Before the New Hampshire Immunization Program adopts a new vaccine, the Vaccine Selection Committee within Department reviews input from providers, epidemiologists, and other stakeholders on the effectiveness of considered vaccine. The Department subsequently begins the administrative rule process which includes a public hearing and legislative oversight through the Joint Committee on Administrative Rules.

HB 1379 would remove the Department's rulemaking authority for other communicable diseases under RSA 141-C:20-a, I. This bill would undermine the Department's ability to provide protection for children from vaccine preventable diseases. Childhood vaccinations is considered one of the Ten Great Public Health Achievements in the United States² because it results in substantial health and cost savings. A 2011 economic analysis indicated that vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20

¹ <https://www.dhhs.nh.gov/dphs/immunization/vfc.html>

² <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm>

million cases of disease, with net savings of nearly \$14 billion in direct costs and \$69 billion in total societal costs³

Public health achievements such as vaccines are often a victim of its own success. Because of vaccines, many of us have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox, or known a friend or family member whose child died of one of these diseases. Childhood vaccines also protect the broader population because they build the protective “firewalls” around us by increasing herd immunity and protecting those who can’t get vaccinated, including infants, and children and adults with weakened immune systems.

New Hampshire has very high childhood vaccination rates and is often ranked in the top three states with the highest vaccination rates in the country. ⁴ RSA 141-C:20-c allows for medical and religious exemptions for students. It is important to note that New Hampshire has only required 10 of the 16 vaccines recommended by the ACIP. The Department on multiple occasions has said it has no plans at this time to mandate the COVID vaccine.

For these reasons, New Futures strongly urges the committee members to vote Inexpedient to Legislate on HB1379.

Sincerely,

A handwritten signature in black ink that reads "Kathryn Frey". The signature is written in a cursive, slightly slanted style.

Kathryn (Kate) Frey
Vice President of Advocacy

³ <https://pubmed.ncbi.nlm.nih.gov/24590750/>

⁴ https://www.americashealthrankings.org/explore/annual/measure/Immunize_b/state/NH

Archived: Wednesday, February 16, 2022 10:32:28 AM
From: johnkaw@myfairpoint.net
Sent: Tuesday, February 15, 2022 12:14:06 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

Honorable committee members,

My name is John Cawthron.
I live in Nashua.

I am writing you today asking that you support HB1379.

Over time, it seems that too much power and authority works it's way into the executive branch. However well intended, this transfer of law making authority needs to be restored to the legislative branch, as too much power in the hands of one branch of government, leads to administrative over reach and a diminishment of citizens freedoms.

HB 1379, would remove authority from the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school, and restore the Legislature's sole authority as the lawmaking branch of government to determine what vaccines ought to be required.

Furthermore, vaccines are defined by the Code of Federal regulations. The current "EUA authorized" mRNA shots being passed off as vaccines, do not meet the current federal definition of a vaccine. No person in New Hampshire should be forced to take any therapy, that has not undergone the normal course of three stages of FDA trials and testing. Such an order would be far less likely with the legislature in charge. As we have seen over the past two years, almost no executive branch department can be trusted to apply actual scientific, ethical or moral standards in their decision making. They have to a person, simply followed the herd and implemented rules and policies that destroyed lives, the economy and many a small business without regard to the damage done.

It is not in the best interests of the citizens of New Hampshire to have Executive Branch bureaucrats deciding what ought to be law in our state. This is a Constitutional authority and duty that should be exercised by the Legislature alone.

I urge you to support HB 1379.

Respectfully,

John Cawthron
Nashua

Archived: Wednesday, February 16, 2022 10:32:28 AM
From: [Love The Space You Are In](#)
Sent: Tuesday, February 15, 2022 1:42:55 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

Please vote to approve this bill:

HB 1379

As I support all parents to choose whatever they want for their children.

Respectfully,

Rose Love

--

✦✧Breathe Deep And Know That You Matter In Every New Now✧✦

Archived: Tuesday, February 15, 2022 11:56:08 AM
From: [Jane Babcock](#)
Sent: Sunday, February 13, 2022 1:07:43 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Ought to Pass
Importance: Normal

Dear Committee members;

Unelected officials should not have the capability to impose mandated health decisions on the public. This is wrong. Please pass this bill to allow the citizens of NH to make health decisions, involving their children, using their judgement and with the advice of their family physician.

Sincerely,
Jane Babcock
Manchester, NH

Sent from my iPad

Archived: Tuesday, February 15, 2022 11:56:07 AM
From: [Anne Copp](#)
Sent: Monday, February 14, 2022 12:58:26 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

> Dear Committee
>
> I respectfully Submit my position of support for
> The HB 1379 to Limit DHHS rule making authorization on vaccination
>
> Thank you for taking my submission.
>
> Best regards,
> Hon. Anne Copp
>
>
> Sent from my iPhone

Archived: Tuesday, February 15, 2022 11:56:07 AM
From: [Ron Roy](#)
Sent: Monday, February 14, 2022 1:19:05 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

Please support HB 1379 as I believe the power to pass laws regarding vaccine should be restricted to the legislature.

Ronald N. Roy
166 East Milan Road
Berlin NH 03570
603-752-3738

Archived: Tuesday, February 15, 2022 11:56:07 AM
From: [Maria Szemplinski](#)
Sent: Monday, February 14, 2022 1:36:40 PM
To: ~House Health Human Services and Elderly Affairs
Subject: No COVID vaxx requirements for kids via DHHS rules
Importance: Normal

I support HB 1379

Maria Szemplinski, BS, FCP

Naprotechnology the natural alternative to IVF

603 340 1500

"The secret of happiness is to live moment by moment and to thank God for what He is sending us every day in His Goodness" St. Gianna pray for us!

Archived: Tuesday, February 15, 2022 11:56:07 AM
From: [Russell Payne](#)
Sent: Monday, February 14, 2022 2:26:08 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

Dear Members of Health and Human Services Committee,

The Executive branch was designed in the republican system of government to execute laws. The Department of Health and Human Services holds it illegitimate power over the people of NH because we have not had enough courageous individuals to stand against the governor jumping in bed with the "tyranny makers" in the federal government who want to rule by "decree" as Adolph Hitler did when he took over as Chancellor in 1933. In the U.S. Constitution Article IV , section 4, it guarantees every state a Republican form of government. That means that the law making branch is the legislature, not the Executive. I urge you to stand against executive power that has been surrendered to the Executive branch. We should not be copycats of the federal legislature who have surrendered this power to the Executive branch. Please protect our children from this experimental vaccine. DHHS should not take the place of legislative authority. Stand against this federal tyranny that has bribed our governor with a multi-million dollar package to control our liberty. I urge you to support HB 1379.

Sincerely & Respectfully

Russ Payne

Archived: Tuesday, February 15, 2022 11:56:07 AM
From: [Jim Kofalt](#)
Sent: Monday, February 14, 2022 2:47:07 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379 Testimony - bill introduction
Importance: Normal

Here is my testimony from today for HB1379:

RSA 141-C:20-a stipulates that certain immunizations are required for children living in New Hampshire. Immunizations for diphtheria, mumps, pertussis, polio, rubella, rubeola, and tetanus are specifically named in statute.

The same RSA stipulates that the Commissioner of Health and Human Services shall adopt rules relative to other diseases requiring immunization. This has led to three additional immunization requirements being established within the administrative rules. These include varicella (chickenpox), Hib (Haemophilus influenza Type b), and hepatitis-B.

This bill is not intended to argue for or against any of these immunizations. Personally, I believe that the decision to vaccinate one's children should ultimately rest with parents. But if an immunization is to be required, we ought to acknowledge the gravity of that decision by vetting it through the legislative process, with all of the scrutiny and transparency that implies.

In fact, this bill does not preclude the possibility of establishing immunization requirements for children in our state. It merely stipulates that decisions of that magnitude should be made by the full legislature.

The decision to force a vaccine on virtually every child in New Hampshire should not be taken lightly. Under the rulemaking process, the commissioner has the power to propose a rule, and barring a statutory objection a majority of the JLCAR, a new mandate is created.

Let's acknowledge an obvious point: We would not be discussing this legislation if not for the serious concerns that many people have about the COVID-19 shots. There are multiple reasons for that, but the bottom line is that people have legitimate questions as to the safety and efficacy of some of these vaccines, – but especially the COVID shots. This bill will establish a process that gives doctors and other medical experts an opportunity to weigh in, which they do not have in the administrative rulemaking process. Parents and other concerned citizens will likewise have a voice in these very important decisions. The decision to force vaccination on other citizens has very serious implications, and that decision should never rest on a single individual.

I would also like to address several points that were shared with the committee in written testimony from DHHS. First, there is an implied statement that the vaccinations currently required under administrative rule (but not under statute) would no longer be required if this bill passes. That is not the intention of this bill. Rather, it is expected that current rules in place under RSA 141-C:20-a would remain in effect until they expire in 2026. I would suggest that an amendment could be brought forward to clarify that point.

Secondly, I would like to address the Department's concerns with respect to the need for rapid response to imminent threats. We have been experiencing the worst pandemic of our lifetimes, yet after two years, no vaccine mandate for children has been implemented in our state. Last week, this Committee heard a bill that would mandate the COVID-19 vaccine in all schools, – yet even that bill acknowledged that such a mandate should not take effect until the vaccine had received full FDA approval, not merely approval for emergency use.

Even the polio vaccine, which has saved countless lives and has prevented devastating injuries to millions of people, took a full seven years to reach a vaccination rate of 80% in the United States. The process of developing and testing vaccines takes time. In the event that a mandate needs to be implemented promptly and urgently, there is no reason why the legislature could not be convened to consider legislation.

Archived: Tuesday, February 15, 2022 11:56:07 AM
From: [lakeview clock repair](#)
Sent: Monday, February 14, 2022 2:56:15 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

Please support HB 1379; the power to do these things belongs in the hands of the representative legislature not in a governmental office.

Thank you for all that you do,
J. Grenier
Nashua, NH

Sent from ProtonMail for iOS


Archived: Tuesday, February 15, 2022 11:56:06 AM
From: [Russell Payne](#)
Sent: Monday, February 14, 2022 3:50:32 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

Dear Members of House Committee on Health & Human Services,

Rule making authority by the department of Health and Human Services is an “assumed power. The Executive Branch has been stolen it from the legislature at the federal level . Don’t let our state be a copycat of the federal legislature that has in the majority “cowered in silence” allowing the Executive Branch to usurp their power to make laws. Here, I strongly urge to support this legislation to put these unelected "freedom stealing bureaucrats" that are also wasting money in their place. This is a congressional power. Besides it being unconstitutional for the DHHS to determine what vaccines children must receive to go to school, it is dangerous for government to play doctor to please the likes of Dr. Fauci. A little advise, "a good way to tell when Dr. Fauci is lying is when he moves his lips." I strongly urge you in the Committee to start restoring the power of the legislature to make law by supporting HB 1379.

Sincerely & Respectfully

Russ Payne

Archived: Tuesday, February 15, 2022 11:56:06 AM
From: Williams, John
Sent: Monday, February 14, 2022 3:59:53 PM
To: Mark Pearson
Cc: ~House Health Human Services and Elderly Affairs; Christina Dyer; Rogers, Abigail
Subject: RE: HB 1379, relative to the department of health and human services' rulemaking authority regarding immunization requirements. (Informational)
Importance: Normal
Attachments:
[ACYF-CB-IM-19-01.pdf](#) 

Dear Chairman Pearson and Honorable Members of the House Health, Human Services and Elderly Affairs Committee:

As requested at today's public hearing on HB 1379, the following is an overview on the federal National Model Foster Family Home Licensing Standards:

The US Department of Health and Human Services, Administration on Children, Youth and Families issued the attached ACYF-CB-IM-19-01 on February 4, 2019 to put into effect the National Model Foster Family Home Licensing Standards. These standards were the basis for the rulemaking changes in [He-C 6446](#) to include vaccinations that were adopted June 16, 2020. Vaccines under the National Model Foster Family Home Licensing Standards are covered on pages 5 and 6 in the attached document.

Please note that this federal directive pre-dates the pandemic and thus does not include any COVID-19 immunization directive nor is there any reference or requirement of such in He-C 6446.

Respectfully submitted,

John L. Williams, Esquire, Director of Legislative Affairs, New Hampshire Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

(603) 271-9395 (office)
(603) 545-2934 (cell)

STATEMENT OF CONFIDENTIALITY: This message may contain information which is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed.

Archived: Tuesday, February 15, 2022 11:56:06 AM

From: [VaxChoiceNH](#)

Sent: Monday, February 14, 2022 6:07:44 PM

To: ~House Health Human Services and Elderly Affairs

Subject: No Statutory Authority or Requirement to Mandate Vaccines on Foster Families

Importance: Normal

Attachments:

[hec6446fpannotated.pdf](#) 

Dear HHSEA Committee Members:



It came up today relative to HB1379 a claim made by DHHS staff that federal law "requires" them to impose vaccine mandates in order to receive needed federal funding for the state foster family program. **Not true.** There lacks statutory authority to impose the proposed vaccine requirements. Below are the legal/statutory arguments against the Foster Family vaccine mandates.

- The vaccination/immunization requirements in He-C 6446.14 License and Permit Requirements, (h) (1), (2), (3), (i), and (j) are unnecessary and **not required** in order to comply with the National Model Foster Family Home Licensing standards and secure federal funding.
- While Public Law (P.L.) 115-123 includes the Family First Prevention Services Act (FFPSA), and Section 50731 of FFPSA directs HHS to "identify reputable model licensing standards with respect to the licensing of foster family homes", and National Model Foster Family Home Licensing Standards have been written, there is **no requirement that these "model" standards be adopted as written**. There is only the requirement and protections both in P.L. 115-123 and Title IV of the Social Security Act as Amended through P.L. 116-94, that state licensing standards need only be "reasonably in accord with recommended standards of national organizations". This provides the necessary liberty for each state to modify the "model" standards to the needs of their own state. **These model standards are models, not mandates.** It would be appropriate here in New Hampshire to redraft the proposed rule sections He-C 6446.14 (h) (1), (2), (3), (i), and (j) to remove the vaccination/immunization requirements and replace them with recommendations, thus preserving and protecting statutory protection against vaccine mandates afforded to all other individuals and families in the state.
- These standards are being proposed from model standards, but not required standards, and states have the liberty to evaluate the standards for appropriateness in their own state and are encouraged to do so. Other states including North Dakota, Ohio, and Arizona have amended these proposed rules to provide that foster families shall not be deprived of the existing state vaccine exemptions, averting a crisis and shortage of foster home services.
- The new, additional vaccine mandates on the biological children of foster parents and the foster parents themselves will likely be rejected by many and **thus defeat the stated purpose of He-C 6446.02 to "support permanency... to reduce the risk a child being exposed to circumstances that might further trauma experienced by the child"**. To

enforce their own rule, DHHS will be forced to remove children from foster families they have come to know and in which they have been cared for and loved by for months and years. This will surely result in significant trauma to these needy children.

- This rule is attempting to impose vaccine mandates on all “household members”. There is no statutory authority for a government agency to impose penalties for vaccine refusal for any environment other than daycare or schools. (RSA 141-C)
- Biological parents do not lose independent medical decision-making rights because their children are in need of foster care. This Rule attempts to strip them of their rights without any actual law that strips them of their rights and without a Court Order that strips them of their parental rights. **Legal authority is lacking for imposing these vaccine requirements on foster children.**
- The New Hampshire Legislature so values the rights of religious beliefs that they expressly provide religious exemption to vaccination as part of the Communicable Disease Chapter. It is wrong to adopt a rule that would attempt to override or restrict that statutory provision as this rule attempts to do. **"RSA 141-C:20-c,II. A parent or legal guardian objects to immunization because of religious beliefs. The parent or legal guardian shall sign a notarized form stating that the child has not been immunized because of religious beliefs."**

Laura Condon
Bedford, NH
NH Director of Advocacy for NVIC
vaxchoicenh@gmail.com
www.nvic.org

Archived: Tuesday, February 15, 2022 11:56:05 AM
From: VaxChoiceNH
Sent: Monday, February 14, 2022 6:54:43 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Foster Family Rules Mandate COVID Vaccines for Children
Importance: Normal
Attachments:
[hec6446fpannotated.pdf](#)  [nm7045e1-H.pdf](#) 

Dear HHSEA Committee Members:

It came up today in testimony on [HB 1379](#) that **DHHS has already mandated Covid vaccines for children in foster family households** through the Rulemaking Process and Rule He-C 6446 that was approved by JLCAR on June 5, 2020.

I was asked to provide verification of **that vaccine mandate**. I attach He-C 6446 for your review. Please refer to page 13 of the Rules and sections He-C 6446.14 (h), (1), (2), (3), (i), and (j).

Please note that in foster homes where there are foster children under age six years, all children (up to age 21 per definition of child in DHHS rules) shall be up to date with immunizations consistent with the recommendations of the AAP, ACIP, and AAFP (**all these entities now recommend COVID vaccines for children**) unless the immunization is contrary to the child's health as documented by a licensed healthcare professional. **NOTE: there is NO religious exemption provided to all these children, for either the foster children and the biological children in the household.** The only way to escape these vaccine mandates, including the COVID vaccines for children, is to give up foster children under age six, many of whom may have been in that home for nearly six years and this is the only family they have known.

The CDC and ACIP recommend that children age 5 years and up be given Covid vaccines as reported on their website and the attached Morbidity and Mortality Weekly Report.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html>

It is this recommendation cited in Rule He-C 6446 that now triggers the mandates for Covid vaccines for children in foster family households. Remember, that this rule stripped them of their religious exemption provided to other children in the state for daycare and school.

The Rule goes on to require all state required vaccines per He-P 301.14 (b)(1)-(6). Unless the child qualifies for a daycare or school exemption, there is no exemption at all for these children. For example: If a child of a foster parent is only 3 years old and does not attend daycare or school, so has no occasion for an exemption to those institutions, they must now submit to all those vaccine requirements...they have no exemption to this vaccine mandate that has reached into their own home.

Adult caregivers of infants are subject to mandatory pertussis (and tetanus and diphtheria) vaccines (can't get just a pertussis vaccine) without any religious exemption. And pregnant women would not be exempt.

Adult caregivers of infants and all children with special medical needs (given the situations of foster children, nearly all have some special medical need) must submit to an annual flu shot, without religious exemption. And pregnant women would not be exempt.

I warned that once the CDC, ACIP, and others simply recommended Covid vaccines for children, that this Rule as written and approved would automatically include Covid vaccines without any additional hearings or review. And here we are today that this is now the situation.

I hope this information is helpful to you in understanding how very important it is for the legislature to vote to **pass HB 1379** to remove the commissioner's authority to determine child vaccination requirements by Rulemaking and to put that responsibility back with the legislature where there is sufficient and appropriate notice, medical expert and public input, and decision making by legislators, while allowing DHHS to continue their vaccine work to purchase, distribute, and administer vaccines.

Sincerely,
Laura Condon
Bedford, NH
NH Director of Advocacy for NVIC
www.nvic.org
vaxchoicenh@gmail.com
603.471.0787

Archived: Tuesday, February 15, 2022 11:56:05 AM
From: [Donald Reid](#)
Sent: Monday, February 14, 2022 7:40:32 PM
To: ~[House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

I want to see the power to pass laws regarding required vaccines restored to the Legislature, not to an Executive Department. Please support HB1379.

Don & Renee Reid
Alton Bay, NH

Archived: Tuesday, February 15, 2022 11:56:05 AM
From: info@alignact.us
Sent: Monday, February 14, 2022 7:43:41 PM
To: ~House Health Human Services and Elderly Affairs
Subject: SUPPORT HB 1379
Importance: Normal

Please support HB 1379. Health mandates should not be put in place by bureaucrats, but only through the legislature, who are the People's representatives.

Thank you!

Robert Gast
4 Willowbrook
Irvine CA 92604
liberty@act4oc.org
949-228-7206

Archived: Tuesday, February 15, 2022 11:56:05 AM
From: [Jason Dube](#)
Sent: Monday, February 14, 2022 8:29:02 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

Committee,

I live in Derry and have three children in the public school system. I find the mere thought of mandating an experimental gene therapy absolutely unconscionable. I ask you on my behalf to support HB 1379. Make vaccination an individual decision. Thank you.

Jason Dube

Archived: Tuesday, February 15, 2022 11:56:05 AM
From: [Linda F. Wade](#)
Sent: Monday, February 14, 2022 8:38:45 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Please Support HB 1379
Importance: Normal

Dear Committee Members:

Please Support HB 1379 "We cannot have Executive Branch bureaucrats deciding what ought to be law in our state, particularly with something this important; this is a Constitutional authority that should be decided by the Legislature alone. Please [contact the committee](#) and let them know that you want the power to pass laws regarding required vaccines restored to the Legislature."

Respectfully Submitted,

Linda F. Wade

Archived: Tuesday, February 15, 2022 11:56:05 AM
From: [Linda F. Wade](#)
Sent: Monday, February 14, 2022 9:05:30 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Please support HB 1379
Importance: Normal

Dear Committee Members:

Please Support [HB 1379](#), relative to the department of health and human services' rule-making authority regarding immunization requirements. This bill would remove authority from the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school, and restore the Legislature's sole authority as the lawmaking branch of government to determine what vaccines ought to be required (religious and medical exemptions in other laws would still apply). I would like the power to pass laws regarding required vaccines restored to the Legislature.

Respectfully Submitted,

Linda F. Wade

Archived: Tuesday, February 15, 2022 11:56:04 AM
From: [Susan Romito](#)
Sent: Monday, February 14, 2022 9:53:39 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB 1379
Importance: Normal

Protect our children and support HB 1379.

Thank you ,

Susan Romito
Hollis

Archived: Tuesday, February 15, 2022 11:56:04 AM
From: JD Rector
Sent: Monday, February 14, 2022 10:41:55 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

I am writing in support of this bill. I respectfully ask the support of this bill. The power pass laws regarding required vaccines should be restored to the Legislature.

Thank you,
Jeri Kauffman
Laconia NH

Sent from [Mail](#) for Windows



Virus-free. www.avg.com

Archived: Tuesday, February 15, 2022 11:56:04 AM

From: [Ken Eyring](#)

Sent: Monday, February 14, 2022 11:18:40 PM

To: ~House Health Human Services and Elderly Affairs

Subject: AS REQUESTED: MY FULL TESTIMONY ASKING FOR SUPPORT OF HB 1379

Importance: Normal

Dear Representatives,

The time allotted to me earlier today to testify in support of HB1379 was cut short, but I am grateful that I was asked to provide my full testimony via email, which you will find below.

HB1379 Testimony

The representatives from DHHS testified that their department believes the best protection against Covid-19 are Covid vaccinations. But the Covid vaccinations do not prevent infection and they do not prevent transmission.

I believe DHHS should be asked to justify their their belief that covid vaccines offer the best protection... especially since the CEO of Pfizer stated in January, that “Two doses of the vaccine offers very limited protection, if any.” In addition, the safety of the vaccines has come into question in multiple countries.

[Sweden and Denmark halted the use of the Moderna vaccination on those 30-and-under due to potential side effects](#). A few days later, [Iceland banned the Moderna vaccine](#) for everyone, and Taiwan has banned the Pfizer vaccine injections in children 5-11 [due to myocarditis issues in vaccinated teens](#).

Dr. Robert Malone, the scientist who invented the mRNA technology has issued warnings about injecting the experimental vaccines into our children. Please watch [this 4:32 video](#) of Dr. Malone explaining the severity of the potential irreparable harm to children.

Due to all of the concerns that have been raised by countries who have banned covid vaccines, as well as Dr. Malone's serious warnings of irreparable damage to children's organs, including their brains, heart, kidneys, liver, immune systems and reproductive systems... it behooves us to seek alternative treatments for Covid – other than vaccine injections.

Safety for our children should be our top most priority.

With that in mind, it is important to note that children are not at risk from Covid-19. To my knowledge, no child has died from Covid-19 in NH. However, the same cannot be said for children who have been vaccinated.

It is also important to note that there are safe, inexpensive and proven alternative treatments for Covid. This committee heard testimony from Dr. Paul Marik on HB1022. Dr. Marik testified to the efficacy of treatments like Ivermectin and HCQ. Both of these medications are on the WHO's list of essential medicines. Both of these medicines are proven safe after decades of use.

Uttar Pradesh in India is one example ([read about it here](#)). Their government used Ivermectin as early and preventatively in all family contacts. It has a population of 241 million people - and they have obliterated the Covid-19 virus by providing Ivermectin as a prophylactic.

Delhi is another example ([read about it here](#)), where Ivermectin was used to obliterate 97 percent of Covid cases.

Ivermectin is also effective against the Omicron variant ([read about it here](#)).

It is unfortunate that use of these safe and proven treatments for Covid-19 has become politicized. When issues become political, it is even more important to have a built in system of checks and balances. That is why the final decision should not be made by bureaucrats - but instead by parents.

In conclusion:

- Children are not at risk of dying from Covid.
- Countries have banned Covid vaccines due to serious side effects for the younger population.
- Experts like Dr. Robert Malone have warned of irreparable harm that could come to children who are injected with an mRNA vaccine.
- There are inexpensive, safe and proven effective treatments that are available for Covid.

Based on all of the above, the only people who should be making a decision as to whether or not a child is vaccinated is that child's parents.

Please support HB1379, which according to testimony from the Prime Sponsor Rep Kofalt, is not intended to alter the authority of DHHS regarding vaccinations other than Covid vaccinations.

Thank you for reading my testimony, and for your service to our state.

Sincerely,

Ken Eyring

Windham

Archived: Tuesday, February 15, 2022 11:56:03 AM
From: [Bryan Richardson](#)
Sent: Tuesday, February 15, 2022 4:39:21 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Thank You for Supporting HB 1379
Importance: Normal

Dear Health, Human Services and Elderly Affairs Committee;

Thank You for supporting HB 1379. The Legislature has sole authority as the lawmaking branch of government to determine what vaccines ought to be required (religious and medical exemptions in other laws would still apply). I am so pleased to see the Legislature take back authority from the executive branch. Authority that doesn't belong to the executive branch.

You are appreciated.

Bryan L Richardson Sr.
Alexandria

Archived: Tuesday, February 15, 2022 11:56:02 AM
From: [Johanna Lawrence](#)
Sent: Tuesday, February 15, 2022 11:40:27 AM
To: ~[House Health Human Services and Elderly Affairs](#)
Subject: In strong support of HB 1379
Importance: Normal

Dear Committee Members,
Please SUPPORT – [HB 1379](#), relative to the department of health and human services' rule-making authority regarding immunization requirements. This bill would remove authority from the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school, and restore the Legislature's sole authority as the lawmaking branch of government to determine what vaccines ought to be required (religious and medical exemptions in other laws would still apply). We cannot have Executive Branch bureaucrats deciding what ought to be law in our state, particularly with something this important; this is a Constitutional authority that should be decided by the Legislature alone. The citizens of NH want the power to pass laws regarding required vaccines restored to the Legislature!
Thank you,
Johanna Lawrence
Rye, NH

The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years — United States, November 2021

Kate R. Woodworth, MD¹; Danielle Moulia, MPH¹; Jennifer P. Collins, MD¹; Stephen C. Hadler, MD¹; Jefferson M. Jones, MD¹; Sujan C. Reddy, MD¹; Mary Chamberland, MD^{1,2}; Doug Campos-Outcalt, MD³; Rebecca L. Morgan, PhD⁴; Oliver Brooks, MD⁵; H. Keipp Talbot, MD⁶; Grace M. Lee, MD⁷; Beth P. Bell, MD⁸; Matthew F. Daley, MD⁹; Sarah Mbaeyi, MD¹; Kathleen Dooling, MD¹; Sara E. Oliver, MD¹

On November 5, 2021, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

The Pfizer-BioNTech COVID-19 (BNT162b2) vaccine is a lipid nanoparticle–formulated, nucleoside-modified mRNA vaccine encoding the prefusion spike glycoprotein of SARS-CoV-2, the virus that causes COVID-19. On August 23, 2021, the Food and Drug Administration (FDA) approved a Biologics License Application (BLA) for use of the Pfizer-BioNTech COVID-19 vaccine, marketed as Comirnaty (Pfizer, Inc.), in persons aged ≥16 years (1). The Pfizer-BioNTech COVID-19 vaccine is also recommended for adolescents aged 12–15 years under an Emergency Use Authorization (EUA) (1). All persons aged ≥12 years are recommended to receive 2 doses (30 µg, 0.3 mL each), administered 3 weeks apart (2,3). As of November 2, 2021, approximately 248 million doses of the Pfizer-BioNTech COVID-19 vaccine had been administered to persons aged ≥12 years in the United States.* On October 29, 2021, FDA issued an EUA amendment for a new formulation of Pfizer-BioNTech COVID-19 vaccine for use in children aged 5–11 years, administered as 2 doses (10 µg, 0.2 mL each), 3 weeks apart (Table) (1). On November 2, 2021, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation† for use of the Pfizer-BioNTech COVID-19 vaccine in children aged 5–11 years for the prevention of COVID-19. To guide its deliberations regarding recommendations for the vaccine, ACIP used the Evidence to Recommendation (EtR) Framework[§] and incorporated a Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach.[¶] The ACIP recommendation for the use of the Pfizer-BioNTech COVID-19 vaccine in children aged 5–11 years under an EUA is interim and will be updated as additional information becomes available. The Pfizer-BioNTech COVID-19 vaccine has high efficacy (>90%) against COVID-19 in children aged 5–11 years, and ACIP determined benefits outweigh risks for vaccination. Vaccination

is important to protect children against COVID-19 and reduce community transmission of SARS-CoV-2.

Since June 2020, ACIP has convened 21 public meetings to review data relevant to the potential use of COVID-19 vaccines, including the Pfizer-BioNTech COVID-19 vaccine.** In addition, the ACIP COVID-19 Vaccines Work Group, comprising experts in infectious diseases, vaccinology, vaccine safety, public health, and ethics, has held weekly meetings to review COVID-19 surveillance data, evidence for vaccine efficacy and effectiveness, safety, and implementation considerations for COVID-19 vaccines. Within the EtR Framework for the Pfizer-BioNTech COVID-19 vaccine for children aged 5–11 years, ACIP considered the importance of COVID-19 as a public health problem, as well as benefits and harms, parents' values and preferences, acceptability, feasibility, resource use, and equity for use of the vaccine among children. After conducting a systematic review of published and unpublished evidence for benefits and harms, the Work Group used the GRADE approach to assess the certainty of evidence for outcomes related to the vaccine, rated on a scale of type 1 (high certainty) to type 4 (very low certainty).†† Work Group conclusions regarding evidence for the Pfizer-BioNTech COVID-19 vaccine were presented to ACIP at a public meeting on November 2, 2021.

The body of evidence regarding immunogenicity, efficacy, and safety of the Pfizer-BioNTech COVID-19 vaccine among children aged 5–11 years was primarily composed of data from one randomized, double-blind, placebo-controlled phase II/III clinical trial that initially enrolled 2,268 participants aged 5–11 years, randomized 2:1 to receive vaccine or saline placebo (1). Interim findings from this clinical trial were based on data from participants with a median follow-up of 3.3 months. Vaccine efficacy was supported by two types of evidence: direct efficacy against symptomatic infection and immunobridging data consisting of neutralizing antibody titers from vaccine recipients aged 5–11 years who received 2 doses of 10 µg each compared with those from vaccine recipients aged 16–25 years who received 2 doses of 30 µg each. Vaccine efficacy was 90.9% (95% CI = 68.3%–98.3%) in preventing symptomatic,

* Accessed November 3, 2021. <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

† On November 2, 2021, ACIP voted 14–0 (with one member absent) in favor of the interim recommendation for use of Pfizer-BioNTech COVID-19 vaccine for persons aged 5–11 years.

§ <https://www.cdc.gov/vaccines/acip/recs/grade/downloads/acip-evidence-recs-framework.pdf>

¶ <https://www.cdc.gov/vaccines/acip/recs/grade/about-grade.html>

** <https://www.cdc.gov/vaccines/acip/meetings/index.html>

†† <https://www.cdc.gov/vaccines/acip/recs/grade>

TABLE. COVID-19 vaccines approved or authorized by the Food and Drug Administration for persons aged <18 years — United States, November 2021*

Age group at vaccination, yrs	Vaccine manufacturer	Vial cap color	Concentration of mRNA per dose	Injection volume	Diluent [†] volume	Doses per vial
5–11	Pfizer-BioNTech	Orange	10 µg	0.2 mL	1.3 mL	10
12–17	Pfizer-BioNTech	Purple	30 µg	0.3 mL	1.8 mL	6

* Both Pfizer-BioNTech COVID-19 vaccines are administered intramuscularly as 2 doses with a recommended interval of 21 days between doses. Additional information regarding each Pfizer-BioNTech formulation (e.g., ingredients and storage conditions) as well as educational materials and information regarding other Food and Drug Administration–approved or -authorized COVID-19 vaccines is available at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.

[†] Diluent for both formulations is 0.9% sterile sodium chloride injection, USP (nonbacteriostatic).

laboratory-confirmed COVID-19 in children aged 5–11 years with or without evidence of previous SARS-CoV-2 infection, based on infection in three vaccine recipients and 16 placebo recipients, none of whom were hospitalized. The measure of immune response to 2 doses of the Pfizer-BioNTech COVID-19 vaccine in children aged 5–11 years without evidence of previous SARS-CoV-2 infection was at least as high as the response observed in persons aged 16–25 years, with a geometric mean ratio for 50% neutralizing antibody titer of 1.04 (95% CI = 0.93–1.18), satisfying the noninferiority criteria.^{§§} Among vaccine recipients aged 5–11 years, reactogenicity symptoms, defined as solicited local injection site or systemic reactions during the 7 days after vaccination, were frequent (86.2% of vaccine recipients reported any local reaction, and 66.6% reported any systemic reaction); the vast majority were mild to moderate. Reactogenicity symptoms were generally less frequent in children aged 5–11 years than in persons aged 16–25 years. Systemic adverse reactions were more commonly reported after the second dose than after the first dose, had a median onset of 1–2 days after vaccination, and resolved in a median of 1–2 days. Severe local and systemic adverse reactions (grade 3 or higher, defined as interfering with daily activity) occurred in 2.7% of vaccine recipients and 1.1% of placebo recipients. Among vaccine recipients who reported any reaction of grade 3 or higher, the most common symptoms were fatigue (0.9%), headache (0.3%), fever (0.8%) and injection site pain (0.6%). Overall, reactions of grade 3 or higher were also more commonly reported after the second dose than after the first dose. The prevalence of related adverse events was lower in children who were seropositive at baseline (two of 133; 1.5%) compared with the prevalence in those who were seronegative at baseline (44 of 1,385; 3.2%); in addition, individual local and systemic reactions were less common in seropositive children. Serious adverse events^{¶¶} were uncommon and occurred with similar frequency among vaccine (0.07%)

^{§§} 1.5-fold noninferiority criterion: lower bound of the two-sided 95% CI for geometric mean ratio >0.67.

^{¶¶} Serious adverse events that were reported in the initial cohort of the trial included a limb fracture in one vaccine recipient and abdominal pain and pancreatitis in one placebo recipient. Serious adverse events that were reported in the expanded safety cohort included infective arthritis (infection of the knee), foreign body ingestion of a penny, and epiphyseal fracture in three children (one each) in the vaccine group.

and placebo (0.10%) recipients, with no statistically significant difference in frequency observed between the two groups. An expanded safety cohort of 2,379 children (including 1,591 vaccine recipients) was added to monitor for serious adverse events, which had a median follow-up of 2.4 weeks after receipt of the second dose. No serious adverse events related to the vaccination were identified in either group, and no specific safety concerns were identified among vaccine recipients aged 5–11 years. A detailed summary of safety data, including information on reactogenicity, is available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/reactogenicity.html>.

From the GRADE evidence assessment, the level of certainty for the benefits of Pfizer-BioNTech COVID-19 vaccination among children aged 5–11 years was type 1 (high certainty) for the prevention of symptomatic laboratory-confirmed COVID-19. Regarding potential harms after vaccination, evidence was type 4 (very low certainty) for serious adverse events because of small sample size and short follow-up time and type 2 (moderate certainty) for reactogenicity for imprecision. No data were available to assess the other GRADE benefits, specifically prevention of hospitalization for COVID-19, prevention of multisystem inflammatory syndrome in children (MIS-C), or prevention of asymptomatic SARS-CoV-2 infection.

Data reviewed within the EtR Framework supported the use of the Pfizer-BioNTech COVID-19 vaccine in children aged 5–11 years. ACIP concluded that COVID-19 in children is a major public health problem. Approximately 1.9 million COVID-19 cases and 8,300 hospitalizations among U.S. children aged 5–11 years had been reported to CDC as of October 10, 2021 (5). As of October 4, 2021, CDC had received reports of 5,217 cases of MIS-C, a severe hyperinflammatory syndrome occurring several weeks after acute SARS-CoV-2 infection; 44% of MIS-C cases have occurred in children aged 5–11 years.^{***} In addition, children aged 5–11 years represent a growing proportion of new COVID-19 cases reported to CDC, accounting for 10.6% of infections for the week of October 10, 2021, although children aged 5–11 years represent 8.7% of the population (4). In addition, children can contribute to transmission of SARS-CoV-2 in households and communities (5,6). A study of residual

^{***} <https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>

sera from commercial laboratories in 47 U.S. jurisdictions estimated the seroprevalence in this age group to be 38% as of September 2021 (7). As of October 14, 2021, the cumulative COVID-19–associated hospitalization rate for children aged 5–11 years over the course of the pandemic was 28.6 per 100,000 population,^{†††} which is similar to the influenza-associated hospitalization rate for the same age group during the 2017–18, 2018–19, and 2019–20 influenza seasons (24.3–31.7 per 100,000 population), despite intensive mitigation efforts in place during the COVID-19 pandemic not present during previous influenza seasons.^{§§§} During January 1, 2020–October 16, 2021, 94 COVID-19–associated deaths among children aged 5–11 years were reported to CDC’s National Center for Health Statistics, representing 1.7% of all deaths in this age group during the same period; COVID-19 ranks as the eighth leading cause of death in this age group (8,9). Post-COVID conditions, a range of new, worsening, or ongoing health problems after SARS-CoV-2 infection, have been reported in children (10). During the 2020–21 school year, an estimated 19,692 school closures occurred in the 50 U.S. states, affecting approximately 12 million students. During August 2–October 22, 2021, approximately 2,350 schools faced COVID-19–related closures, with nearly one half resulting from COVID-19 cases among students (11). Several surveys suggested that 34%–57% of parents intended to have their children vaccinated (11).

Implementation of this vaccine recommendation will require educating providers regarding the different formulation, dose, and volume of vaccine for use in this population to avoid vaccine administration errors. COVID-19 vaccines must be administered according to applicable state and territorial vaccination laws. ACIP determined that use of the Pfizer-BioNTech COVID-19 vaccine among children is a reasonable and efficient allocation of resources. To expand COVID-19 vaccine access, additional considerations should be given to demographic groups that have experienced disproportionate COVID-19 morbidity and mortality, as well as those with barriers to routine health care (e.g., members of certain racial/ethnic groups and those living in a rural or frontier area, experiencing homelessness, with a disability, or lacking health insurance). Children from racial and ethnic minority groups have experienced a disproportionately high incidence of COVID-19 as well as secondary impacts of the COVID-19 pandemic such as reduced in-person learning (12). Providing rapid and equitable access to COVID-19 vaccines for children will necessitate increasing the enrollment of pediatric health care providers into the COVID-19 vaccination program, using the broad geographic accessibility of pharmacies, and

expanding school-focused strategies to ensure vaccination opportunities for a diverse population, as well as engagement with community leaders, pediatric health care providers, and parents or guardians.

The GRADE evidence profile, which provides details on the identification and assessment of relevant evidence, and EtR-supporting evidence are available at <https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-pfizer-age-5-11-eua.html> and <https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-pfizer-age-5-11-eua-etr.html>. Additional clinical considerations are available at <https://www.cdc.gov/vaccines/covid-19/info-by-manufacturer/pfizer/clinical-considerations.html>.

ACIP reviewed the balance of benefits and risks regarding vaccination of children aged 5–11 years, considering evidence around both known and potential benefits and risks. Myocarditis is a rare adverse event that has been reported after receipt of mRNA COVID-19 vaccines (13). The observed risk is highest in males aged 12–29 years.^{***} No cases of myocarditis were reported among 3,082 trial participants aged 5–11 years with ≥7 days of follow-up after receipt of dose 2, although the study was not powered to assess the risk for myocarditis (1). The baseline (before the COVID-19 pandemic) risk for myocarditis is much higher in adolescents aged 12–17 years than in children aged 5–11 years.^{****} Therefore, myocarditis after receipt of an mRNA COVID-19 vaccine by adolescents might not predict risk for myocarditis in younger children. Regardless of seropositivity rates, ACIP determined that the benefits of COVID-19 vaccination outweigh the known and potential risks. Vaccination after infection significantly enhances protection and further reduces risk for reinfection;^{††††} no concerns have been identified in postauthorization safety surveillance associated with vaccination of seropositive persons aged ≥12 years. Children can experience significant morbidity, such as MIS-C and post-COVID sequelae, after mild or asymptomatic infection (7). Further, Delta-wave surges of pediatric COVID-19 hospitalizations occurred even with a significant proportion of children who were seropositive at that time (7). **After assessing the balance of benefits and risks for COVID-19 vaccination in children aged 5–11 years, ACIP made an interim recommendation for vaccination in this population as authorized under the EUA.**

The interim recommendation and clinical considerations are based on use of the Pfizer-BioNTech COVID-19 vaccine under an EUA and might change as more evidence becomes available. Before vaccination, the EUA Fact Sheet should be

^{***} <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-10-20-21/07-COVID-Su-508.pdf>

^{****} <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-11-2-3/04-COVID-Oster-508.pdf>

^{††††} <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/vaccine-induced-immunity.html>

^{†††} https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html

^{§§§} <https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>

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Voting members of the Advisory Committee on Immunization Practices (in addition to listed authors): Kevin A. Ault, University of Kansas Medical Center; Lynn Bahta, Minnesota Department of Health; Wilbur Chen, University of Maryland School of Medicine; Sybil Cineas, Warren Alpert Medical School of Brown University; James Loehr, Cayuga Family Medicine; Sarah Long, Drexel University College of Medicine; Veronica V. McNally, Franny Strong Foundation; Katherine A. Poehling, Wake Forest School of Medicine; Pablo J. Sánchez, The Research Institute at Nationwide Children's Hospital. Members of the Advisory Committee on Immunization Practices COVID-19 Vaccines Work Group: Edward Belongia, Center for Clinical Epidemiology & Population Health, Marshfield Clinic Research Institute; Henry Bernstein, Zucker School of Medicine at Hofstra/Northwell Cohen Children's Medical Center; Dayna Bowen Matthew, George Washington University Law School; Uzo Chukwuma, Indian Health Service; Marci Drees, Society for Healthcare Epidemiology of America; Jeffrey Duchin, Infectious Diseases Society of America; Kathy Kinlaw, Center for Ethics, Emory University; Doran Fink, Food and Drug Administration; Sandra Fryhofer, American Medical Association; Jason M. Goldman, American College of Physicians; Michael Hogue, American Pharmacists Association; Denise Jamieson, American College of Obstetricians and Gynecologists; Jeffery Kelman, Centers for Medicare & Medicaid Services; David Kim, U.S. Department of Health and Human Services; Susan Lett, Council of State and Territorial Epidemiologists; Kendra McMillan, American Nurses Association; Kathleen Neuzil, Center for Vaccine Development and Global Health, University of Maryland School of Medicine; Sean O'Leary, American Academy of Pediatrics; Christine Oshansky, Biomedical Advanced Research and Development Authority; Stanley Perlman, Department of Microbiology and Immunology, University of Iowa; Marcus Plescia, Association of State and Territorial Health Officials; Chris Roberts, National Institutes of Health; José R. Romero, Arkansas Department of Health; William Schaffner, National Foundation for Infectious Diseases; Rob Schechter, Association of Immunization Managers; Kenneth Schmader, American Geriatrics Society; Bryan Schumacher, Department of Defense; Peter Szilagyi, University of California, Los Angeles; Jonathan Temte, American Academy of Family Physicians; Matthew Tunis, National Advisory Committee on Immunization Secretariat, Public Health Agency of Canada; Matthew Zahn, National Association of County and City Health Officials; Rachel Zhang, Food and Drug Administration.

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Summary

What is already known about this topic?

On October 29, 2021, the Food and Drug Administration granted Emergency Use Authorization for the Pfizer-BioNTech COVID-19 vaccine for children aged 5–11 years.

What is added by this report?

On November 2, 2021, after a systematic review of available data, the Advisory Committee on Immunization Practices made an interim recommendation for use of the Pfizer-BioNTech COVID-19 vaccine in children aged 5–11 years in the United States for prevention of COVID-19.

What are the implications for public health practice?

The Pfizer-BioNTech COVID-19 vaccine has high efficacy (>90%) against COVID-19 in children aged 5–11 years, and benefits outweigh risks for vaccination. Vaccination is important to protect children against COVID-19 and reduce community transmission of SARS-CoV-2.

provided to parents or guardians. ACIP will continue to review additional data as they become available; updates to recommendations or clinical considerations will be posted on the ACIP website (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>).

Reporting of Vaccine Adverse Events

FDA requires that vaccination providers report vaccination administration errors, serious adverse events, cases of multisystem inflammatory syndrome, and cases of COVID-19 that result in hospitalization or death after administration of COVID-19 vaccine under an EUA (*1*). Adverse events that occur after receipt of any COVID-19 vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Information on how to submit a report to VAERS is available at <https://vaers.hhs.gov/index.html> or 1-800-822-7967. Any person who administers or receives a COVID-19 vaccine (or their parent or guardian) is encouraged to report any clinically significant adverse event, whether or not it is clear that a vaccine caused the adverse event. In addition, CDC has developed a new, voluntary smartphone-based online tool (v-safe) that uses text messaging and online surveys to provide near real-time health check-ins after receipt of a COVID-19 vaccine. Parents or guardians can register their children in v-safe and complete the health surveys on their behalf. CDC's v-safe call center follows up on reports to v-safe that include possible medically significant health events to collect additional information for completion of a VAERS report. Information on v-safe is available at <https://www.cdc.gov/vsafe>.

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. H. Keipp Talbot reports institutional grants from the National Institutes of Health. No other potential conflicts of interest were disclosed.

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CHAPTER He-C 6400 PROGRAM AND SERVICE INFORMATION

Readopt with amendment He-C 6446, effective 2-21-15 (Document #10788), to read as follows:

PART He-C 6446 FOSTER FAMILY CARE LICENSING REQUIREMENTS

He-C 6446.01 Scope. The foster family care licensing requirements in He-C 6446 shall apply to applicants, licensed foster parents, household members of the licensed home, child care agencies, child-placing agencies, and licensing agencies.

He-C 6446.02 Purpose. Foster family care licensing requirements set a foundation for what environmental and personal factors are necessary to assure the safety, permanency, and well-being of a child who has been removed from his or her parent(s). Children enter foster family care as a result of circumstances to which they have been exposed. The foster family care licensing requirements support the safety, permanency, and well-being of children by screening and providing support to foster family care applicants to reduce the risk a child being exposed to circumstances that might further trauma experienced by the child. The foster family care licensing requirements support the responsibilities and abilities of a foster parent to provide the child with the most family like experience and inclusion in normal childhood activities to help him or her reach to his or her fullest potential.

He-C 6446.03 Definitions.

(a) “Applicant” means a person who is applying or has applied for a foster family care license or permit.

(b) “Case manager” means the employee of the child-placing agency who is responsible for the management of the child in care.

(c) “Case plan” means the written plan developed by the staff of the division for children, youth and families (DCYF) with the involved family, pursuant to RSA 170-G:4, III, 42 U.S.C. 671, and 42 U.S.C. 675.

(d) “Central registry” means the state registry of child abuse and neglect reports maintained by the department pursuant to RSA 169-C:35.

(e) “Child” means:

(1) “Child” as defined in RSA 170-E:25, I, namely “any person under 21 years of age.” The term includes “youth”; or

(2) For the purposes of compliance with RSA 126-U, “child” as defined in RSA 126-U:1, I, namely, “a person who has not reached the age of 18 years and who is not under adult criminal prosecution or sentence of actual incarceration resulting therefrom, either due to having reached the age of 17 years or due to the completion of proceedings for transfer to the adult criminal justice system under RSA 169-B:24, RSA 169-B:25, or RSA 169-B:26. ‘Child’ also includes a person in actual attendance at a school who is less than 22 years of age and who has not received a high school diploma.” The term includes “youth.”

(f) “Child care agency” means “child care agency” as defined in RSA 170-E:25, II, namely “any person, corporation, partnership, voluntary association or other organization either established for profit or

otherwise, who regularly receives for care one or more children, unrelated to the operator of the agency, apart from the parents, in any facility as defined in RSA 170-E and maintained for the care of children.”

(g) “Child in care” means a child who is placed in a foster family home.

(h) “Child-placing agency” means “child-placing agency” as defined in RSA 170-E:25, IV, namely “any firm, corporation or association which:

(1) Receives any child for the purpose of providing services related to arranging for the placement of children in a foster family home, group home, or child care institution; or

(2) Receives any child for the purpose of providing services related to arranging for the placement of children in adoption.”

(i) “Child protective service worker (CPSW)” means an employee of DCYF who has expertise in managing cases to ensure families and children achieve safety, permanency and well-being referred to the department pursuant to RSA 169-C, RSA 170-B, RSA 170-C, and RSA 463.

(j) “Criminal records” means records of criminal convictions maintained by or accessible through the New Hampshire state police, or the equivalent authority within another state.

(k) “Department” means the New Hampshire department of health and human services.

(l) “Division for children, youth and families (DCYF)” means the organizational unit of the department that provides services to children and youth referred by courts pursuant to RSA 169-A, RSA 169-B, RSA 169-C, RSA 169-D, RSA 170-B, RSA 170-C, RSA 170-H, and RSA 463.

(m) “Foster family home” means “foster family home” as defined in RSA 170-E:25, II(a)(1), namely, “child care in a residence in which family care and training are provided on a regular basis for no more than 6 unrelated children, unless all the children are of common parentage. The maximum of 6 children includes the children living in the home and children received for child care who are related to the residents.”

(n) “Foster parent” means an individual who has a license or permit for foster family care.

(o) “Health care” means medical, dental, and psychiatric diagnostic and treatment services.

(p) “Home study” means the written assessment and evaluation of the foster family home and the household conducted as part of the application process.

(q) “Home visit” means announced or unannounced meetings with the foster family in the foster family home.

(r) “Household member” means any individual who resides in the foster family home or might reside there during any time that there is a child in care.

(s) “Initial license” means the first license issued for foster family care.

(t) “In-service training” means competency-based courses in child care, child development, and other related topics that are required of foster parents pursuant to He-C 6446.20.

(u) “Juvenile probation and parole officer (JPPO)” means an employee of DCYF who exercises the powers and duties established by RSA 170-G:16, and supervises paroled delinquents pursuant to RSA 170-H.

(v) “License” means an authorization to operate a foster family home as defined in RSA 170-E:25, II(a), in accordance with RSA 170-E, and the foster family care licensing requirements in He-C 6446.

(w) “Licensing agency” means DCYF or a child-placing agency as defined in (k)(1) above which is licensed in accordance with He-C 6448.

(x) “Order to comply” means a written citation provided by the licensing agency to a foster family care provider that identifies a violation of the rules and requires a corrective action plan to correct the violation within a specified timeframe.

(y) “Parent” means “parent” as defined in RSA 169-C:3, XXI, namely “mother”, “father”, “adoptive parent”, but such term shall not include a parent as to whom the parent-child relationship has been terminated by judicial decree or voluntary relinquishment.”

(z) “Permit” means a temporary authorization to operate a foster family home as defined in RSA 170-E:25, II(a), for a period not to exceed 6 months in accordance with RSA 170-E and He-C 6446 upon completion of the necessary licensing inspections, per RSA 170-E:31, V.

(aa) “Perpetrator” means a person against whom a finding of abuse or neglect has been made.

(ab) “Pre-licensing training” means the educational programs for applicants provided by the licensing agency in accordance with He-C 6446.12.

(ac) “Reasonable and prudent parent standard” means the federal standard in section 475(10)(A) of the Social Security Act characterized by careful and sensible parental decisions made by a caregiver for a child in foster care, that maintain the health, safety, and best interests of the child or youth while encouraging normalcy and the emotional and developmental growth of the child through participation in extracurricular, enrichment, cultural, and social activities.

He-C 6446.04 Requirements for Applicants for a Foster Family Care License.

(a) Any person, regardless of race, sex, religion, ethnicity, marital status, sexual orientation, national origin, or physical or mental disability, may apply for a foster family care license.

(b) The applicant, or at least one applicant if more than one person is applying together, shall:

- (1) Be a legal resident of the state of New Hampshire;
- (2) Be at least 21 years of age as of the date of the application;
- (3) Have sufficient income to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in care;
- (4) Be able to communicate with the child, DCYF, and health care providers and service providers;
- (5) Have a high school diploma or its equivalent;
- (6) Have functional literacy, such as having the ability to read medication labels; and
- (7) If the applicant will transport children in care, show proof of:

- a. Possession of a valid New Hampshire driver's license;
- b. Possession of an automobile that has a current and valid state inspection; and
- c. Possession of automobile liability insurance.

(c) A full application must be submitted by the applicant as described in He-C 6446.06 or a full renewal application as described in He-C 6446.15.

(d) Prior to the issuance of a license, the applicant and all household members shall:

- (1) Reside in a home that complies with the foster home requirements set forth in He-C 6446.09;
- (2) Meet with representatives of the licensing agency as required by He-C 6446.10;
- (3) Participate in the preparation of the home study as required in He-C 6446.11; and
- (4) Complete pre-licensing training as required by He-C 6446.12.

(e) The applicant and all household members 18 years of age or older shall not have been convicted of a felony or other crime as described in He-C 6446.28(b)(1)-(3).

(f) Through compliance with the requirements of He-C 6446.04 and He-C 6446.06 – 6446.12, prior to the issuance of a license, each applicant shall demonstrate his or her ability to:

- (1) Provide a child in care with a safe, nurturing, and stable family environment, which is free from abuse and neglect;
- (2) Provide for the basic needs of a child in care, including those for food, clothing, shelter, and supervision;
- (3) Assure, in conjunction with the child-placing agency, that a child in care receives routine and emergency medical and dental care, and mental health care;
- (4) Honor and uphold the foster care children's bill of rights codified in RSA 170-G:20-21;
- (5) Promote the physical, mental, educational, and emotional development of a child in care;
- (6) Show respect for the linguistic, ethnic, spiritual, and cultural background of a child in care;
- (7) Accept the relationships of a child in care with his or her parents, family members, DCYF, the licensing agency, and other individuals identified by the child and family as being a supportive and positive resource for the child through a relative, social, educational, or community relationship;
- (8) Assist a child in care in handling stressful situations and trauma frequently associated with placement in foster care, including:
 - a. Removal from the parents' home;
 - b. Placement in a new home environment;
 - c. Visitation with parents and siblings; and
 - d. Return to the parents' home or placement in other substitute care;

- (9) Manage the stressful situations that might develop in the foster home or with the foster family, as the result of the placement of a child in care;
- (10) Accept the temporary nature of foster family care and the likelihood that the child in care will, pursuant to the child's case plan, return to his or her parent(s) or be placed in a permanent placement;
- (11) Work cooperatively with DCYF or the child-placing agency in implementing the case plan for the child in care;
- (12) Respect the legal rights and responsibilities of the parents of the child in care;
- (13) Complete the pre-license training required by He-C 6446.12;
- (14) Complete the in-service training required by He-C 6446.20 for the applicant's foster family care license renewal, as applicable;
- (15) Discipline a child in care in a safe, non-threatening, and instructive manner that complies with He-C 6446.22; and
- (15) Demonstrate freedom from physical, mental, or emotional illness that would substantially impair the applicant's ability to comply with the requirements of He-C 6446 for the care of children in care.

He-C 6446.05 Requirements for Issuance of a Foster Family Care Permit.

- (a) The department shall issue a permit to any person pursuing a license for foster family care whose services have been identified as needed by the department, while the applicant is completing the licensing requirements, pursuant to RSA 170-E:31, V. The permit shall not exceed 6 months.
- (b) The following shall be completed and submitted prior to the issuance of a permit:
 - (1) The Form 1720 "Fire Department Inspection – One and Two Family Dwelling" (March 2020 edition) or Form 1720A "Fire Department Inspection – Apartment Building" (March 2020 edition) as applicable, identified in He-C 6446.09(f);
 - (2) The Form 1721 "Home Health Inspection" (March 2020 edition) identified in He-C 6446.09(g);
 - (3) Criminal record checks as described in He-C 6446.07, for each household member as appropriate based on age, such that:
 - a. A criminal records search is completed with state and local law enforcement agencies, if 18 years of age or older;
 - b. A Federal Bureau of Investigations fingerprint record check, if 18 years of age or older;
 - c. A review of any history of involvement with the local law enforcement agency where the applicant resides; and
 - d. A review of the New Hampshire department of safety's division of state police "Registration of Criminal Offenders" for each household member, regardless of age; and
 - (4) A central registry check as specified in He-C 6446.08 for each household member 18 years or older.

(c) A permit shall be terminated if the department determines that the permittee has failed to continue to seek full licensure as a foster family care provider.

(d) A permit shall be converted to a license upon completion of licensing requirements identified in He-C 6446.04. The duration of a license issued to a permittee shall be inclusive of the duration of the permit.

He-C 6446.06 Application for License.

(a) The applicant shall complete and submit an application packet that includes the following:

- (1) The completed Form 1715 “Application for Foster Family Care License” (March 2020 edition);
 - (2) The Form 1720 “Fire Department Inspection – One and Two Family Dwelling” (February 2020 edition) or Form 1720A “Fire Department Inspection – Apartment Building” (February 2020 edition) as applicable, completed in accordance with He-C 6446.09(f);
 - (3) The Form 1721 “Home Health Inspection” (March 2020 edition) completed in accordance with He-C 6446.09(g);
 - (4) The completed Form 1717 “Local Law Enforcement Check” (March 2020 edition) and the applicable Criminal History Record Information form as identified in Table 5700-1 in Saf-C 5703, authorizing the licensing agency to conduct a criminal records check and local law enforcement check for:
 - a. The foster parent requesting renewal; and
 - b. All household members 18 years or older;
 - (5) A completed Form 2501 “NH Child Abuse and Neglect Central Registry Name Search Authorization Release of Information to Third Party” (March 2020 edition) authorization for the licensing agency to conduct a central registry check for:
 - a. The foster parent requesting renewal; and
 - b. All household members 18 years or older; and
 - (6) For those applicants and household members 18 years of age or older who have lived outside the state of New Hampshire within the past 5 years of application:
 - a. The results of a state criminal history records search for each state resided in, as required by He-C 6446.07; and
 - b. The results of the child abuse and neglect registries for each state resided in, as required by He-C 6446.08.
- (b) Each applicant and adult caregiver shall provide the following autobiographical information:
- (1) A description of the applicant’s physical and mental health;
 - (2) A brief history of the applicant’s childhood and family background including identification of family members, noting those family members with whom the applicant had a close

- relationship, and a description of the interactions between family members;
- (3) A description of the methods of discipline used in the applicant's family;
 - (4) The applicant's childhood memories of enjoyable periods of time, events, and positive relationships;
 - (5) The applicant's present contacts with family members;
 - (6) The educational background, including highest degree attained, and areas of training and expertise;
 - (7) The employment history for the last 5 years;
 - (8) A description of the applicant's marital status and history, including previous marriages and divorces, if applicable;
 - (9) A description of the applicant's experience, if any, caring for children with special needs;
 - (10) A description of criminal convictions and domestic violence petitions or restraining orders, if any;
 - (11) A description of the foster home and the neighborhood where the applicant(s) resides;
 - (12) A description of life in the applicant foster home, including the routine for housekeeping chores, and identification of any pets in the home, if applicable;
 - (13) A description of the way in which the members of the applicant foster family:
 - a. Solve problems;
 - b. Settle disputes;
 - c. Show love and affection;
 - d. Show anger;
 - e. Show sadness; and
 - f. Share household chores;
 - (14) A description of the family activities of the applicant foster family;
 - (15) A description of the expectations, hopes, and fears of the applicant foster family; and
 - (16) The applicant's history of parenting other people's children.
- (c) An application is complete upon submission of the application packet in (a) above, the autobiographical information in (b) above, and the following:
- (1) Form 1722 "Medical Information Statement" (March 2020 edition) completed by a physician or nurse practitioner, for each applicant and each household member, submitted by either the applicant or the completing physician or nurse practitioner;
 - (2) Form 1728 "Pre-Adoptive/Foster Family Care Financial Statement" (March 2020 edition);
 - (3) The names and contact information for 5 references, in accordance with the following:

- a. Each reference shall be a person who has known the applicant(s) for more than one year;
 - b. Of the 5 references, no more than one shall be from a person related to the applicant(s) by blood or marriage;
 - c. All 5 references shall be positive in order to constitute a complete application for licensure; and
 - d. All references received shall become a permanent part of the foster home record and as such may be transferred to another child-placing agency if applicable; and
- (4) For any foster home in which the applicant is not homeowner, a letter of good standing must be obtained and submitted from the proprietor of the property or his or her designee.

(d) If the information provided on the “Medical Information Statement” is incomplete or contradictory to other information provided by the applicant and the applicant is unable to provide information to resolve the conflict, the licensing agency shall require that the applicant or household member obtain a medical or psychological evaluation.

(e) Upon the request of the licensing agency, the applicant shall provide additional information and references if more information is required to assess the character and abilities of the applicant.

(f) A licensing agency that is not DCYF shall use the forms described in this section, except that they may alter the forms by adding the agency’s name, logo, and contact information.

He-C 6446.07 Criminal Records Check.

(a) The applicant and all household members 18 years old or older shall be subject to a criminal records search through the New Hampshire state and local police, and through all other states in which the individual has resided for the preceding 5 years.

(b) The applicant(s) and all household members 18 years old or older shall be subject to a Federal Bureau of Investigation fingerprint record check.

(c) The applicant shall submit a completed Form 1717 “Local Law Enforcement Check” (March 2020 edition) for the applicant and all household members, authorizing a review of any history of involvement with the local law enforcement agency where the applicant and all household members reside.

(d) The applicant and all household members shall be subject to a review of the New Hampshire department of safety’s division of state police “Registration of Criminal Offenders” by accessing the URL “<http://business.nh.gov/nsor/> (complete demographic fields; click search)”, regardless of age.

(e) The licensing agency shall examine and consider all documentation and reports received through (a)-(d) above regarding any involvement and/or convictions of an applicant, or household member for its impact on licensure in accordance with He-C 6446.28(b).

He-C 6446.08 Abuse and Neglect Registry Check.

(a) The applicant and all household members 18 years of age or older shall submit a completed Form 2501 “NH Child Abuse and Neglect Central Registry Name Search Authorization Release of Information to Third Party” (March 2020 edition) to DCYF to conduct the central registry check.

(b) Those applicants and household members 18 years of age or older who have lived outside the state of New Hampshire within the past 5 years of application shall be subject to a child abuse and neglect registry check in each state they have resided in the past 5 years.

(c) The licensing agency shall receive the results of the central registry check, and the out-of-state child abuse and neglect registry checks as applicable.

(d) A licensing agency shall request the applicant to provide further information regarding a positive registry match to review any implications of the information with the applicant and determine its impact on licensure in accordance with He-C 6446.28(a).

He-C 6446.09 Foster Home Requirements for the Physical Environment.

(a) The foster home shall be constructed, arranged, maintained, and furnished to provide for the health and safety of household members and all children in care.

(b) The foster home shall:

(1) Include a minimum of one indoor bathroom for every 8 persons in the household, which includes:

- a. A toilet;
- b. A sink;
- c. A bathtub or shower; and
- d. A door equipped with a latch for privacy;

(2) Include at least one phone available in the home for incoming and outgoing calls, that is made accessible to the child in care for personal calls;

(3) Provide for the privacy for all household members and children in care;

(4) Provide a separate bed for each child in care;

(5) Prohibit any household member from co-sleeping or bed sharing with any child;

(6) Include a bedroom separate from adults for each child in care who is older than one year;

(7) Provide a bedroom separate from children of the opposite gender who are over age 5;

(8) Provide adequate bedding for each child in care;

(9) Provide space for clothing and personal possessions;

(10) Provide a barrier free access to the home and inside the home for each child in care who has physical and medical needs, as applicable; and

(11) Provide basic first aid supplies including at a minimum bandages and antiseptic cleanser.

(c) At the time of the first home visit the applicant shall inform the licensing agency if the applicant or other household member possesses any weapons or firearms.

(d) If the applicant or any household member possesses any weapons or firearms, the following safeguards shall be made:

- (1) All weapons and firearms in the foster home shall be kept in a locked cabinet, storage container, or be secured with trigger locks;
 - (2) Ammunition, projectiles such as arrows, and attachments such as bayonets kept in the foster home shall be stored and locked separately from the weapon or firearm; and
 - (3) All weapons and firearms shall be secured and inaccessible when carried in a vehicle operated by a foster parent or other household member in which children in care are transported.
- (e) If the applicant has a swimming pool, the applicant shall maintain a life saving device such as a ring buoy in proximity of the swimming pool.
- (f) The applicant shall have a fire inspection of the home conducted, as follows:
- (1) The applicant shall arrange for the fire inspection of the home with the local fire inspector;
 - (2) The applicant shall complete the top section of Form 1720 “Fire Department Inspection – One and Two Family Dwelling” (March 2020 edition) if the applicant lives in a building with no more than 2 individual dwellings or Form 1720A “Fire Department Inspection – Apartment Building” (March 2020 edition) if the applicant lives in a building with 3 or more individual dwellings, to include date, district office information, and foster family residence and contact information; and
 - (3) Upon conducting the inspection, the fire inspector shall complete the rest of Form 1720 or Form 1720A, as applicable, and send a copy to the district office indicated on the form.
- (g) The applicant shall have a home health inspection of the home conducted, as follows:
- (1) The applicant shall arrange for the health inspection of the home with the local health officer;
 - (2) The applicant shall complete the top section of Form 1721 “Home Health Inspection” (March 2020 edition) to include date, district office information, and foster family residence and contact information, and shall sign the form; and
 - (3) Upon conducting the inspection, the local health officer shall complete the rest of Form 1721 and send a copy to the district office indicated on the form.
- (h) The applicant shall complete Form 1723 “Insurance and Safety Verification” (March 2020 edition) and submit to the district office.
- (i) The applicant must have a written emergency evacuation plan reviewed with all household members and posted in a prominent location in the home.
- (j) The applicant must have a comprehensive list of emergency telephone numbers, including poison control posted in a prominent location in the home.

He-C 6446.10 Home Visits.

(a) The applicant and all household members shall meet in the foster home with representatives of the licensing agency at least once prior to the issuance of a permit and at least twice prior to the issuance of a license for a sufficient amount of time to allow representatives of the licensing agency to evaluate the foster home and assess the abilities of the applicant.

(b) The applicant or licensee shall admit representatives of the licensing agency into the foster home for all visits, including, but not limited to, annual monitoring visits and complaint investigations.

(c) The licensee shall admit representatives of the child-placing agency into the foster home for all visits and supervision of any child placed in the home.

He-C 6446.11 Home Study. The applicant and all household members shall cooperate with the licensing agency during the home study and family assessment process.

He-C 6446.12 Pre-Licensing Training.

(a) Prior to the issuance of an initial license, the applicant shall attend in its entirety pre-licensing training required by DCYF as described in (b) below, except as allowed in (c) and (d) below.

(b) The pre-licensing training referenced in (a) above shall consist of a total of at least 30 hours of training, which includes, but is not limited to:

- (1) An orientation to the foster care system;
- (2) A review of the laws and regulations pertaining to foster care;
- (3) The impact of trauma on child growth and development;
- (4) Understanding grief and loss;
- (5) Maintaining family connections, including with birth parents;
- (6) The guidance and positive discipline of children;
- (7) Implementation of the reasonable and prudent parent standards;
- (8) The impact of sexual abuse and maintaining a safe environment;
- (9) First aid and cardiopulmonary resuscitation (CPR); and
- (10) Medication administration.

(c) An applicant who has held a valid foster family care license within the past 4 years in New Hampshire shall be exempt from completing the pre-licensing training in (b) above on those topics for which the curriculum has not changed since the applicant last completed the training.

(d) An applicant who has held a valid foster family care license within the past 4 years in any other state shall be exempt from completing the pre-licensing training in (b) above on those topics for which the applicant demonstrates completion of training on a curriculum with like competencies.

He-C 6446.13 Submission of Applications by Employees of Licensing Agencies.

(a) Persons employed by DCYF who wish to obtain a license shall apply to a child-placing agency other than DCYF that is licensed to issue foster family home licenses.

(b) Persons employed by a child-placing agency who wish to obtain a license shall apply to DCYF or a child-placing agency other than the agency where the person is employed, that is licensed to issue foster family home licenses.

(c) Upon issuance of the license, the licensing agency shall be responsible for the supervision and monitoring of the licensed foster family home.

(d) Supervision of the child's placement shall be provided by a child-placing agency or district office other than where the staff are employed.

He-C 6446.14 License and Permit Requirements.

(a) A license or permit for foster family care shall be issued for a specific number, age range, and gender of children in care.

(b) The foster family care license or the foster family care permit shall include the following information:

- (1) The first and last names of the foster parents;
- (2) The physical address of the foster parents;
- (3) The period of the license or permit;
- (4) The age range of the children in care who may be placed in the foster home;
- (5) The total number of children in care who may be placed in the foster home;
- (6) The total number of male children in care who may be placed in the foster home;
- (7) The total number of female children in care who may be placed in the foster home;
- (8) The date of issuance; and
- (9) The signature of the director of DCYF.

(c) A foster family home with 2 licensed foster parents shall provide care and supervision to no more than 6 children under the age of 21, inclusive of:

- (1) The total number of children in care placed in the foster home;
- (2) The number of foster family's birth and adopted children;
- (3) Children in respite care; and
- (4) The number of other children residing in the foster home on a regular, 24-hour basis.

(d) A foster family home with one licensed foster parent shall provide care and supervision to no more than 4 children under the age of 21, inclusive of:

- (1) The total of the number of children in care placed in the foster home;
- (2) The number of the foster family's birth and adopted children;
- (3) Children in respite care; and
- (4) The number of other children residing in the foster home on a regular, 24-hour basis.

(e) Exceptions to (c) and (d) above shall be made in accordance with RSA 170-E:25, II(a)(2), if the foster family is willing and able to take a sibling or a group of siblings of a child already in their care, and the department has concluded that the foster family is able to provide for the safety, permanency, and well-being of the child or children.

(f) The foster family care provider shall provide care and supervision for no more than 2 children in care at any one time who are under the age of 2 years, unless the children are related by blood or marriage.

(g) Each foster parent providing care shall be a full-time resident of the foster home.

(h) Each foster parent and household member must meet the physical health eligibility criteria set by the National Model Foster Family Home Licensing standards as follows:

(1) For any foster parent seeking to provide care to a child under 6 years old, or a child with special medical needs, All children who are household members shall be up to date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child's health as documented by a licensed health care professional;

(2) For any foster parent seeking to provide care to a child age 6 and over, unless a child who is a household member has received an exemption from the vaccination requirement pursuant to RSA 141-C:20-c, all children shall be up to date on immunizations consistent with He-P 301.14 (b)(1)-(6).

(3) All household members who will be caregivers of infants shall be up-to-date for pertussis (whooping cough) vaccine, unless the immunization is contrary to the individual's health as documented by a licensed health care professional; and.

(34) All household members who will be caregivers of infants and children with special medical needs shall be up-to-date for an annual influenza vaccine, unless the immunization is contrary to the individual's health as documented by a licensed health care professional.

(i) Special medical needs of a child in care, ~~such that all caregivers shall be vaccinated for influenza,~~ are determined by the child in care's physician licensed under RSA 329 in consideration of ~~based on~~ the Center for Disease Control's specified high-risk conditions susceptible to complications if exposed to influenza as detailed at the URL "<https://www.cdc.gov/flu/highrisk/index.htm>" ~~and include:~~

~~(1) Asthma;~~

~~(2) Neurologic and neurodevelopment conditions;~~

~~(3) Blood disorders;~~

~~(4) Chronic lung disease;~~

~~(5) Endocrine disorders;~~

~~(6) Heart disease;~~

~~(7) Kidney disorders;~~

~~(8) Liver disorders;~~

~~(9) Metabolic disorders;~~

~~(10) Children who are obese with a body mass index of 40 or higher;~~

~~(11) Children under 19 years of age and on long term aspirin or salicylate containing medications; and~~

~~(12) Children with a weakened immune system due to disease or medications.~~

(j) A permit for family foster care shall be valid for a period up to 6 months from the date issued.

(k) A license for family foster care shall be valid for a period of up to 2 years from the date issued, however, the expiration date shall not be later than 2 years from the date of the fire inspection report, the criminal history records checks, or the abuse and neglect registry checks, whichever is earliest.

(l) A permit for foster family care shall be subject to conditions established by the department that are necessary to promote the health and safety of the child in care.

(m) A foster parent with valid licensure to provide child day care service shall be approved to provide child day care services for children in care only when the ratio of children in care to other children receiving child day care service in the home is at least one to one.

(n) The foster family care licensee shall maintain the applicant requirements outlined in He-C 6446.04.

He-C 6446.15 Renewal of a Foster Family Care License.

(a) Pursuant to RSA 170-E:32, a foster parent shall file for renewal of the license 3 months prior to the expiration date of the license.

(b) A renewal packet shall be submitted including the following:

(1) An updated Form 1715 “Application for Foster Family Care License” (March 2020 edition);

(2) Form 1720 “Fire Department Inspection – One and Two Family Dwelling” (March 2020 edition) or Form 1720A “Fire Department Inspection – Apartment Building” (March 2020 edition) as applicable, completed in accordance with He-C 6446.09(f);

(3) A completed Form 1717 “Local Law Enforcement Check” (March 2020 edition) and the applicable Criminal History Record Information form as identified in Table 5700-1 in Saf-C 5703, authorizing the licensing agency to conduct a criminal records check and local law enforcement check for:

a. The foster parent requesting renewal; and

b. All household members 18 years or older;

- (4) A completed Form 2501 “NH Child Abuse and Neglect Central Registry Name Search Authorization Release of Information to Third Party” (March 2020 edition) authorization for the licensing agency to conduct a central registry check for:
 - a. The foster parent requesting renewal; and
 - b. All household members 18 years or older; and
 - (5) For those applicants and household members 18 years of age or older who have lived outside the state of New Hampshire within the past 5 years of application:
 - a. The results of a state criminal history records search for each state resided in, as required by He-C 6446.07; and
 - b. The results of the child abuse and neglect registries for each state resided in, as required by He-C 6446.08.
- (c) A renewal application is complete upon submission of the renewal packet in (b) above and the following:
- (1) An updated Form 1722 “Medical Information Statement” (March 2020 edition) for each applicant and each household member, submitted by either the applicant, or the physician or nurse practitioner;
 - (2) An updated Form 1728 “Pre-Adoptive/Foster Family Care Financial Statement” (March 2020 edition). described in He-C 6446.06(g);
 - (3) An updated Form 1723 “Insurance and Safety Verification” (March 2020 edition) described in He-C 6446.09(h);
 - (4) A list of in-service trainings completed since the date the license was issued, including:
 - a. The title of the training;
 - b. The sponsor of the training;
 - c. The date of the training; and
 - d. The number of hours for each training; and
 - (5) An updated home study as described in He-C 6446.11.
- (d) Upon the request of the licensing agency, additional information shall be provided if more information is required to assess the character and abilities of the applicant.
- (e) The licensing agency shall review the materials provided pursuant to (b)-(d) above and:
- (1) Submit the names, or applicable forms, of the individuals identified in (b)(3) above to:
 - a. The local law enforcement agency for each location lived during the current licensure period for the presence of any history of involvement; and
 - b. The New Hampshire state police to conduct a criminal records check;
 - (2) Submit the appropriate completed forms of the individuals identified in (b)(4) above to DCYF to conduct a central registry check;

(3) Review of the New Hampshire department of safety's division of state police "Registration of Criminal Offenders" for each household member, regardless of age;

(4) Conduct a home visit as described in He-C 6446.10; and

(5) Complete a written assessment of the foster parent's compliance with the requirements of RSA 170-E and He-C 6446 during the current period of licensure.

(f) If the foster parent seeking license renewal has maintained compliance with the requirements in He-C 6446 and presents a set of qualifications that, taken as a whole, affirmatively shows a commitment to the purposes of foster family care, as established in He-C 6446.02, and to the "Foster Care Children's Bill of Rights" in RSA 170-G:20-21, the licensing agency shall recommend renewal of the license by the department.

(g) If the foster parent seeking license renewal has not met the requirements in (f) above, the licensing agency shall recommend denial of the license by the department.

He-C 6446.16 Requirements for the Care and Supervision of Children in Care.

(a) Foster parents shall provide each child in care with:

(1) Nutritionally well-balanced meals to meet dietary needs;

(2) Clothing individually selected, fitted, and appropriate to the season;

(3) The opportunity to share with other household members in taking responsibility for household chores appropriate to the child's age, health, and ability; and

(4) The opportunity for age and developmentally appropriate leisure time activities, socialization, and for the development of special interests and abilities, such as arts, crafts, music, and sports, consistent with the reasonable and prudent parent standards.

(b) Foster parents shall be responsible for the care of the child's possessions received with a child in care or purchased for the child while in care, to include but not limited to assistive medical devices, clothing, books, and photographs. Foster parents shall return all belongings of a child who was in their care to the child or the child's parent or guardian within 7 days of the child leaving the foster parent's care.

(c) Foster parents shall use the reasonable and prudent parent standard pursuant to RSA 170-G:20 to make normal daily decisions in the life of the child and grant permission for participation in family, school, community, cultural, and social leisure time activities.

He-C 6446.17 Case Planning for Children in Care.

(a) Foster parents shall have the opportunity to participate in the development of the case plan for children in care.

(b) Foster parents shall implement his or her portion of the case plan for the child in care and work cooperatively with DCYF staff, the parents of the child in care, and service providers when implementing the case plan for the child.

He-C 6446.18 Education for Children in Care.

(a) Each foster parent shall work cooperatively with the licensing agency, the parents of the child in care, and the public school in providing for the education of the child in care.

(b) Each foster parent shall assist in implementing the individual education plan for a child in care who has been identified as educationally disabled.

(c) Each foster parent shall ensure that the child in care attends his or her educational program and encourage him or her to achieve his or her highest educational potential including college, vocational training, and career development.

(d) Each foster parent shall instruct each child in care about age and developmentally appropriate life skills, including:

- (1) Family roles;
- (2) Sex education;
- (3) Consumer education;
- (4) Money management; and
- (5) Higher education or career planning.

(e) Each foster parent shall ensure that a child in care who is 16 years or older has the opportunity to participate in the DCYF teen independent living program.

(f) Using the reasonable and prudent parent standard, each foster parent shall allow and encourage the child in care to participate in school related activities and events based on their age, ability, and development if there are no existing safety concerns for the child's inclusion and the activity is otherwise not prohibited by the case plan or court order.

He-C 6446.19 Health Care for Children in Care.

(a) Each foster parent shall cooperate in arranging for health care for a child in care and shall ensure that the prescribed program of immunizations is followed.

(b) Each foster parent shall ensure that any prescribed medications and/or assistive devices are properly maintained for the exclusive use of the child in care for which prescribed.

(c) Each foster parent shall maintain a record of the physical and mental health care visits of a child in care, which shall include:

- (1) The dates of visits and treatment;
- (2) The reasons for the visits referenced in (1) above;
- (3) The names of health care providers seen;
- (4) Health care services received; and
- (5) Medications prescribed and the physician's instructions.

(d) Upon request, a foster parent shall make available health care information on the child in care to the licensing agency.

He-C 6446.20 In-Service Training Requirements.

(a) Each foster parent shall complete a minimum of 16 hours of competency based in-service training during the 2-year licensing period, which shall be provided through direct face-to-face training,

online or web-based training programs, video presentations, or workbook or other printed material, all of which shall be related to foster care, adoption, or the specific needs of a child placed in the home.

(b) The in-service training referenced in (a) above shall:

- (1) Be recommended and pre-approved by the licensing agency in accordance with an individualized training plan;
- (2) Be offered in units of training that are a minimum of one hour in duration; and
- (3) Offer skill and competency building to foster parents to meet the needs of the child(ren) in care and the identified needs of the foster family to include topics such as:
 - a. Child growth and development;
 - b. Foster family management including household organization, setting standards, and stress management;
 - c. Family systems and trauma-informed practices;
 - d. Normalcy for children and youth in care;
 - e. Special Education; and
 - f. Specialized medical care.

(c) If the foster parent was not required to train in the reasonable and prudent parent standard for their initial license, this training topic shall be completed prior to their next renewal application.

He-C 6446.21 Religion and Culture.

(a) Foster parents shall respect and encourage the linguistic, ethnic, religious, spiritual, and cultural background of the child in care and of the child's family.

(b) Foster parents shall cooperatively support the child in care in maintaining his or her linguistic, ethnic, religious, spiritual, and cultural connections.

He-C 6446.22 Requirements Regarding Discipline of Children in Care.

(a) Foster parents, adult household members, and other individuals who provide care in the foster home shall administer discipline only in a constructive way, which is individualized to meet the needs, development, and experiences of the child.

(b) The following practices shall be prohibited for children in care:

- (1) Child abuse as defined in RSA 169-C:3, II;
- (2) The use of seclusion and restraint, except as allowed by RSA 126-U;
- (3) Derogatory remarks or statements that humiliate, ridicule, or intimidate;
- (4) Deprivation of food, meals, mail, or family contact;
- (5) Threats of alternate placements;

- (6) Corporal punishment, which means the infliction of bodily suffering or pain that is intended to prevent or chastise a child's misconduct, including the use of spanking;
- (7) Mechanical and non-prescription chemical restraint;
- (8) Intentional misuse of prescribed medications as chemical restraints;
- (9) Involuntary seclusion or isolation such that there is no ability to visually or audibly supervise the safety of the child or the child has no means of evacuation, which might include the modification of the environment to restrict egress or the use of criminal restraints;
- (10) Assignment of physically strenuous or dangerous exercise or work as a punishment; and
- (11) Verbal or physical punishment for bed-wetting or negative actions related to toilet training.

He-C 6446.23 Visits and Contacts with the Child in Care.

- (a) Upon request by DCYF, a foster parent shall meet with the family of the child in care and the case manager to develop a mutually agreed upon schedule and plan for visits and contacts.
- (b) This schedule and plan for visits and contacts shall include contacts with the family and with other individuals in accordance with the child's case plan and any court orders.
- (c) Foster parents shall maintain the mutually agreed upon schedule and plan for visits and contacts which may include weekends and holidays.
- (d) Foster parents shall make efforts to obtain the input and consensus from the parent or legal guardian when making decisions around high risk or extended activities, even when using a reasonable and prudent parent standard.

He-C 6446.24 Record Keeping and Confidentiality.

- (a) A foster parent shall maintain a file for each child in care, including the following information and documentation:
 - (1) The child's name and birth date;
 - (2) Date of the placement in the foster home;
 - (3) Copies of the case plans;
 - (4) Copies of the completed Form 1552 "Child/Youth Information Sheet" (March 2020 edition), and Form 1643A "Getting to Know Me - Infant/Toddler (0-3 Years Old)" (March 2020 edition), Form 1643B "Getting to Know Me - School-Aged Child (4-10 Years Old)" (March 2020 edition), or Form 1643C "Getting to Know Me - Youth (11-18 Years Old)" (March 2020 edition), as provided by DCYF and as described in (c) and (d) below;
 - (5) Documents from schools, doctors, and other agencies providing services to the child in care;
 - (6) Dates and outcomes of school conferences;
 - (7) A record of the child's health care visits and other medical documentation as required in He-C 6446.19;
 - (8) Legal documents and personal papers and documentation concerning the child;

(9) Highlights of a child's participation in extracurricular, enrichment, cultural, and social activities; and

(10) Reports of any use of restraint or seclusion per RSA 126-U:7-a.

(b) The file referenced in (a) above shall be kept in a secure place in the foster home to preserve confidentiality.

(c) The foster parent shall review and update the information on Form 1552 "Child/Youth Information Sheet" (March 2020 edition) for each child in care every 6 months and when the child leaves the foster home, and submit the updated form to the case manager. Attachments to the forms may be used to supplement the information required.

(d) The foster parent shall complete the following age applicable form for each child in care when they reunify or transfer to an alternative placement:

(1) Form 1643A "Getting to Know Me - Infant/Toddler (0-3 Years Old)" (March 2020 edition) for children ages birth through 3 years old;

(2) Form 1643B "Getting to Know Me - School-Aged Child (4-10 Years Old)" (March 2020 edition) for children ages 4 through 10 years old; or

(3) Form 1643C "Getting to Know Me - Youth (11-18 Years Old)" (March 2020 edition) for children ages 11 to 18 years old.

(e) Legal documents and personal papers concerning the child shall be given to DCYF when the child leaves the foster family's care.

(f) All identifying information, whether written, oral, imagery, or electronic, concerning the child in care, family of the child in care, or the circumstances of the child's situation shall be kept confidential.

(g) Information about the safety of a child in care, the foster parents' safety, and the appropriateness of the placement shall also be confidential.

(h) If a situation requires disclosure of confidential information, written consent of the parent and DCYF shall be obtained prior to disclosure.

He-C 6446.25 Mandatory Changes to Report.

(a) A foster parent shall notify the licensing agency when he or she is aware prior to changes in any of the following:

- (1) Their residential or mailing address;
- (2) Their home telephone or cell phone number;
- (3) Their marital status;
- (4) Their employment status;
- (5) The household composition;

(6) The physical structure of the foster home, which affects the safety of the residents, such as:

- a. Structural repairs;
- b. The installation of a wood stove;
- c. The removal of a furnace or other heating source; or
- d. The addition of a pool, pond, or other body of water;

(7) Any household member's involvement with DCYF services, including post-adoption services or services under RSA 169-B or RSA 169-D; and

(8) Any circumstances which might violate the licensing requirements in He-C 6446.

(b) When it is not possible for a foster parent to provide prior notice to the licensing agency, the foster parent shall notify the licensing agency within one week of the occurrence of any of the following:

- (1) Changes listed in (a) above;
- (2) A change in the mental, emotional, or physical health of any member of the household; and
- (3) Any contact with federal, state, or local law enforcement personnel.

(c) A foster parent shall notify the licensing agency prior to accepting a placement of a child directly from a child's parent or guardian, another child-placing agency, or from another office of the licensing agency.

(d) If a foster parent changes the location of his or her residence, in addition to the notice required in (a) or (b) above, the foster parent shall, within 4 weeks of the change in residence, complete and submit, or have submitted, the following to the licensing agency:

- (1) The Form 1715 "Application for Foster Family Care License," as described in He-C 6446.06(a);
- (2) The Form 1720 "Fire Department Inspection – One and Two Family Dwelling" or Form 1720A "Fire Department Inspection – Apartment Building" as applicable, as described in He-C 6446.09(f); and
- (3) The Form 1721 "Home Health Inspection," as described in He-C 6446.09(g).

(e) A foster parent shall immediately notify the licensing agency, in the event of:

- (1) The death of a child in care;
- (2) Serious illness or injury to a child in care;
- (3) The child's unauthorized absence from the foster home; or
- (4) The unplanned child care arrangements for a child in care if the arrangements are to care for the child in excess of 24 hours.

(f) In cases involving serious injury or death to a child subject to restraint or seclusion, the foster parent shall, notify the commissioner of the department of health and human services, the attorney general, and the state's Disabilities Rights Center pursuant to RSA 126-U:10.

(g) A foster parent shall provide the licensing agency at least 2 weeks written notice prior to the date the foster parent is requesting the removal of the child in care from the foster home.

(h) The information provided to the licensing agency in accordance with (a) through (f) above shall be reviewed by the licensing agency for its impact on the compliance by the foster parent with the requirements of He-C 6446.

He-C 6446.26 Orders to Comply and Immediate Removal of Children In Care.

(a) The licensing agency shall issue a foster parent a written order to comply if the foster parent violates the foster family care licensing requirements in He-C 6446 and the violation is not related to the health, safety or well-being of the child in care.

(b) The written order to comply shall:

(1) Specify each violation of He-C 6446;

(2) Advise that the foster parent has up to a maximum of 60 days from the date of the corrective action plan in (c) below to correct the violation(s);

(3) Specify the action that will be taken with regard to the license if the foster parent fails to correct the violation(s) identified in the order to comply; and

(4) Be filed with the department's foster care program manager.

(c) Within 14 days of the date of the order to comply, the licensing agency and the foster parent shall jointly develop a corrective action plan to correct the violations.

(d) The foster parent shall not accept any additional children in care, children for respite care, or children in a pre-adoptive placement:

(1) After receiving an order to comply as specified in (c) above and prior to the development of a corrective action plan; or

(2) During an ongoing investigation of alleged child abuse or neglect.

(e) The licensing agency shall offer an opportunity for informal dispute resolution to any foster parent who disagrees with a violation cited by the licensing agency on an order to comply, provided that the foster parent submits a written request for an informal dispute resolution.

(f) The informal dispute resolution shall be requested in writing and copied to DCYF, by the foster parent no later than 14 days from the date the order to comply was issued by the licensing agency.

(g) The licensing agency shall review the evidence presented and provide a written notice to the foster parent of its decision.

(h) An informal dispute resolution shall not be available for any foster parent against whom DCYF has initiated action to revoke a license or deny a renewal license.

(i) If any violations identified pose a present risk to the health, safety, or well-being of the child in care, the department shall immediately, and with any court approval required by law, remove the child in care from the foster home without issuing an order to comply.

(j) The department shall revoke the license or permit of the foster parents without issuing an order to comply if there is a founded report of child abuse or neglect for a foster parent and shall revoke the license or permit of the foster parents without issuing an order to comply if there is a judicial finding of abuse or neglect made related to the foster parent.

(k) The department shall revoke the license or permit of the foster parents without issuing an order to comply if a foster parent is convicted of a felony or other crimes pursuant to He-C 6446.29(b).

He-C 6446.27 Waivers.

(a) A written request for a waiver of rules may be submitted to the department, which includes the following:

- (1) The rule for which a waiver is being requested;
- (2) The anticipated length of time the requested waiver will be needed;
- (3) The reason for requesting the waiver;
- (4) How the waiver will affect the health and safety of the child(ren) in care;
- (5) A written plan for compliance with the rule, or a written plan detailing how the foster parent will satisfy the intent of the rule being waived as an alternative to complying with the rule;
- (6) The number and ages of children who will be affected by the requested waiver; and
- (7) The signature of the person requesting the waiver.

(b) The department shall not accept any request for a waiver of any of the provisions of RSA 170-E, or any other rules referred to in this part or of any other state agencies.

(c) The department shall deny a request for a waiver when any of the following occurs:

- (1) The request does not comply with (a) and (b) above;
- (2) The department finds that approval of the requested waiver will jeopardize the health or safety of the child(ren) in care;
- (3) The department finds that approval of the requested waiver will impair the foster parent's ability to adequately care for the child(ren) in care; or
- (4) The department finds that the plan does not satisfy the intent of the rule as an alternative to complying with the rule.

(d) The department shall approve a request for a waiver if it determines that no grounds for denial in (c) above exist.

He-C 6446.28 Denials and Revocations.

(a) In addition to the reasons for denial specified in RSA 170-E:35, the department shall deny an application for or revoke a foster family care license or permit if the applicants are the subject of a founded report of child abuse or neglect in New Hampshire or any other state, unless DCYF determines that the

applicant does not pose a present threat to the health, safety, or well-being of the child(ren) and that the placement is in the best interest of the child(ren).

(b) In addition to the reasons for denial specified in RSA 170-E:35 and in (a) above, the department shall deny an initial or renewal application for a foster family care license or permit if the applicant or household member 18 years of age or older:

- (1) Has been convicted of a felony for child abuse or neglect, spousal abuse, any crime against children, child pornography, rape, sexual assault, or homicide, but not including other physical assault or battery in accordance with 42 USC 671 (a)(20)(A)(i);
- (2) Has been convicted of a felony for physical assault, battery, or a drug-related offense, and that felony conviction was committed within the past 5 years in accordance with 42 USC 671 (a)(20)(A)(ii); or
- (3) Has been convicted of a violent or sexually-related crime against a child or of a crime which shows that the person might be reasonably expected to pose a threat to a child, such as a violent crime or a sexually-related crime against an adult, pursuant to RSA 170-E:29, III.

(c) In addition to the reasons for denial specified in RSA 170-E:35 and in (a) and (b) above, the department shall deny an initial or renewal application for a foster family care license or permit if the applicant:

- (1) Has a motor vehicle record or is the subject of a report from another source, including a local law enforcement agency, which, following assessment, shows that the applicant or household member might reasonably be expected to pose a threat of harm to a child;
- (2) Does not fully comply with the foster family care licensing requirements in He-C 6446;
- (3) Knowingly furnishes or makes false or misleading statements or information, or omits information in statements or submissions to the licensing agency;
- (4) Had a foster family care license or permit revoked; or
- (5) From the information provided pursuant to He-C 6446.04 – 6446.12, presents a set of qualifications which, DCYF determines, when taken as a whole, does not reflect and support the purposes of foster family care, as established in He-C 6446.02, and the “Foster Care Children’s Bill of Rights” codified in RSA 170-G:20-21 .

(d) In addition to the reasons set forth in (b) and (c) above and in RSA 170-E:35, the department shall revoke a license or permit for foster family care if a foster parent:

- (1) Violates the provisions of the license or permit;
- (2) Refuses to submit or make available the written reports required in these rules for licensing or re-licensing in accordance with He-C 6446.04 – 6446.12;
- (3) Refuses or does not submit to a child abuse and neglect report investigation;
- (4) Refuses or does not admit authorized personnel for the purpose of a child abuse and neglect report investigation, home assessment, or pre-arranged visit;
- (5) Does not provide and maintain a safe and sanitary home in accordance with RSA 170-E:35 and He-C 6446.09;

(6) Does not maintain resources adequate for the care of the child in care in accordance with He-C 6446.04 and He-C 6446.16;

(7) Substantially or repeatedly fails to work cooperatively with DCYF staff, the parents of a child in care, or service providers in implementing the child's case plans and permanency goals in accordance with He-C 6446.17;

(8) Interferes with the reunification or transition of the child in care into an alternative setting;

(9) Makes unfounded derogatory statements with malicious intent about DCYF staff, child-placing agency staff, the family of the child in care, other foster parents, or service providers; or

(10) From the information provided pursuant to He-C 6446.04 – 6446.12 or conduct pursuant to He-C 6446.16 – 6446.25, presents a set of qualifications which, DCYF determines, when taken as a whole, does not reflect and support the purposes of foster family care, as established in He-C 6446.02, and the “Foster Care Children’s Bill of Rights” codified in RSA 170-G:20-21.

(e) In addition to the reasons set forth in (b) and (c) above, the department shall revoke a license or permit if violations identified are not corrected within 60 days of the date of the corrective action plan in He-C 6446.26(c).

(f) When the department revokes or denies an initial or renewal license to operate a foster family home, denies or revokes a permit, or denies a waiver request, the department shall, pursuant to RSA 170-E:36, I, send to the applicant, licensee, or permittee, by registered mail, a notice which sets forth the particular reasons for the determination.

(g) Pursuant to RSA 170-E:36, I, the denial or revocation shall become final 10 days after receipt of the notice unless the applicant, licensee, or permittee requests a hearing under He-C 6446.29.

He C 6446.29 Appeals.

(a) Administrative appeals of department decisions to revoke or deny an initial or renewal license, deny or revoke a permit, or modify a license or permit shall be conducted in accordance with RSA 170-E:37, RSA 541-A, He-C 200, and this section.


(b) Appeal requests shall be filed within 10 days of the date of the notice of action.

(c) Parties to any administrative hearing who are aggrieved by the decision of the departmental hearings officer may request a reconsideration in accordance with He-C 206, or may file an appeal of the decision with the superior court, in accordance with the provisions of RSA 170-E:37.

(d) Parties who are aggrieved by the decision of the hearings officer to deny the request for a reconsideration, or with the hearings officer’s decision after a rehearing has been conducted, may appeal the decision to the superior court, in accordance with the provisions of RSA 170-E:37.

APPENDIX

Rule Section	State or Federal Statute the Rule Implements
He-C 6446.01	RSA 170-E:24
He-C 6446.02	RSA 170-E:24
He-C 6446.03	RSA 170-E:24 and 170-E:25
He-C 6446.04	170-E:25, XI; RSA 170-E:27; RSA 170-E:28; RSA 170-E:29; RSA 170-E:34; RSA 170-G:20; RSA 170-G:21
He-C 6446.05	170-E:25, XII; RSA 170-E:27; RSA 170-E:28; RSA 170-E:29; RSA 170-E:31, V; RSA 170-E:34
He-C 6446.06	RSA 170-E:31; RSA 170-E:34, I
He-C 6446.07 - 6446.08	RSA 170-E:29; RSA 170-E:34, I
He-C 6446.09	RSA 170-E:28; RSA 170-E:34, I(a)(1)
He-C 6446.10 - 6446.11	RSA 170-E:31, IV
He-C 6446.12	RSA 170-E:34, I(a)(2) and RSA 170-E:34, II
He-C 6446.13 - 6446.14	RSA 170-E:25, XI and XII; RSA 170-E:34
He-C 6446.15	RSA 170-E:32; RSA 170-G:20; RSA 170-G:21
He-C 6446.16	RSA 170-E:34, I(a)(5); RSA 170-G:20
He-C 6446.17	RSA 170-E:34, I
He-C 6446.18 - 6446.19	RSA 170-E:34, I(a)(5); RSA 170-G:20
He-C 6446.20	RSA 170-E:34, I(a)
He-C 6446.21	RSA 170-E:34, I(a)(10)
He-C 6446.22	RSA 170-E:34, I(a)(9)
He-C 6446.23	RSA 126-U; 170-E:34, I; RSA 170-G:20; RSA 170-G:21
He-C 6446.24	RSA 170-E:34, I(a)(7)-(7-a) and (a)(13); RSA 170-E:42
He-C 6446.25	RSA 170-E:34, I(a); RSA 126-U:10
He-C 6446.26	RSA 170-E:34, I(e); RSA 170-E:35
He-C 6446.27	RSA 170-E:31; RSA 170-E:34; RSA 541-A:22, IV
He-C 6446.28	RSA 170-E:35; RSA 170-E:36; RSA 170-G:20; RSA 170-G:21
He-C 6446.29	RSA 170-E:34, I(d); RSA 170-E:36; RSA 170-E:37

 Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
	1. Log No: ACYF-CB-IM-19-01	2. Issuance Date: February 4, 2019
	3. Originating Office: Children’s Bureau	
	4. Key Words: Family First Prevention Services Act; National Model Foster Family Home Licensing Standards	

INFORMATION MEMORANDUM

TO: State and Tribal Agencies Administering or Supervising the Administration of Title IV-E of the Social Security Act

SUBJECT: National Model Foster Family Home Licensing Standards

LEGAL AND RELATED REFERENCES: Public Law (P.L.) 115-123

PURPOSE: To issue National Model Foster Family Home Licensing Standards

BACKGROUND:

Legislative Context. The President signed the Bipartisan Budget Act of 2018, Public Law (P.L.) 115-123 into law on February 9, 2018. P.L. 115-123 includes the Family First Prevention Services Act (FFPSA) in Division E, Title VII. Section 50731 of the FFPSA directs HHS to identify “identify reputable model licensing standards with respect to the licensing of foster family homes” (as defined in section 472(c)(1) of the Social Security Act (the Act)). In response to this directive, the Children’s Bureau is issuing the National Model Foster Family Home Licensing Standards.

Federal Register Notice on Proposed National Model Foster Family Home Licensing Standards (proposed model standards). The Children’s Bureau published proposed model standards in the Federal Register for a 60 day comment period on August 1, 2018 ([83 FR 37495](#)). The comment period ended on October 1, 2018. In response, we received 1,273 comments, including comments from states, Indian tribes/consortiums, organizations representing state or tribal interests, national public advocacy groups, private providers, private citizens, and universities.

INFORMATION:

Final National Model Foster Family Home Licensing Standards (final model standards). The final model standards and summary are contained in Attachment A. We note in the endnotes of Attachment A where we made revisions, and provide clarification.

We retained the same eight categories in the final model standards as proposed because they cover the essential components of licensing a foster family home to ensure: 1) the applicant has the capacity to care for a child in foster care, and 2) the physical home of the family is appropriate and safe for a child in foster care. Consistent with the proposed model standards, the final model standards strike a balance between allowing for individual circumstances, while establishing minimum requirements. Our general approach in finalizing the proposed model standards was to retain more stringent standards that ensure the safety and well-being of children placed in a foster family home. We believe this approach is appropriate given that the title IV-E agency has placement and care of a child in foster care and thus, has a duty to protect the child. We also gave considerable deference to the National Association for Regulatory Administration (NARA) Model Family Foster Home Licensing Standards in deciding whether to modify the standards.

Overall, we received comments on all of the proposed model standards, however, there was not a high volume of comments or concerns for any specific standards from our title IV-E agency grantees, with the exception of the transportation standards (which we modified and is addressed in the footnotes). Many of the comments we received from title IV-E agencies recommended changes to address very specific circumstances (e.g., extreme rural conditions or unique regional cultural practices related to alternate cooking and refrigeration and water supply). Others noted differences between individual state/tribal standards from the proposed model standards, and many comments noted barriers for relative placements. The vast majority of comments were from private citizens objecting to the proposed model standards regarding immunizations for children who are foster family home members. We also received requests to define numerous terms such as functional literacy, household pet, operable (regarding fire extinguishers), and a child with a severe disability. We did not revise the proposed model standards to address most of these specific circumstances or provide additional definitions because: 1) there is no federal requirement for title IV-E agencies to adhere to the final model standards (see Title IV-E Plan Requirement section below), and 2) title IV-E agencies may waive non-safety licensing standards for relative foster family homes (see section 471(a)(10)(D) of the Act). Therefore, title IV-E agencies may design licensing standards to meet the unique geographical, cultural, community, legal and other needs of the state or tribe, such as promoting relative placements. However, in many areas where commenters requested clarification (e.g., requirements for above-ground swimming pools, the use of phone calls and videoconferencing to contact references, and whether Cardiopulmonary Resuscitation (CPR) training must include a certification), we provided additional information in the endnotes to the final model standards.

As a reminder, section 471(a)(10) of the Act requires title IV-E agencies to develop plans that provide for the establishment and maintaining of standards for foster family homes and child care institutions. These standards must be reasonably in accord with related standards developed by national organizations, including standards related to admission policies, safety, sanitation, protection of civil rights, and permit the use of the reasonable prudent parent standard.

Title IV-E Plan Requirement:

In ACYF-CB-PI-18-07, we instructed title IV-E agencies to submit a title IV-E plan amendment providing specific and detailed information about:

- Whether the agency foster family home licensing standards are consistent with the final model licensing standards identified by HHS and if not, the reason for the deviation, and
- Whether the agency waives non-safety licensing standards for relative foster family homes (pursuant to waiver authority provided by section 471(a)(10)(D) of the Act), and if so, how caseworkers are trained to use the waiver authority and whether the agency has developed a process or provided tools to assist caseworkers in waiving these non-safety standards to quickly place children with relative (section 471(a)(36) of the Act).

We instructed title IV-E agencies to submit this amendment no later than March 31, 2019 (unless a legislative delay or a delay for tribes, tribal organizations or consortia is approved by the Secretary for the title IV-E agency). Title IV-E agencies should use the final model standards in Attachment A to this Information Memorandum (IM) to complete the title IV-E plan in accordance with ACYF-CB-PI-18-07. Title IV-E agencies are not required to submit any information in response to this IM.

INQUIRIES TO: Children’s Bureau Regional Program Managers

/s/

Jerry Milner
Acting Commissioner
Administration on Children, Youth
and Families

Attachments:

Attachment A – National Model Foster Family Home Licensing Standards

Attachment B – Children’s Bureau Regional Program Managers

Disclaimer: IMs provide information or recommendations to States, Tribes, grantees, and others on a variety of child welfare issues. IMs do not establish requirements or supersede existing laws or official guidance.

Attachment A

National Model Foster Family Home Licensing Standards

Subject Standards	Standards and Summary
<p>Foster Family Home Eligibility – Threshold Requirements</p>	<p>A. Foster Family Home Eligibility: A foster family home license includes the following:</p> <p>a. Threshold Requirements</p> <ul style="list-style-type: none"> i. Applicants must be age 18 or older. ii. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care. iii. Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers.ⁱ iv. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels.
<p>Summary – Foster Family Home Eligibility – Threshold Requirements</p>	<p>The foster family home eligibility standards provide threshold requirements for licensing a foster family home to assess the applicant's: 1) age, 2) financial stability, 3) ability to communicate with the child, agency, and providers, and 4) literacy.</p> <p>The minimum age for applicants is 18. Applicants must be financially stable to meet their family's needs prior to placing a foster child in the home. The communication standards are flexible in that applicants must be able to communicate with the title IV-E agency, service providers, and a child in foster care. At least one applicant in the home must have functional literacy to ensure at least one applicant reads and writes at the level necessary to participate effectively in the community in which they live.</p>
<p>Foster Family Home Eligibility – Physical and Mental Health</p>	<p>b. Physical and Mental Health: All applicants must have recent (conducted within the prior 12 months) physical exams from a licensed health care professional that indicate that the applicants are capable of caring for an additional child or children.</p> <ul style="list-style-type: none"> i. All household members must disclose current mental health and/or substance abuse issues. ii. All household members must provide information on their physical and mental health history, including any history of drug or alcohol abuse or treatment.

Subject Standards	Standards and Summary
	<ul style="list-style-type: none"> iii. The title IV-E agency may require further documentation and/or evaluation to determine the suitability of the home. iv. All children who are household members must be up to date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child’s health as documented by a licensed health care professional. v. All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional.ⁱⁱ All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional.ⁱⁱⁱ
<p>Summary - Foster Family Home Eligibility - Physical and Mental Health</p>	<p>The physical and mental health standards ensure each applicant is physically, mentally, and emotionally capable of caring for an additional child or children through a required physical exam from a licensed health care professional conducted within the prior 12 months. Household members must provide a health history, including any history of drug or alcohol abuse or treatment, and must disclose any current mental health or substance abuse issues. The model also includes language clarifying that the title IV-E agency may require additional documentation or evaluation in this area to determine whether the home is suitable (as may be necessary to fully understand whether the mental or physical health of an applicant or household member would be relevant to licensing).</p> <p>In addition, the physical and mental health standards include immunization requirements to prevent exposing children in foster care to potentially-life threatening communicable diseases. These requirements apply unless the immunization is contrary to the individual’s health as documented by a licensed health care</p>

Subject Standards	Standards and Summary
	<p>professional. For children who are household members, the model requires that they be up to date on immunizations consistent with the recommendations of the AAP, the ACIP, and the AAFP.^{iv}</p> <p>Consistent with the recommendations of the ACIP, all household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine and annual influenza vaccine, and all household members who will be caregivers of children with special medical needs must have an up-to-date annual influenza vaccine.</p>
<p>Foster Family Home Eligibility – Background Checks</p>	<p>c. Background Checks</p> <p>i. Applicants must submit to criminal record and child abuse and neglect registry checks as required in section 471(a)(20) of the Social Security Act (the Act).</p>
<p>Summary – Foster Family Home Eligibility - Background Checks</p>	<p>The background check standards mirror the requirements under section 471(a)(20)(A) and (B)(i) of the Act which requires title IV-E agencies: 1) to perform criminal record checks (fingerprint-based checks of national crime information databases (as defined in section 534(f)(3)(A) of title 28, United States Code) for any prospective foster parent, 2) to check any child abuse and neglect registry maintained by a state or tribe for information on any applicant and on any other adult living in the prospective foster family home, and 3) to request a check of any other child abuse or neglect registry in a state or tribe in which any such applicant or other household adult has resided in the preceding five years.</p> <p>In accordance with section 471(a)(20)(A)(i) and (ii) of the Act, the title IV-E agency must not grant final approval to the applicant if a criminal record check reveals a felony conviction for:</p> <ul style="list-style-type: none"> • Child abuse or neglect, • Spousal abuse, • A crime against children (including child pornography), • A crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and • Physical assault, battery, or a drug-related offense within the last five years.
<p>Foster Family Home Eligibility –Home Study</p>	<p>d. Home Study: Applicants must have completed an agency home study, which is a written comprehensive family assessment to include the following elements:</p> <p>i. At least one scheduled on-site visit to assess the home to ensure that it meets the state, tribal</p>

Subject Standards	Standards and Summary
	<p>and/or local standards applicable to the safety and care of the home;</p> <ul style="list-style-type: none"> ii. At least one scheduled in home interview for each household member to observe family functioning and assess the family’s capacity to meet the needs of a child or children in foster care; iii. The title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development; and iv. Multiple applicant references that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative.
<p>Summary- Foster Home Eligibility – Home Study</p>	<p>We propose broad home study standards that requires the title IV-E agency to conduct in-person and on-site interviews and obtain references for all applicants. An applicant must have completed an agency home study, including at least one scheduled on-site visit to the home, at least one scheduled in home interview for each household member, and multiple applicant references (including at least one from a relative and one from a non-relative). The model standards specify that the title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development. For example, if a title IV-E agency were to adopt this model standards as written, this would give the title IV-E agency flexibility to observe rather than interview an infant or severely developmentally disabled child.^v</p>
<p>Foster Family Home Health and Safety – Living Space</p>	<p>B. Foster Family Home Health and Safety</p> <ul style="list-style-type: none"> a. Living Space: The home must be a house, mobile home, housing unit or apartment occupied by an individual or a family. The home must have: <ul style="list-style-type: none"> i. An adequate supply of safe drinking water; ii. A properly operating kitchen with a sink, refrigerator, stove, and oven; iii. At least one toilet, sink and tub or shower in operating condition; iv. Heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition; and v. A working phone or access to a working phone in close walking proximity.

Subject Standards	Standards and Summary
<p>Summary – Foster Family Home Health and Safety – Living Space</p>	<p>These standards apply to the foster family home itself, which includes the grounds and all structures found on the grounds. These standards are written broadly to: 1) address the large amount of variance in home hazards across jurisdictions, and 2) prevent potential biases against rural or urban families. These standards are divided into two sections: Living Space and Condition of the Home.</p> <p>a. Living Space</p> <p>The living space standards are flexible in order to determine that the applicant’s dwelling (house, mobile home, housing unit, or apartment) includes basic essentials such as: adequate safe drinking water (which may include water from a municipal drinking source, a private well, or other source), properly operating kitchen facilities, a properly operating toilet, sink, and tub or shower^{vi}, heating and/or cooling, and a working phone (or access to a working phone in walking distance).</p>
<p>Foster Family Home Health and Safety – Condition of the Home</p>	<p>b. Condition of the Home: The applicant’s home, grounds, and all structures on the grounds of the property must be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards. The interior and exterior must be free from dangerous objects and conditions, and from hazardous materials. The home must meet the following requirements:</p> <ul style="list-style-type: none"> i. Have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available; ii. Be free from rodents and insect infestation. iii. Proper water heater temperature; iv. Weapons and ammunition (separately) stored, locked, unloaded, and inaccessible to children; v. Pets are vaccinated in accordance with state, tribal and/or local law; vi. Have conditions that prevent the child’s access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages; vii. Swimming pools,^{vii} hot tubs, and spas must meet the following to ensure they are safe and hazard free (and additionally must meet all state, tribal and/or local safety requirements):

Subject Standards	Standards and Summary
	<ol style="list-style-type: none"> 1. Swimming pools must have a barrier on all sides. 2. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock. 3. Swimming pools must be equipped with a life saving device, such as a ring buoy. 4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system. 5. Hot tubs and spas must have safety covers that are locked when not in use.
<p>Summary – Foster Family Home Health and Safety – Condition of the Home</p>	<p>b. Condition of the Home</p> <p>The condition of the home standards address the overall condition and safety of the home to ensure it is safe and in a reasonable state of repair considering the community where the home is located. Housing must be safe and clean. The interior and exterior must be free from dangerous objects and conditions, and from hazardous materials (meaning that any danger presented by these objects, conditions or materials must be mitigated). The home must have adequate lighting, ventilation, proper water temperature, and proper trash and recycling disposal (if recycling is available where the home is located). The home must be free from rodents and insect infestations, and pets must be vaccinated in accordance with state, tribal and local law. The standards include specific safety requirements for weapons, pools, hot tubs and spas as these pose a particular preventable danger to children. Weapons and ammunition must be (separately) stored, locked, unloaded, and inaccessible to children. Swimming pools, hot tubs, and spas must meet the listed requirements to ensure they are safe and hazard free (and additionally must meet all state, tribal and/or local safety requirements). Further, the home must have conditions which prevent the child’s access to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages as appropriate for his or her age and development. For example, this could include measures such as age-appropriate use of high shelving, child safety locks on cabinets, child-resistant medication packaging, and/or a locking liquor cabinet.</p>
<p>Foster Family Home Capacity</p>	<p>C. Foster Family Home Capacity: The total number of children in foster care in a foster family home must not exceed six consistent with section 472(c)(1)(A)(ii)(III) of</p>

Subject Standards	Standards and Summary
	<p>the Act. Per section 472(c)(1)(B) of the Act, the number of foster children cared for in a foster family home may exceed this numerical limitation at the option of the title IV-E agency for any of the following reasons:</p> <ol style="list-style-type: none"> a. To allow a parenting youth in foster care to remain with the child of the parenting youth; b. To allow siblings to remain together; c. To allow a child with an established meaningful relationship with the family to remain with the family; and d. To allow a family with special training or skills to provide care to a child who has a severe disability.
<p>Summary - Foster Family Home Capacity</p>	<p>The foster family home capacity standards mirror the requirements at section 472(c)(1)(A)(ii)(III) of the Act that the total number of children in foster care in a foster family home, must not exceed six, unless an exception outlined in section 472(c)(1)(B) of the Act applies.</p>
<p>Foster Family Home Sleeping Arrangements</p>	<p>D. Foster Family Home Sleeping Arrangements: Applicants must provide a safe sleeping space including sleeping supplies, such as a mattress and linens, for each individual child, as appropriate for the child’s needs and age and similar to other household members. Foster parents must not co-sleep or bed-share with infants.</p>
<p>Summary - Foster Family Home Sleeping Arrangements</p>	<p>The sleeping arrangement standards ensure that children in foster care sleep in safe and comfortable sleeping spaces with appropriate furnishings to meet their basic needs and ensure privacy. Applicants must provide age-appropriate sleeping supplies, such as a mattress and linens for each child. All children in the home must be treated equitably, meaning each child has sleeping arrangements similar to other household members. For example, children in foster care should not sleep in public living spaces if other children have their own bedrooms. Further, sleeping arrangements should be age and developmentally appropriate for the children who are placed in the home. Co-sleeping or bed-sharing, when a parent(s) and infant share a sleeping surface (such as a bed, sofa or chair), is prohibited.</p> <p>We included this prohibition because approximately 3,500 infants (children under 12 months of age) die annually in the United States from sleep-related causes, such as sudden infant death syndrome (SIDS) and accidental suffocation and strangulation in bed.^{viii} Both bed sharing with infants and sleeping with infants sleeping on couches or armchairs increase the risk of infant death, including SIDS, entrapment, and suffocation. Room-sharing, i.e., when an infant shares a room with a parent(s), but sleeps on a separate</p>

Subject Standards	Standards and Summary
	<p>sleeping surface is not prohibited as it is considered a safe sleep practice that is linked to a reduced risk of SIDS.</p>
<p>Emergency Preparedness, Fire Safety, and Evacuation Plans</p>	<p>E. Emergency Preparedness, Fire Safety, and Evacuation Plans: The applicant must have emergency preparedness plans and items in place as appropriate for the home’s geographic location. The applicant’s home must meet the following fire safety and emergency planning requirements:</p> <ol style="list-style-type: none"> a. Have at least one smoke detector on each level of occupancy of the home and at least one near all sleeping areas; b. Have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas;^{ix} c. Have at least one operable fire extinguisher that is readily accessible; d. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials; e. Have a written emergency evacuation plan to be reviewed with the child and posted in a prominent place in the home; f. Maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home; and g. Maintain first aid supplies.
<p>Summary - Emergency Preparedness, Fire Safety, and Evacuation Plans</p>	<p>The standards help protect children and household members from harm in the event of an emergency, a fire, or a need to evacuate. The standards are written broadly allowing them to be tailored to unique emergencies, such as natural disasters, that may occur in specific jurisdictions. The applicant’s home must have at least one smoke detector and one carbon monoxide detector on each level of occupancy of the home and at least one of each near all sleeping areas, as well as an operable fire extinguisher. The home must be free of obvious fire hazards, and have first aid supplies. The applicant must post a written evacuation plan in a prominent place in the home (e.g., on a refrigerator or family bulletin board), and review it with the child. Safety procedures and emergency plans, and the communication thereof, increase the probability of safety and injury prevention for household members. Emergency readiness information provided by the Department of Homeland Security is available at http://www.ready.gov.</p>

Subject Standards	Standards and Summary
Transportation	F. Transportation: Applicants must ensure that the family has reliable, legal and safe transportation. Reliable transportation includes a properly maintained vehicle or access to reliable public transportation; if a privately-owned vehicle owned by the applicant’s family or friends is used to transport the child in foster care, legal transportation includes having a valid driving license, insurance and registration; and safe transportation includes safety restraints as appropriate for the child. ^x
Summary-Transportation	The transportation standards focus broadly on the applicant having a reliable, legal, and safe mode of transportation for a child in foster care to attend appointments, visitation, and meetings. The standards allow for safe transportation arrangements with family friends, and teen household members as appropriate.
Training	G. Training: Applicants must complete pre-licensing training on the following topics: rights, roles, responsibilities and expectations of foster parents; agency structure, purpose, policies, and services; laws and regulations; the impact of childhood trauma; managing child behaviors; first aid (including cardiopulmonary resuscitation (CPR) ^{xi} for the ages of the children in placement) and medication administration; and the importance of maintaining meaningful connections between the child and parents, including regular visitation. Foster parents must participate in ongoing training to receive instruction to support their parental roles and ensure the parent is up to date with agency requirements. Further, this training may also include child-specific training and/or may address issues relevant to the general population of children in foster care.
Summary - Training	The training standards include both pre-licensing and ongoing training and include mandatory pre-licensing training topics. The purpose of the pre-licensing training standards is to provide information to applicants so they can make an informed decision about their commitment to foster a child. In addition, the pre-service training is to prepare the applicant to be licensed as a foster parent. The ongoing training is to ensure the foster parents receive ongoing instruction to support their parental roles and remain up to date on policies, requirements, and services. Therefore, there are no mandatory training topics, as these depend on agency priorities and specific individual foster parent needs or the needs of specific populations of children in the state’s or tribe’s foster care system.
Foster Parent Assurances	H. Foster Parent Assurances: Applicants must agree to comply with their roles and responsibilities as discussed with the title IV-

Subject Standards	Standards and Summary
	<p>E agency once a child is placed in their care. The title IV-E agency must require assurances including:</p> <ol style="list-style-type: none"> a. Applicants will not use corporal or degrading punishment. b. Applicants will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated. c. Applicants and their guests will not smoke in the foster family home, in any vehicle used to transport the child, or in the presence of the child in foster care. d. Applicants will adhere to the title IV-E agency’s reasonable and prudent parent standard per section 472(c)(1)(A)(ii)(I) of the Act.
<p>Summary - Foster Parent Assurances</p>	<p>There are four foster parent assurances broadly written to apply across title IV-E jurisdictions which cover corporal punishment, alcohol and drug use, the reasonable and prudent parent standard and smoking. Assurances help a potential foster family to have a clear understanding of expectations prior to approval as a foster family home, cover behaviors which cannot always be verified as part of the home study and typically are expectations after a home is licensed in caring for a child. Title IV-E agencies may wish to develop additional assurances as appropriate to their jurisdiction.</p>

ⁱ We removed “in the child’s own language” in response to comments about the availability of communication aids, non-verbal communication and other efforts to address language barriers. Contrary to our intention, the model standards appeared to exclude these forms of communication.

ⁱⁱ We added the Tdap vaccine as a model requirement for caregivers of infants, consistent with the ACIP recommendations. ACIP recommends that adults be vaccinated against pertussis (whooping cough) as part of the Tdap vaccination every 10 years (<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>). Further, the Centers for Disease Control and Prevention recommends that adults who are not up to date on their pertussis vaccine receive a Tdap vaccination at least two weeks before coming into close contact with an infant (<https://www.cdc.gov/features/pertussis/index.html>).

ⁱⁱⁱ We added the annual influenza vaccination as a model requirement for caregivers of infants and caregivers of children with special medical needs. ACIP recommends that all adults be vaccinated for influenza annually (<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>). Further, the Centers for Disease Control and Prevention puts special emphasis on the importance of influenza vaccination for household contacts and caregivers of children less than five years old, and particularly household contacts of children less than six months old; and household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza (https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm?s_cid=rr6703a1_w).

^{iv} The recommendations of the ACIP are generally adopted and supported by the AAP and the AAFP, which both currently have representation on the ACIP (<https://www.cdc.gov/vaccines/acip/members/index.html>).

^v The model standards do not specify how the references must be verified, meaning that, under the model, a reference could be obtained in writing, over the phone, through email or text, video chat, etc.

^{vi} The model standards do not require that the toilet, sink and shower or tub be in a single room.

^{vii} We did not intend that the term “swimming pool” would include temporary wading pools or “kiddie pools.”

^{viii} The AAP recommendation is supported by multiple agencies within the U.S. Department of Health and Human Services, including the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institutes of Health, the Maternal and Child Health Bureau of the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Food and Drug Administration (<https://www.nih.gov/news-events/news-releases/hhs-agencies-express-support-infant-safe-sleep-recommendations>).

^{ix} The United States Consumer Products Safety Commission recommends installing a carbon monoxide detector in the hallway near every separate sleeping area of the home (<https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Carbon-Monoxide-Information-Center/Carbon-Monoxide-Questions-and-Answers-/>).

^x We revised the standards and summary to remove references to “only adults in the home” providing transportation. We agreed with commenters who expressed concerns that this is overly restrictive and unrealistic, and could be read to exclude safe transportation arrangements with family friends, caseworkers, and teen household members. We also made edits to clarify that the license, insurance, and safety restraint requirements apply only to privately-owned vehicles of the applicants, family or friends that are used to transport a child in foster care.

^{xi} We did not intend that training on CPR would necessarily include completion of a CPR certification course.

Attachment B

Regional Program Managers – Children’s Bureau

1	<p>Region 1 - Boston Bob Cavanaugh bob.cavanaugh@acf.hhs.gov JFK Federal Building, Rm. 2000 15 Sudbury Street Boston, MA 02203 (617) 565-1020 States: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p>	6	<p>Region 6 - Dallas Janis Brown janis.brown@acf.hhs.gov 1301 Young Street, Suite 945 Dallas, TX 75202-5433 (214) 767-8466 States: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p>
2	<p>Region 2 - New York City Alfonso Nicholas alfonso.nicholas@acf.hhs.gov 26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890, x 145 States and Territories: New Jersey, New York, Puerto Rico, Virgin Islands</p>	7	<p>Region 7 - Kansas City Deborah Smith deborah.smith@acf.hhs.gov Federal Office Building, Rm. 349 601 E 12th Street Kansas City, MO 64106 (816) 426-2262 States: Iowa, Kansas, Missouri, Nebraska</p>
3	<p>Region 3 - Philadelphia Lisa Pearson lisa.pearson@acf.hhs.gov The Strawbridge Building 801 Market Street Philadelphia, PA 19107-3134 (215) 861-4030 States: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p>	8	<p>Region 8 - Denver Marilyn Kennerson marilyn.kennerson@acf.hhs.gov 1961 Stout Street, 8th Floor Byron Rogers Federal Building Denver, CO 80294-3538 (303) 844-1163 States: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p>
4	<p>Region 4 - Atlanta Shalonda Cawthon shalonda.cawthon@acf.hhs.gov 61 Forsyth Street SW, Ste. 4M60 Atlanta, GA 30303-8909 (404) 562-2242 States: Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee</p>	9	<p>Region 9 - San Francisco Debra Samples debra.samples@acf.hhs.gov 90 7th Street - Ste 9-300 San Francisco, CA 94103 (415) 437-8626 States and Territories: Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau</p>
5	<p>Region 5 - Chicago Kendall Darling kendall.darling@acf.hhs.gov 233 N. Michigan Avenue, Suite 400 Chicago, IL 60601 (312) 353-9672 States: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p>	10	<p>Region 10 - Seattle Paula Bentz paula.bentz@acf.hhs.gov 701 Fifth Avenue, Suite 1600, MS-73 Seattle, WA 98104 (206) 615-3662 States: Alaska, Idaho, Oregon, Washington</p>

Archived: Monday, February 14, 2022 12:18:38 PM
From: [charles bradley](#)
Sent: Monday, February 14, 2022 11:38:30 AM
To: ~House Health Human Services and Elderly Affairs
Cc: [charles bradley](#)
Subject: HB1379
Importance: Normal

Please vote Ought To Pass to protect our children, parental rights and my grandchildren from the potential of serious , currently unknown effects of these vaccines.

Archived: Monday, February 14, 2022 10:54:07 AM
From: [Rafa GD](#)
Sent: Monday, February 14, 2022 9:07:02 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: I SUPPORT HB 1379
Importance: Normal

Good morning,

My name is Rafaella Doggett, Pembroke NH resident and concerned mother. I am emailing to SUPPORT bill HB1379 (meeting at 1045 on 2/14) regarding DHHS rulemaking authority of vaccine requirement.

Regards,
Rafaella

Archived: Monday, February 14, 2022 10:54:06 AM
From: [Joe Torelli](#)
Sent: Monday, February 14, 2022 9:11:51 AM
To: ~[House Health Human Services and Elderly Affairs](#)
Subject: opinion HB-1379
Importance: Normal

Committee members:

I strongly urge you to support HB-1379 and those who authored it identifying a serious issue with how the Executive Department of HHS has/have overstepped their/its bounds.

This bill reinforces the legislature's authority in requiring what are actually vaccines, versus what the FDA reclassified last year with the Covid shot.

Please support HB-1379

Respectfully,

Joe Torelli
(917)209-6074
Hampton

Archived: Monday, February 14, 2022 10:54:06 AM
From: [David St. Lifer](#)
Sent: Monday, February 14, 2022 9:18:20 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379
Importance: Normal

Dear HHSEA Committee:

Please support HB 1379, which has to do with human and health services rule-making authority. This bill would remove authority from the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school.

Thank you,

David St. Lifer
14, 2022

Marlborough, NH

Feb.

Archived: Monday, February 14, 2022 10:54:06 AM
From: [Mary Lou Twomey](#)
Sent: Monday, February 14, 2022 9:51:37 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

Please support this bill! No one should be forced to take an experimental vaccine.! Especially kids!!

When there is chance of harm there should be choice!!

Respectfully,
Steve Twomey
55 River Rd, Manchester, NH

Archived: Monday, February 14, 2022 10:54:06 AM
From: [Laura Piazza](#)
Sent: Monday, February 14, 2022 10:14:58 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Please support HB1379
Importance: Normal

Good morning,

I am writing to urge to vote "Ought to Pass" on HB1379. Covid-19 is a mild illness in the vast (if not entirety) majority of healthy children. My 6 and 1 year old just recovered from the illness, and much like I've heard of many other parents' children, they were mildly ill for less than two days. They are both naturally immune now and the data now shows that anyone receiving a vaccine post infection is at a higher risk for an adverse effect.

In the last 24 months there has been one death in a child from Covid-19. That is heartbreaking, of course. This child was very likely not without other conditions as the news reported he or she died out of state. One can assume, probably correctly, this was due to fact that the child being out of state for treatment of a severe illness like cancer.

This is in contrast to the reporting on the CDC's VAERS system that shows there have been **two children** who have died following taking the Covid-19 vaccine.

The risk assessment in this situation highly favors children not taking the vaccine. Many other countries agree and don't even offer these vaccines to children. It needs to be the choice of the parent whether or not they are willing to take on that risk. It should never be the role of elected officials especially since no one (not the vaccine manufacturer, the U.S. government or you) would be held liable if something catastrophic happened.

Again, please vote "Ought to Pass" on HB1379.

Sincerely,

Laura Piazza Herd
Sunapee, NH

Archived: Monday, February 14, 2022 10:54:06 AM

From: [Eric Anthony](#)

Sent: Monday, February 14, 2022 10:48:24 AM

To: ~[House Health Human Services and Elderly Affairs](#)

Subject: SUPPORT HB 1379, relative to the department of health and human services' rule-making authority regarding immunization requirements

Importance: Normal

Dear members of Health, Human Services and Elderly Affairs committee,

This bill would remove authority from the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school, and restore the Legislature's sole authority as the lawmaking branch of government to determine what vaccines ought to be required (religious and medical exemptions in other laws would still apply). We cannot have Executive Branch bureaucrats deciding what ought to be law in our state, particularly with something this important; this is a Constitutional authority that should be decided by the Legislature alone.

As a citizen of NH, I want the power to pass laws regarding required vaccines restored to the Legislature. For too long Covid has been an excuse for government bureaucrats to operate outside of the NH constitution and its separation of powers, acting under color of law to violate our rights and yours. Most vulnerable to this abuse are families and children of New Hampshire. For accountability, transparency equality and consistency of applying the law SUPPORT this bill please. Sincerely,

--- Eric Anthony (Auburn NH)

Archived: Monday, February 14, 2022 10:54:05 AM
From: [Anthony Ferrantello](#)
Sent: Monday, February 14, 2022 10:53:08 AM
To: ~[House Health Human Services and Elderly Affairs](#)
Subject: Support HB1379
Importance: Normal

Please support HB1379. This bill would remove authority from the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school, and restore the Legislature's sole authority as the lawmaking branch of government to determine what vaccines ought to be required (religious and medical exemptions in other laws would still apply).

Thank You,
Anthony Ferrantello
Keene, NH



**Biotechnology Innovation
Organization**
1201 Maryland Avenue SW
Suite 900
Washington, DC, 20024
202-962-9200

February 14, 2022

Representative Mark Pearson
Chair, Health, Human Services, and Elderly Affairs Committee
House of Representatives
New Hampshire General Court
107 North Main Street
Concord, NH 03301

Representative Erica Layon
Vice Chair, Health, Human Services, and Elderly Affairs Committee
House of Representatives
New Hampshire General Court
107 North Main Street
Concord, NH 03301

Dear Chair Pearson, Vice Chair Layon, and members of the Committee,

I am writing today on behalf of the Biotechnology Innovation Organization (BIO), a national trade association for the biotechnology industry, representing over 900 companies and academic institutions involved in the research and development of innovative healthcare, agriculture, industrial, and environmental biotechnology products. BIO membership includes vaccine developers and manufacturers who have worked closely with the public health community to support policies that help ensure access to innovation and life-saving vaccines for all individuals.

BIO and our member companies would like to express our **opposition to NH 1379**, as it puts New Hampshire residents at risk of preventable diseases.

Legislative efforts related to vaccines should focus on continuing to extend protection from these diseases and their side effects to all New Hampshire residents. The Legislature serves a critical function in passing laws to protect the people of New Hampshire. Decisions to change the immunization laws should be held to high standards of evidence-based scientific deliberation. Prohibiting the Department of Health and Human Service's rulemaking authority to add required immunizations will have a detrimental effect on public health in New Hampshire. Removal of vaccine requirements risks outbreaks of preventable diseases such as measles and influenza. Such outbreaks put lives at risk and are accompanied by great economic costs to the State¹ and society.²

¹ <https://www.cdc.gov/mmwr/volumes/66/wr/mm6646a3.htm>

² <https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world#:~:text=Businesses%20might%20find%20it%20hard,by%20almost%208%25%20in%202020>



H1379 would prohibit the Department of Health and Human Service's rulemaking authority to add required immunizations. New Hampshire's school entry requirements already allow for religious exemptions. Limiting the Department's ability to add required immunizations puts the community at risk for serious disease. Vaccinations have led to steep decreases and eradication of many significant infectious diseases such as polio, measles, mumps, pertussis, and haemophilus influenza type B (Hib). Immunizations are our best protection against preventable disease and can help the people of New Hampshire live longer, healthier lives.

BIO and our member companies urge the Committee to **oppose H1379**. We stand ready to help in any discussion of legislation to strengthen immunizations and to share our knowledge of activities and initiatives from around the country.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Chandhok", is written over a light gray rectangular background.

Ben Chandhok
State Government Affairs Director, Eastern Region
Biotechnology Innovation Organization
bchandhok@bio.org

Archived: Monday, February 14, 2022 8:57:17 AM

From: [debosgood](#)

Sent: Friday, February 11, 2022 9:47:07 AM

To: ~House Health Human Services and Elderly Affairs

Subject: Support HB 1379

Importance: Normal

Support HB 1379

Thank you!

Archived: Monday, February 14, 2022 8:57:17 AM
From: [Andrew Graham](#)
Sent: Friday, February 11, 2022 10:28:00 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

I am writing to show my support of HB1379, RE: removing the ability of DHHS to unilaterally add a covid vaccine requirement to the school schedule.

I believe this vaccine is unnecessary in general, and potentially dangerous to kids specifically. I am not "anti-vaccine" but in this case the data suggests a massive rise in heart issues in children. Specifically in young males.

If this drug becomes a requirement for my kids to go to school, I will have no choice but to remove them and pursue homeschooling. This would be difficult for our family, but I see no other alternative.

I support this Bill and hope that the right thing is done here. Vaccinations for any virus that has a high survivability rate (i.e. flu) should ALWAYS be optional.

Thank you.

Archived: Monday, February 14, 2022 8:57:17 AM

From: [Cdonle0307](#)

Sent: Friday, February 11, 2022 10:30:32 AM

To: [~House Health Human Services and Elderly Affairs](#); [~House Health Human Services and Elderly Affairs](#)

Importance: Normal

I am writing in support of HB 1379.

Catherine Donlevie
Stratham, NH

Archived: Monday, February 14, 2022 8:57:17 AM
From: Tina Hood
Sent: Friday, February 11, 2022 10:38:27 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

Good morning Committee Members,

I am writing to respectfully request you support HB 1379.

This bill would remove the ability for DHHS to add vaccines to the school schedule.

DHHS should not have the power to add any vaccine requirements, on their own, without oversight from The People's representatives in the legislature.

Thank you for your time and consideration.

Respectfully,
Tina Hood
578 Ashby Rd
New Ipswich, NH 03071
603-265-0744

Sent from my Galaxy S10

Please excuse typos and brief answers. Thank you. ☺

Archived: Monday, February 14, 2022 8:57:17 AM
From: [Jessica Seeger](#)
Sent: Friday, February 11, 2022 10:40:02 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: No COVID vaxx requirements for kids via DHHS rules
Importance: Normal

Dear Committee,

Please support HB 1379. This bill would remove the ability for DHHS to add vaccines to the school schedule. Future changes to the vaccine schedule would have to be done by the People's representatives via the legislature.

These injections have demonstrated. To have an unfavorable risk factor for children while offering no demonstrated benefits. Children are not at risk from Covid.

Sincere thanks for your time,
Jessica Seeger, Matthew Stokes

--

J. A. Seeger

Archived: Monday, February 14, 2022 8:57:17 AM
From: paulbabb@protonmail.com
Sent: Friday, February 11, 2022 10:43:13 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379
Importance: Normal

Dear Committee Members,

We ask you to please support HB 1379. Medical decisions such as this need to be made by the people; hence any changes to vaxx schedules should only be made by the elected representatives of those people.

Sincerely,

Paul and Julie Babb
Antrim NH

Sent from ProtonMail mobile

Archived: Monday, February 14, 2022 8:57:17 AM
From: [David Sullivan](#)
Sent: Friday, February 11, 2022 10:56:33 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

I am Writing you in support of HB1379. No one should make anyone take a vaccine that they feel is against their free will as an individual. This amounts to nothing more than medical rape. School age children are the least susceptible to this virius and their growing immune system should not be compromised by a goverment medical experiment that has proven to be ineffective.

Thank You
David Sullivan
Deerfield NH

Archived: Monday, February 14, 2022 8:57:17 AM
From: [Melissa Szymansky](#)
Sent: Friday, February 11, 2022 11:08:28 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Please support HB 1379
Importance: Normal

As a parent I urge you to support HB 1379 to protect our children from unlawful requirements. We can not allow the Covid shot to be forced on our children.

Thank you!
Melissa Szymansky
Salem NH

Sent from my iPhone

Archived: Monday, February 14, 2022 8:57:17 AM
From: [Danielle Snow](#)
Sent: Friday, February 11, 2022 11:29:16 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Support HB 1379
Importance: Normal

Sent from my iPhone

Archived: Monday, February 14, 2022 8:57:17 AM
From: [beverly knapp](#)
Sent: Friday, February 11, 2022 11:45:19 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

I am in support of this bill. Please pass this bill.

Archived: Monday, February 14, 2022 8:57:17 AM
From: [Cristen Theodore](#)
Sent: Friday, February 11, 2022 11:48:35 AM
To: [~House Health Human Services and Elderly Affairs](#)
Cc: [Steve](#)
Subject: No COVID Vaccine
Importance: Normal

As a concerned parent I wanted to express my concern and wishes that a COVID vaccination NOT be required for school age children. I am not anti-vacation but have real concerns over long term affects from the vaccine, where 99% of children do not have serious affects from contracting COVID.

Sent from my iPhone

Archived: Monday, February 14, 2022 8:57:17 AM
From: Jennifer Tuttle
Sent: Friday, February 11, 2022 11:48:45 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Support
Importance: Normal

Good morning,

My name is Jennifer Tuttle and I am a resident in the state of New Hampshire in Strafford County and I'm taking this time to write just said my support for HB1379.

The power to initiate any vaccine requirements should be directed per the Constitution by State Legislators representing The People who legally vote them in. The power has now been transferred back to the people and we are fully aware what are Constitution states. No where in the constitution does the federal government, DHHS, CDC, FDA, the World economic forum or the World Health Organization the right to tell us what goes in our body as American citizens. The people are well aware the push to get the shots which by the way has shown to be very deadly and with massive, massive side effects and brings only control and surveillance for the people in the end on the school registry and we are not going to stand by and let that happen.

The shifting of this nation is changing as the people have woken up. We will not stand by and allow the overreach to continue and to affect our children any longer. I ask that you support the people as per our Constitution states.

I pray that you align and stand by with every other New Hampshire citizen and throughout our country to support our rights and our children.

Thank you

Archived: Monday, February 14, 2022 8:57:17 AM
From: [Mary F. Sullivan](#)
Sent: Friday, February 11, 2022 11:51:07 AM
To: ~House Health Human Services and Elderly Affairs
Subject: 1379
Importance: Normal

Please support HB 1379

Mary Sullivan
7 Byron DR
Nashua. 03062

Archived: Monday, February 14, 2022 8:57:16 AM
From: [Karen Hettrick](#)
Sent: Friday, February 11, 2022 11:56:07 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Please Support HB 1379
Importance: Normal

Thank you,

Karen Frahm Hettrick
Salem, NH

Archived: Monday, February 14, 2022 8:56:41 AM
From: [Barbara Koehler](#)
Sent: Monday, February 14, 2022 8:39:21 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

Dear Committee Members,

Along with all the other work you have in front of you, I plead with you to please SUPPORT this current bill, HB 1379. We have already taken too much responsibility away from parents; they need to be the ones determining what goes into their children's bodies.

It is especially important with the current COVID vaccines. They are STILL EXPERIMENTAL, and the longer time goes on, we are discovering more and more problems with the shots. The bulk of the disease is in remission; Omicron is not a death threat; but the vaccine could cause permanent damage to children for no reason whatsoever.

We have heard over and over again from Dr. Robert Malone, and Dr. McCullough, experts in this field, along with THOUSANDS of Doctors on the Front Line (FLCCC) who stand with them. We DO need to listen to the experts in this field; these are the ones who have the credentials and integrity to talk to us.

Please listen to these experts and take the vaccination mandates off the board; let parents decide and do all you can to get them the information that is being suppressed by the media and government on behalf of the Pharmaceuticals who are "contributing" to them financially.

Thank You for your service to our state,

Barbara Koehler, Moultonborough

Archived: Monday, February 14, 2022 8:56:41 AM
From: [Dianne](#)
Sent: Monday, February 14, 2022 8:41:26 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: SUPPORT – HB 1379,
Importance: Normal

We must leave important decisions to the legislature and not an executive.

Dianne Vogt
Dover

Sent from my iPad

Archived: Monday, February 14, 2022 8:56:41 AM

From: [Dianne](#)

Sent: Monday, February 14, 2022 8:47:19 AM

To: [~House Health Human Services and Elderly Affairs](#)

Subject: Support HB1379

Importance: Normal

The power to pass laws regarding required vaccines should be restored to the Legislature.

Dianne Vogt

Dover

Sent from my iPad

Archived: Monday, February 14, 2022 8:39:01 AM
From: cmcinteriors@comcast.net
Sent: Friday, February 11, 2022 1:07:36 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379
Importance: Normal

I support bill HB1379. It is imperative that the experimental shot is a CHOICE!

Sent from my iPhone

Archived: Monday, February 14, 2022 8:39:00 AM
From: [Nina Tyler](#)
Sent: Friday, February 11, 2022 1:46:21 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: SUPPORT OF HB 1379
Importance: Normal

Good afternoon,

I am talking the time out to ask that you please support HB 1379.

Best regards & God Bless

Nina Tyler

Archived: Monday, February 14, 2022 8:39:00 AM
From: [Ryan Doffing](#)
Sent: Friday, February 11, 2022 2:19:20 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

I am in support of HB 1379. We don't want vaccine requirements for our children in school or to attend.

Ryan Doffing
312 Spring St.
Contoocook, NH 03229

Archived: Monday, February 14, 2022 8:39:00 AM
From: [Candice Cunha](#)
Sent: Friday, February 11, 2022 2:27:08 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: SUPPORT HB1379
Importance: Normal

My name is Candice Aiello-Cunha and I reside at One Baldwin Drive Brookline, NH and I SUPPORT HB1379 relative to the department of health and human services rule making authority regarding immunization requirements

Sent from my iPhone

Archived: Monday, February 14, 2022 8:39:00 AM
From: [Beth Mahoney](#)
Sent: Friday, February 11, 2022 3:19:33 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Support HB 1379
Importance: Normal

I am writing to urge you to support this bill. Enough is enough!
There is zero reason to add another vaccine to the requirements already forced on students!
Especially this one.
There is far too much documentation on the probability of adverse reactions to require this vaccine...which in fact does NOT stop transmission at all and therefore cannot even be considered a vaccine.
I urge you to support this bill!

Regards,
Elisabeth Mahoney
Grafton County

Archived: Monday, February 14, 2022 8:39:00 AM
From: [Tracy Frederick](#)
Sent: Friday, February 11, 2022 3:11:53 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Support for HB 1379
Importance: Normal

Good afternoon

I am writing to support this bill that proposes to remove the ability of the DHHS from adding additional vaccines to the school schedule. This is a critical bill at this time. There is very concerning data that has come out regarding the covid vaccines and the manner in which they were pushed through the EUA approval process, and data demonstrating that the results of the trials themselves were altered midstream in a manner which has never before been accepted in clinical trials. The trial failed for 2-4 year olds, yet Pfizer is still pushing for approval.

Data clearly demonstrates that our children are not in danger from this virus as they have a 99.995% recovery rate from Covid. Healthy children are not dying from Covid. It is also clear that the risk to human health from these shots is real, and that adverse events are not rare. Many of our children have already had Covid, and studies demonstrate a greater number of adverse reactions to those who have already had Covid. I implore you to do the right thing here and protect our children by making sure that this vaccine cannot be added to the school schedule. This still allows for parents who wish to get it for their children to do so. Thank you for your service.

Tracy Frederick
Hollis, NH

Sent from my iPhone

Archived: Monday, February 14, 2022 8:39:00 AM
From: royz7777us@yahoo.com
Sent: Friday, February 11, 2022 3:33:46 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

FEBRUARY 11, 2022

Re: HB1379

Dear Committee Members:

I am writing to you today as a concerned citizen of New Hampshire. I urge you to SUPPORT HB 1379.

It is a primary duty of the government to protect the natural rights of its citizens. No school or child care facility should be able to force injections on our most vulnerable citizens, especially when children are not at risk from COVID-19, children have never been vectors for the disease, and the available vaccines do not stop COVID transmission.

I feel compelled to write to you today to express my concerns regarding mandates for the Covid vaccine. We ALL should be able to make our own medical choices without the interference from the government.

These vaccines do NOT provide "immunity" like a true vaccine should. I have had many vaccines and I am NOT anti-vaccine. I am ANTI-MANDATE. I know several people that have been fully vaccinated, and still got Covid! Johns Hopkins has reported that there are over 140 Million people that have already had Covid, but yet our government agencies (FDA, CDC) do not recognize natural immunity. A study out of Israel shows that natural immunity gives you 27 times the protection than the Covid vaccine! (Johns Hopkins)

There has not been enough research on the **long-term effects** of this experimental MRNA vaccine. The Vaccine Adverse Event Reporting System (VAERS) has registered over 875,651 adverse events through November 5, 2021, including over 18,000 deaths.

I am afraid for my three grandchildren being forced to take this injection in order to attend school. There have been many instances where young boys and men have suffered pericarditis and myocarditis due to the vaccine. I don't want my grandchildren to suffer long term medical problems, or die from a vaccine that is NOT necessary for most children. Children are hardly affected by Covid, so why would we take the risk of side effects from the vaccine, when the virus itself has a 99.998% recovery rate for children. The flu itself is 6 times more deadly for our children, and yet we DO NOT MANDATE the flu shot for children.

Also, the FDA Briefing document - *Vaccines and Related Biological Products Advisory Committee Meeting* of October 26, 2021 (section 5 page 14) changed the formulation of the Pfizer vaccine for 5-11 year olds to include "tromethamine" (Tris) which is considered a "heart attack" drug that stabilizes people who have suffered a heart attack. Why the need to add this additional drug?

Why don't the Pharma companies that manufacture these vaccines have some level of liability?
If the state forces these vaccines will THEY be LIABLE for any associated adverse medical events?

We used to live in a free country where we were allowed to make informed choices and consent for our own medical care, sadly, this no longer is the case.

Please stand up for the citizens of NH, to allow them to continue to make their own medical decisions.

I implore you to Vote AGAINST any Mandates or Vaccine passports!

Respectfully,

Mary Roy
Independent voter
Lifelong NH citizen

Sent from my iPad

Archived: Monday, February 14, 2022 8:39:00 AM
From: [Rachel Paluch](#)
Sent: Friday, February 11, 2022 3:35:24 PM
To: ~House Health Human Services and Elderly Affairs
Subject: RE: please support HB1379
Importance: Normal

To Whom it May Concern,

If we are following the science then this Bill will definitely be passed. Children have been shown to not be at a significant risk of death or hospitalization from Covid. They tend to have a mild or even an asymptomatic case which is what vaccinated adults tend to have. There are outliers but that's not enough to subject kids to a vaccine that does in and of itself carry a risk. Forcing kids to get the Covid vaccine when the science does not support that decision is horrifying to me. The motives for this have to be something other than protection of the children or even public health. It has to be a combination of political and financial with a side ingredient of tyrannical control issues.

Let me assure you I am not an anti vaxxer. I'm 66 years old with lung disease. I made the decision along with my doctor to get the Covid shot. My 3 kids had all the childhood vaccinations - a lot less than required today - but whatever was advised. If my kids were young today I would absolutely be against them receiving this shot. I would pull them out of school first. Besides the fact that I don't believe the science supports it - I've seen many adults, myself included, that got sicker from the shot than how sick kids are getting from Covid. I know one person that died and another that has suffered for months from Bells Palsy. The science is also showing that the immunity acquired from recovering from Covid is superior & longer lasting to that acquired from the vaccine. All of my 11 living grandchildren have had Covid and suffered mild symptoms that lasted less time than did my side effects from the shot.

There may come a time that the science and the viral threat would support adding this to the already lengthy vaccine requirements for schools but this is not the time.

Rachel Paluch
63 Meaderboro Rd
Alton NH 03809
603-231-8517

Archived: Monday, February 14, 2022 8:39:00 AM
From: [Deb Roux](#)
Sent: Friday, February 11, 2022 6:42:51 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Please support HB 1379
Importance: Normal

Hello,

Please, please, please support HB 1379. Please allow doctors to decide what is best for our children. Only doctors know what our children need.

Praying...

God bless,

Deb

Archived: Monday, February 14, 2022 8:38:59 AM
From: [Jeri Kauffman](#)
Sent: Saturday, February 12, 2022 6:27:40 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: SB1379 support
Importance: Normal

Hello,

I'm writing to ask you to support this bill. I don't believe that DHHS should be able to add Covid-19 to the vaccine requirements, nor any other vaccine.

Thank you,
Jeri Kauffman
Laconia

Archived: Monday, February 14, 2022 8:38:59 AM
From: pjbubba2008@yahoo.com
Sent: Saturday, February 12, 2022 9:11:14 AM
To: ~House Health Human Services and Elderly Affairs
Subject: No Covid Vaxx
Importance: Normal

support of HB 1379.

Thank you.

Dr Paul Loch
Exeter, NH

Sent from my iPhone

Archived: Monday, February 14, 2022 8:38:59 AM
From: [Taci Guven](#)
Sent: Saturday, February 12, 2022 9:57:55 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB 1379
Importance: Normal

Dear Committee Members,

I urge you to support HB 1379, relative to the DHHS' rule-making authority regarding immunization requirements.

We must protect our children from toxic, deadly, AI technology injections at all costs.

Thank you
Taci Guven
Windham, NH

Sent from my iPhone

Archived: Monday, February 14, 2022 8:38:59 AM
From: [Sandra Stamas](#)
Sent: Saturday, February 12, 2022 11:59:38 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

I support this bill.

Nashua Resident and Voter
Sandra Maggio

Archived: Monday, February 14, 2022 8:38:59 AM
From: [Peter Depalo](#)
Sent: Saturday, February 12, 2022 2:59:53 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Support a bill
Importance: Normal

Hi I am emailing to SUPPORT HB 1379. We can not force children to take a shot that they do not need, does not stop infection and is not FDA approved. No it's not FDA approved. The ones that are FDA approved will not be available in the US for years...

Sent from my iPhone

Archived: Monday, February 14, 2022 8:38:59 AM
From: [V FERNALD](#)
Sent: Saturday, February 12, 2022 3:54:39 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

Thank you for this bill I support this legislation to protect us from the DDHS overreach , Virginia Fernald

Archived: Monday, February 14, 2022 8:38:59 AM
From: [Elliot Axelman](#)
Sent: Saturday, February 12, 2022 10:39:48 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Please support HB1379
Importance: Normal

Dear Representatives,

My family and I would like you to please SUPPORT [HB1379](#), which is legislation that would prohibit the HHS from controlling vaccine mandates and instead allow legislators to legislate, which was our founders' intention.

Thank you very much.

--

Elliot Axelman, NRP, FP-C, NASM
Editor-in-chief, LibertyBlock.com
Author, Defiance Press & Publishing

Archived: Monday, February 14, 2022 8:38:58 AM
From: [Michael Demars](#)
Sent: Saturday, February 12, 2022 11:13:24 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

Members of HHSEA,

The Covid shots are not vaccines by any prior definition. They do not confer long lasting immunity as has been witnessed by the vast number of vaccinated persons that get Covid.

Any benefit they offer is confined to older and less healthy people who may see better outcomes if they get these shots.

There is no clear benefit for healthy children getting these shots and no public good served because the virus will spread just the same.

This bill makes it clear that any attempt to require these "vaccines" for public school attendance must be approved by our elected legislators and Governor vs a small number of bureaucrats in Concord.

I urge you all to support HB1379.

Michael Demars
62 Bonmark Drive
Claremont NH 03743

Archived: Monday, February 14, 2022 8:38:58 AM
From: [Anthony Ferrantello](#)
Sent: Sunday, February 13, 2022 7:50:50 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB1379
Importance: Normal

I urge you to vote "OUGHT TO PASS" for HB1379 as it would revoke rulemaking authority for the Commissioner of Health & Human Services with respect to childhood immunizations.

Rather than rulemaking by a select few, grave decisions on vaccine mandates that impact every child in New Hampshire should require a majority vote in both houses of the legislature, plus the assent of the Governor.

Thank You,
Anthony Ferrantello
Keene, NH

Archived: Monday, February 14, 2022 8:38:58 AM

From: [Erin Moore](#)

Sent: Sunday, February 13, 2022 10:46:48 AM

To: ~[House Health Human Services and Elderly Affairs](#)

Subject: Email from a concerned NH resident. Re: HB1379

Importance: Normal

Dear committee members,

Please vote, "Ought to pass," on bill HB1379 to ensure that the residents of NH get a say in voting for or against any sweeping health mandates or decisions. It is imperative that the power to enact mandates does not lie with a few people, but rather with the people.

Thank you,
Erin Moore

Sent from my iPhone

Archived: Monday, February 14, 2022 8:38:58 AM
From: [Cindy Ansaldo](#)
Sent: Sunday, February 13, 2022 1:13:26 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379
Importance: Normal

I am in full support of HB1379!
These vaccines are much too risky.
Protect our children.

Get [Outlook for iOS](#)

Archived: Monday, February 14, 2022 8:38:58 AM
From: [Robert Sayer](#)
Sent: Sunday, February 13, 2022 3:22:02 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

Folks

I am in total support of this bill.

Robert Sayer

Chester NH

Sent from my Verizon 4G LTE Droid

Archived: Monday, February 14, 2022 8:38:57 AM

From: Daniel Richardson

Sent: Sunday, February 13, 2022 3:27:43 PM

To: ~House Health Human Services and Elderly Affairs

Cc: Tom Lanzara; Jim Kofalt; Melissa Blasek; Hershel Nunez; JD Bernardy; Gregg Hough; Chris True; David Love; Kevin Avard; James Spillane

Subject: In Support of HB 1379 relative to the department of health and human services' rulemaking authority, regarding immunization requirements

Importance: Normal

Ref: February 14, 2022 Public Hearing

Health, Human Services and Elderly Affairs Committee -

I write in support of HB 1379. This bill rightly contains the scope of DHHS authority for compulsory immunizations to those already having successfully completed extensive, exhaustive and final trials. No room is made for experimental vaccination mandates on children.

Please recommend HB 1379 as OTP.

Daniel Richardson, Nashua

Archived: Monday, February 14, 2022 8:38:57 AM

From: Susan Paschell

Sent: Sunday, February 13, 2022 3:59:27 PM

To: ~House Health Human Services and Elderly Affairs

Cc: Lamy, Roland; Jim Monahan; Brian Collins; Jay Couture (jcouture@smhc-nh.org); Bill Rider; Maggie Pritchard (E-mail); Lindsay Oestreich; Christina Dyer

Subject: Letters from CBHA on vaccine bills being heard tomorrow

Importance: Normal

Attachments:

2.14.22 LETTER HB1379 to HHS.docx ;2.14.22 LETTER HB 1495 to HHS.docx ;2.14.22 LETTER HB 1271 to HHS.docx ;

Good afternoon Rep. Pearson and members of the HHS&EA Committee:

Attached are three letters from the NH Community Behavioral Health Association (CBHA) regarding three bills you will hear tomorrow: HB 1271, HB 1379, and HB 1495.

All 3 letters re-state the CBHA policy on vaccines, shared with you earlier as testimony on HB 1224, prohibiting health care providers from refusing to provide care or services based on patient vaccination status:

The NH Community Behavioral Health Association (CBHA) would like to thank its Community Mental Health Center members and the thousands of Community Mental Health Center NH Employees for all their efforts to stay up to date and vaccinated for the best health and safety of the patients they serve. NHCBA believes that our state's public health policies should be based on scientific research, and medical literature, and reputable sources like the Centers for Disease Control and Prevention. At a time when the intense public health danger associated with the COVID-19 pandemic is being exacerbated with misleading and inaccurate information about basic public health norms – including vaccines, mitigation measures, and responsible public behavior – and is being amplified in public arenas, establishing this baseline of relying on trusted and informed voices is critically important.

Vaccines have worked historically for diseases such as polio and they work today – they are regulated and tested by credible science and their use should not be subjected to political interference. The CBHA opposes any legislation or state regulatory actions which would limit the funding or distribution of vaccines by the Division of Public Health; negatively impact the work of the Department's adult and childhood Immunization Program; or interfere with the ability and freedom of an employer, School Administration Unit, school board, or institution of higher education to adopt measures to ensure the health and welfare of their employees, students, and consumers.

Please let me know if you have questions or need any additional information.

We appreciate your consideration.

Thank you,

Susan

Susan Paschell, Senior Associate
The Dupont Group
29 School Street, Suite 200
Concord NH 03301
603-228-3322 ext. 107



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Archived: Monday, February 14, 2022 8:38:57 AM
From: info@alignact.us
Sent: Sunday, February 13, 2022 4:00:21 PM
To: ~House Health Human Services and Elderly Affairs
Subject: SUPPORT HB 1379
Importance: Normal

Please support HB 1379. Health mandates should not be put in place by bureaucrats, but only through the legislature, who are the People's representatives.

Thank you!

Edward Lamaster
13623 Country Glen
Tyler TX 75706
eeellama@startmail.com
903-749-1032

Archived: Monday, February 14, 2022 8:38:57 AM
From: [Debra Herget](#)
Sent: Sunday, February 13, 2022 4:11:18 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Urging you to support HB 1379
Importance: Normal

Hello,
I urge you to vote in support of HB 1379.

Thank you for your consideration,

[Debra Herget](#)
[Keene 03431](#)

Archived: Monday, February 14, 2022 8:38:57 AM
From: [Michael Willett](#)
Sent: Sunday, February 13, 2022 4:39:11 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

Please support HB 1379!

Sincerely,

Michael Willett
165 Swanzey Lake Rd, Swanzey, NH 03446
603 357 3552

Archived: Monday, February 14, 2022 8:38:57 AM
From: [Renee Flint](#)
Sent: Sunday, February 13, 2022 4:20:34 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Ought to Pass HB1379
Importance: Normal

Dear Legislator Members,
I urge you to vote "Ought to Pass" on HB1379. Please stand up for medical freedom for our children in the Live Free or Die State!
Thank You,
Renee and Cory Flint
Sunapee NH

Sent from my iPhone

Archived: Monday, February 14, 2022 8:38:57 AM
From: [Joanna Berardi Brown](#)
Sent: Sunday, February 13, 2022 4:50:20 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

Please support this bill! Laws to be followed are a Constitutional issue and only ought to be decided by the Legislature alone! The Executive Branch, including Health and Human Services, has no right to decide who can attend public school through ever-changing vaccine requirements, for example.

Joanna Brown
Resident of Manchester, NH

Archived: Monday, February 14, 2022 8:38:56 AM
From: [katsep25](#)
Sent: Sunday, February 13, 2022 5:25:46 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB 1379
Importance: Normal

The power to pass laws regarding required vaccines should be restored to the Legislature.
It is a Constitutional authority that should be decided by the Legislature alone.

Sincerely,
Kathleen Seppala
Rindge, NH

Sent from ProtonMail mobile

Archived: Monday, February 14, 2022 8:38:56 AM
From: [Pam Murgatroy](#)
Sent: Sunday, February 13, 2022 5:35:28 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 1379
Importance: Normal

Please vote for NB 1379 to prevent our government officials from forcing vaccine mandates upon children who are the least likely to have any effects from the virus but a great chance to have serious effects from the vaccine as VAERS has reported. Let us save our children.

Thank you,

Pam Murgatroy
Sunapee, NH

Archived: Monday, February 14, 2022 8:38:56 AM
From: Alan Graustein
Sent: Sunday, February 13, 2022 6:05:56 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB1379
Importance: Normal

Members of the Committee,

Please support HB1379...

We want the power to pass laws regarding required vaccines restored to the Legislature and not in the hands of the Executive Dept. of Health and Human Services.

Thank you,
[Alan Graustein](#)
Sanbornton, NH

Archived: Monday, February 14, 2022 8:38:56 AM
From: [Jessica Kuncik](#)
Sent: Sunday, February 13, 2022 6:01:16 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Support HB1379
Importance: Normal

We support HB1379 to keep DHHS from adding more irrelevant medical requirements for children to attend school.
Thank you

Jessica L Kuncik Mara - Dunbarton

Sent from iPhone

Archived: Monday, February 14, 2022 8:38:56 AM
From: [Alan Graustein](#)
Sent: Sunday, February 13, 2022 6:11:40 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB1379
Importance: Normal

Committee Members,

Please protect the rights of NH citizens and support HB1379.

Thank You,

**Alan Graustein
Sanbornton, NH**

Archived: Monday, February 14, 2022 8:38:56 AM
From: [bstonge1021](#)
Sent: Sunday, February 13, 2022 6:55:34 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Support HB1379
Importance: Normal

Good evening, Congressmen:
Thank you for your service.

My name is Bonnie St.Onge and as our elected officials, I am asking that you please pass the HB1379 bill.

The Covid-19 vaccine should be left to the parents to decide for their child, no one else. If this does not take into effect, I fear for my children's future in NH and not being able to participate in school or events that they would have every right to attend.

Please, on behalf of our children, please support this bill.

Thank you.

Sent from my Verizon, Samsung Galaxy smartphone

Archived: Monday, February 14, 2022 8:38:56 AM
From: [monica d](#)
Sent: Sunday, February 13, 2022 7:01:51 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB1379
Importance: Normal

Please support HB1379!!

Monica Dean
Hampstead, NH

Archived: Monday, February 14, 2022 8:38:56 AM
From: [kevin sicard](#)
Sent: Sunday, February 13, 2022 7:10:09 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379
Importance: Normal

Kevin Sicard 17 woodridge rd east hampstead nh February 14, 2022

Health, Human Services and Elderly Affairs

Choose 10:45am - HB1379

I'm A Member of the Public

I'm Representing: Myself

My Position on this Bill: I SUPPORT this Bill

you will have the blood of the children on your hands if you don't support this Bill

Archived: Monday, February 14, 2022 8:38:55 AM
From: [Linda Darrow](#)
Sent: Sunday, February 13, 2022 7:12:25 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379 - Immunization Requirements
Importance: Normal

Dear Committee Members,

Please support this bill to restore the Legislature's authority to determine the vaccines that children must receive to go to school. The Executive Dept of Health and Human Services should not have this important responsibility.

LIVE FREE OR DIE

Linda R Darrow
Center Barnstead NH

Archived: Monday, February 14, 2022 8:38:55 AM
From: [Diane Roblee](#)
Sent: Sunday, February 13, 2022 7:19:05 PM
To: ~House Health Human Services and Elderly Affairs
Cc: jas.roblee@comcast.net
Subject: Oppose 1481; support 1379
Importance: Normal

Hello Health, Human Services, and Elderly Affairs Committee Members,

Americans cannot be forced to inject experimental chemicals into their bodies.
Legislature has power to make laws not Executive.
Let's get back to basics.

Thanks,
Diane Roblee
50 Lindahl Road
Bedford

Archived: Monday, February 14, 2022 8:38:55 AM
From: [Claire Ketteler](#)
Sent: Sunday, February 13, 2022 7:53:01 PM
To: ~House Health Human Services and Elderly Affairs
Subject: I support HB1379. Please vote OTP.
Importance: Normal

Dear House Health & Human Services & Elderly Affairs Committee

I support HB 1379. It is very important to eliminate rule making ability for the NH Commissioner of Health & Human Services with respect to childhood immunizations. New childhood immunizations and vaccine mandates should be required to go through the legislative process and not be in the hands of a handful of people. I am a concerned citizen, voter and mother.

Thank you,
Claire Ketteler
Newbury, NH

Archived: Monday, February 14, 2022 8:38:55 AM
From: [Becky](#)
Sent: Sunday, February 13, 2022 7:53:51 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Please support HB 1379
Importance: Normal

Dear Committee Members,

Please support HB 1379, relative to the department of health and human services' rule-making authority regarding immunization requirements. We must not allow the Executive Department of Health and Human Services to determine what vaccines children must receive to go to school. It is the Legislature's sole authority as the lawmaking branch of government to make these determinations. Please help ensure that the power to pass laws regarding required vaccines be restored to the Legislature.

Respectfully,
Rebecca Schwab
Penacook, NH

Sent with [ProtonMail](#) Secure Email.

Archived: Monday, February 14, 2022 8:38:55 AM
From: [Kathleen Brown](#)
Sent: Sunday, February 13, 2022 7:55:20 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: SUPPORT HB1379
Importance: Normal

Hon. Committee Members,
Please SUPPORT HB1379 because no one except parents should have authority to define which immunizations are required for their children; and parents will be solely responsible to decide whether or not their children will be injected with a Covid vaccine.
Thank you.
Kathleen Brown
News NH

Archived: Monday, February 14, 2022 8:38:55 AM
From: [Jennifer Watson](#)
Sent: Sunday, February 13, 2022 8:18:54 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Please support HB1379
Importance: Normal

Dear HHE Committee Members:

Please support this bill which will give the choice to parents over which immunizations to give their children. Having an unelected bureaucratic department having the right to determine which vaccinations children are required to get is ominous in this post-Covid world. As we have witnessed serious side effects injuring young people amid the insistence that everyone get the Covid vaccine--even those like children who are not at risk from the disease--a bill codifying parental rights to make choices for their children just makes sense.

Sincerely,

Joseph and Jennifer Watson
Laconia, NH

Archived: Monday, February 14, 2022 8:38:55 AM
From: [Ingrid Hartsook](#)
Sent: Sunday, February 13, 2022 8:21:01 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379
Importance: Normal

I Support this Bill! Decisions should be made by the individual parent according to our God Given Rights!

Thank you so much!
Ingrid Hartsook

[Sent from Yahoo Mail for iPhone](#)

Archived: Monday, February 14, 2022 8:38:54 AM
From: [Nicole Clark Sebastian](#)
Sent: Sunday, February 13, 2022 8:37:13 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379
Importance: Normal

To whom it may concern

I am writing in support of this bill. I believe the Health and Human services department of most states exercised great over reach in the pandemic.

Best!

Nicole

Archived: Monday, February 14, 2022 8:38:54 AM
From: [scott barr](#)
Sent: Sunday, February 13, 2022 9:10:23 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

Dear Committee,

Please SUPPORT HB 1379. The power to pass laws regarding required vaccines needs to be restored to the Legislature.

Thank you for your understanding,
Lisa Barr

Archived: Monday, February 14, 2022 8:38:54 AM
From: [scott barr](#)
Sent: Sunday, February 13, 2022 9:28:11 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 1379
Importance: Normal

Dear Members,

Please SUPPORT HB 1379.

Thank you for your understanding,

Lisa Barr

Archived: Monday, February 14, 2022 8:38:53 AM
From: [Colleen Dundon](#)
Sent: Sunday, February 13, 2022 9:37:55 PM
To: ~House Health Human Services and Elderly Affairs
Subject: PLEASE support of HB 1379
Importance: Normal

Please support HB 1379.
Sent from my iPhone

Archived: Monday, February 14, 2022 8:38:53 AM
From: [Leslie Russell](#)
Sent: Sunday, February 13, 2022 10:27:47 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB1379. SUPPORT
Importance: Normal

Please support bill HB1379.

Thank you for your service.

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**Biotechnology Innovation
Organization**
1201 Maryland Avenue SW
Suite 900
Washington, DC, 20024
202-962-9200

February 14, 2022

Representative Mark Pearson
Chair, Health, Human Services, and Elderly Affairs Committee
House of Representatives
New Hampshire General Court
107 North Main Street
Concord, NH 03301

Representative Erica Layon
Vice Chair, Health, Human Services, and Elderly Affairs Committee
House of Representatives
New Hampshire General Court
107 North Main Street
Concord, NH 03301

Dear Chair Pearson, Vice Chair Layon, and members of the Committee,

I am writing today on behalf of the Biotechnology Innovation Organization (BIO), a national trade association for the biotechnology industry, representing over 900 companies and academic institutions involved in the research and development of innovative healthcare, agriculture, industrial, and environmental biotechnology products. BIO membership includes vaccine developers and manufacturers who have worked closely with the public health community to support policies that help ensure access to innovation and life-saving vaccines for all individuals.

BIO and our member companies would like to express our **opposition to NH 1379**, as it puts New Hampshire residents at risk of preventable diseases.

Legislative efforts related to vaccines should focus on continuing to extend protection from these diseases and their side effects to all New Hampshire residents. The Legislature serves a critical function in passing laws to protect the people of New Hampshire. Decisions to change the immunization laws should be held to high standards of evidence-based scientific deliberation. Prohibiting the Department of Health and Human Service's rulemaking authority to add required immunizations will have a detrimental effect on public health in New Hampshire. Removal of vaccine requirements risks outbreaks of preventable diseases such as measles and influenza. Such outbreaks put lives at risk and are accompanied by great economic costs to the State¹ and society.²

¹ <https://www.cdc.gov/mmwr/volumes/66/wr/mm6646a3.htm>

² <https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world#:~:text=Businesses%20might%20find%20it%20hard,by%20almost%208%25%20in%202020>



H1379 would prohibit the Department of Health and Human Service's rulemaking authority to add required immunizations. New Hampshire's school entry requirements already allow for religious exemptions. Limiting the Department's ability to add required immunizations puts the community at risk for serious disease. Vaccinations have led to steep decreases and eradication of many significant infectious diseases such as polio, measles, mumps, pertussis, and haemophilus influenza type B (Hib). Immunizations are our best protection against preventable disease and can help the people of New Hampshire live longer, healthier lives.

BIO and our member companies urge the Committee to **oppose H1379**. We stand ready to help in any discussion of legislation to strengthen immunizations and to share our knowledge of activities and initiatives from around the country.

Sincerely,

A handwritten signature in brown ink that reads "Ben Chandhok".

Ben Chandhok
State Government Affairs Director, Eastern Region
Biotechnology Innovation Organization
bchandhok@bio.org

HB 1379 - AS INTRODUCED

2022 SESSION

22-2527

05/10

HOUSE BILL **1379**

AN ACT relative to the department of health and human services' rulemaking authority regarding immunization requirements.

SPONSORS: Rep. Kofalt, Hills. 4; Rep. Blasek, Hills. 21; Rep. Nunez, Hills. 37; Rep. Bernardy, Rock. 16; Rep. Hough, Belk. 3; Rep. True, Rock. 4; Rep. Love, Rock. 6; Rep. Spillane, Rock. 2; Sen. Avard, Dist 12

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill limits immunization requirements to those diseases identified in statute and removes the department of health and human service's rulemaking authority in this area.

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

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to the department of health and human services' rulemaking authority regarding immunization requirements.

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

- 1 1 Communicable Disease; Immunization. Amend RSA 141-C:20-a, I to read as follows:
- 2 I. All parents or legal guardians shall have their children who are residing in this state
- 3 immunized against ~~[certain diseases. These diseases shall include, but not be limited to,]~~
- 4 diphtheria, mumps, pertussis, poliomyelitis, rubella, rubeola, and tetanus. ~~[The commissioner shall~~
- 5 ~~adopt rules under RSA 541-A relative to other diseases which require immunization.]~~
- 6 2 Repeal. RSA 141-C:6, XIII, relative to rulemaking for other communicable diseases under
- 7 RSA 141-C:20-a, I.
- 8 3 Effective Date. This act shall take effect 60 days after its passage.