

LEGISLATIVE COMMITTEE MINUTES

HB1210

Bill as
Introduced

HB 1210 - AS AMENDED BY THE HOUSE

17Mar2022... 0724h

2022 SESSION

22-2175
05/04

HOUSE BILL **1210**

AN ACT relative to exemptions from vaccine mandates.

SPONSORS: Rep. Lang, Belk. 4; Rep. Pearl, Merr. 26; Rep. Moffett, Merr. 9; Rep. Osborne, Rock. 4; Rep. Edwards, Rock. 4; Rep. Aron, Sull. 7; Rep. Cushman, Hills. 2; Sen. Avar, Dist 12; Sen. Giuda, Dist 2

COMMITTEE: Labor, Industrial and Rehabilitative Services

AMENDED ANALYSIS

This bill requires public employers, private employers, and postsecondary education institutions that receive public funds and mandate a vaccination or other inoculation procedure to accept an employee's or student's request for a medical, religious, or right of conscience exemption.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 1210 - AS AMENDED BY THE HOUSE

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22-2175
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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to exemptions from vaccine mandates.

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

1 1 Legislative Findings. The general court finds that:

2 I. It is the longstanding public policy of New Hampshire to protect the rights of its citizens
3 to live free; and

4 II. The state of New Hampshire has affirmed in statute the natural, essential, and inherent
5 right to individual bodily integrity. Therefore, citizens shall have the right to choose what, if any,
6 substances are injected into their bodies, including without limitation, any mandated vaccine.

7 2 New Subdivision; Labor; Protective Legislation; Exemption from Vaccination Mandates.
8 Amend RSA 275 by inserting after section 77 the following new subdivision:

9 Exemption from Vaccination Mandates

10 275:78 Exemption from Vaccination Mandates; Public and Private Employers.

11 I. Any public or private employer that receives public funds from the federal or state
12 government or any subdivision thereof, whether such funds are in the form of payment for
13 contractual services, grants, or in any other form however denominated, and irrespective of the
14 amount or level of such funding, and mandates any vaccine, inoculation, or immunization procedure,
15 shall offer an employee the opportunity to submit a request for a medical, religious, or right of
16 conscience exemption.

17 II. An employee's written request for exemption shall simply state: "I, (employee name),
18 hereby submit a request for a medical, religious, or right of conscience exemption from the mandated
19 vaccination or inoculation. [employee signature and date]". Such request for exemption shall be
20 granted. The employer may then work with the employee to see if an agreement for a reasonable
21 accommodation can be reached.

22 III. If any provision of this section or its application to any person or circumstances is held
23 invalid, such invalidity shall not affect other provisions or applications of this section that can be
24 given effect without the invalid provision or application, and to this end the provisions of this section
25 are severable.

26 3 New Chapter; Exemptions from Vaccination Mandates in
27 Postsecondary Educational Institutions. Amend RSA by inserting after chapter 200-N the following
28 new chapter:

29 CHAPTER 200-O

30 EXEMPTIONS FROM VACCINATION MANDATES IN
31 POSTSECONDARY EDUCATIONAL INSTITUTIONS

1 200-O:1 Exemptions from Vaccination Mandates; Postsecondary Educational Institutions.

2 I. Any postsecondary educational institution that receives public funds from the federal or
3 state government or any subdivision thereof, whether such funds are in the form of payment for
4 contractual services, grants, or in any other form however denominated, and irrespective of the
5 amount or level of such funding, and mandates any vaccine, inoculation, or immunization procedure,
6 shall offer each student the opportunity to submit a request for a medical, religious, or right of
7 conscience exemption.

8 II. A student's written request for exemption shall simply state: "I, (student name), hereby
9 submit a request for a medical, religious, or right of conscience exemption from the mandated
10 vaccination or inoculation. [student signature and date]". Such request for exemption shall be
11 granted. The school may then work with the student to see if an agreement for a reasonable
12 accommodation can be reached.

13 200-O:2 Severability. If any provision of this chapter or its application to any person or
14 circumstances is held invalid, such invalidity shall not affect other provisions or applications of this
15 chapter that can be given effect without the invalid provision or application, and to this end the
16 provisions of this chapter are severable.

17 4 Effective Date. This act shall take effect upon its passage.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avard, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: April 14, 2022

HEARINGS

Wednesday

04/20/2022

(Day)

(Date)

Health and Human Services

Legislative Office Building 201-203 8:00 a.m.

(Name of Committee)

(Place)

(Time)

| | | |
|-----------|---|--|
| 8:00 a.m. | EXECUTIVE SESSION ON PENDING LEGISLATION | |
| 9:00 a.m. | HB 1455 | relative to state enforcement of federal vaccination mandates. |
| 9:30 a.m. | HB 1210 | relative to exemptions from vaccine mandates. |

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 1455

Rep. Packard

Rep. Blasek

HB 1210

Rep. Lang

Rep. Edwards

Sen. Giuda

Rep. Rice

Rep. Prout

Rep. Pearl

Rep. Aron

Rep. T. Lekas

Rep. Moffett

Rep. Cushman

Rep. Layon

Rep. Osborne

Sen. Avard

Cameron Lapine 271-2104

Jeb Bradley
Chairman

Senate Health and Human Services Committee
Cameron Lapine 271-2104

HB 1210, relative to exemptions from vaccine mandates.

Hearing Date: April 20, 2022

Time Opened: 9:40 a.m.

Time Closed: 10:55 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent: None

Bill Analysis: This bill requires public employers, private employers, and postsecondary education institutions that receive public funds and mandate a vaccination or other inoculation procedure to accept an employee's or student's request for a medical, religious, or right of conscience exemption.

Sponsors:

Rep. Lang
Rep. Osborne
Rep. Cushman

Rep. Pearl
Rep. Edwards
Sen. Avard

Rep. Moffett
Rep. Aron
Sen. Giuda

Who supports the bill: In total, **136 individuals** signed in in support of HB 1210. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who opposes the bill: In total, **104 individuals** signed in in opposition to HB 1210. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who is neutral on the bill: In total, **1 individual** signed in as neutral on HB 1210. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Summary of testimony presented in support:

Representative Tim Lang

Belknap County District 4

- Representative Lang said that HB 1210 is the most misunderstood bill of the legislative session. He said that it puts into statute the procedures that most businesses already follow and simply reinforces them.

- Rep. Lang said that before Covid-19, business would routinely receive requests for medical and religious exemptions and routinely grant them in order to protect both the citizens they interact with and their business model.
- Rep. Lang said that before Covid-19 there were generally no qualifications needed for an exemption. He said that the human resources (HR) office would take the form filled out by the employee and decide what reasonable accommodation would be made. He said that sometimes that involved masking in the medical field or being transferred to a different task.
- Rep. Lang said that HB 1210 adds a right of conscience exemption. He said that people often oppose a right of conscience exemption by reading the last portion of Article 1 of the New Hampshire Constitution: All men are born equally free and independent; Therefore, all government of right originates from the people, is founded in consent, *and instituted for the general good*. He said that if the Framers ended the Constitution there, he would agree. He said that the Framers also wrote Article 4: Among the natural rights, some are, in their very nature unalienable, because no equivalent can be given or received for them. *Of this kind are the Rights of Conscience*.
- Rep. Lang said that federal Department of Health and Human Services regulations require a right of conscience exemption for doctors and medical providers, on religious or moral grounds.
- Rep. Lang said that if those rights are being extended to doctors then they should also be extended to citizens.
- Rep. Lang said that HB 1210 is not about vaccine mandates. He said that it is about procedures. He said that his business wanted him to declare that he wanted an exemption to a vaccine mandate but he did not want to release his medical information because he works in IT and whether or not he is vaccinated does not affect his ability to do his job. He said that his reasonable accommodation is to test before going on site and that that is reasonable for his business model.
- Rep. Lang said that the original form his business gave him to claim an exemption required a signature and phone number from his pastor, as well as a chapter and verse from the Bible to support his exemption. He said that the idea of a business measuring his religion was chilling.
- Rep. Lang said that HB 1210 deals with asking for reasonable accommodations to be made, which was standard practice before Covid-19.
- Rep. Lang said that HB 1210 is simple, streamlined, and business friendly. He said that employers would not have to worry about Civil Right Act violations for denying a religious or Americans with Disabilities Act of 1990 accommodation. He said that the only grounds to fight over with an employer would be if an accommodation was reasonable or not.

Representative Erica Layon

Rockingham County District 6

- Representative Layon said that HB 1210 is the most misunderstood bill of the legislative session.
- Rep. Layon said that HB 1345 had language for school children. She said that childhood vaccinations are the most efficacious and she wished that the Covid-19 vaccines were as effective as childhood vaccinations.

- Rep. Layon said that many vaccinated people get and spread Covid-19. She said that the vaccines do not do what was hoped.
- Rep. Layon said that HB 1604 included exemptions for state facilities that accept Centers for Medicare and Medicaid Services (CMS) funds. She said that she believed that that language would work for complying with a valid and enforceable condition of CMS participation. She said that she doesn't want to put hospitals at risk.
- Rep. Layon said that the state has accepted federal dollars to run the state and people's lives, so the state needs to accept the consequences of that money.
- Rep. Layon said that businesses are not trained to assess religious or medical exemptions. She said that unless the reason for the exemption impacts an employee's ability to do their job, there is no reason for an employer to know the reason for the exemption. She said that she has hid her pregnancies from her employer in the past because she was a remote employee and her pregnancy did not impact her ability to do her job.
- Rep. Layon said that conflating the Covid-19 vaccines with longstanding childhood vaccines is dangerous. She said that as more force is applied to pushing Covid-19 vaccines, there is more questioning from the people. She said that childhood vaccines are not forced and providers talk about their benefits.
- Rep. Layon said that the Covid-19 vaccines make the course of the illness easier if someone gets Covid-19. She said that people should focus on the benefits of Covid-19 vaccines rather than forcing them. She said that the same exemptions available for childhood vaccines should be available for Covid-19 vaccines.

Gary York, MD

Hopkinton

- Dr. York said that HB 1210 is an important piece of legislation because a right of conscience objection is an inalienable right for all.
- Dr. York said that his son was not able to obtain a religious exemption because he does not have a religion. He said that his son was not able to get a medical exemption because he is perfectly healthy. He said that his son was worried about the Covid-19 vaccines.
- Dr. York said that, with a right of conscience objection that cannot be questioned or taken away, his son would still be working in the job that he loved, helping people.

Julie Smith

Nashua

- Ms. Smith said that she was speaking on behalf of Mary Sullivan.
- Ms. Smith said that Ms. Sullivan was terminated from her nursing position in November of 2021 due to noncompliance with a vaccine mandated, as she was told that being unvaccinated placed an undue burden on the hospital and her exemption request, and three appeals, were denied.
- Ms. Smith said that the hospital sent an email celebrating their 100% compliance with the vaccine mandate due to terminating staff. She said that so many staff were out with Covid-19 that they had to close 17 operating rooms.

- Ms. Smith said that after hundreds of staff were terminated, federal or travel nurses were hired – who were unvaccinated. She said that Ms. Sullivan was unable to collect unemployment benefits and being terminated was financially and emotionally difficult. She said that terminating staff placed an undue burden on the staff and the community.
- Ms. Smith said that HB 1210 and HB 1455 combined make a nice cocktail to fight for freedom.

Joseph Mirzoeff

Keene

- Mr. Mirzoeff said that he is a researcher and a mathematician who works in probabilities.
- Mr. Mirzoeff said that people have been misinformed about the safety and efficacy of Covid-19 vaccines. He provided the Committee with a chart he made showing deaths, before and after the introduction of vaccines, in non-long-term care facility residents.
- Mr. Mirzoeff said that in every age group, more people died in the second year of his data, which was the year after the introduction of vaccines. He said that the deaths were 5x for 30- and 40-year-olds. He said that not even the 80-year-old group had a benefit.
- Mr. Mirzoeff said that there is no reason to think that Covid-19 vaccines are safe and effective. He said that there has been a barrage of misinformation from mainstream media. He said that the mainstream media has received \$1 billion from Congress to promote Covid-19 vaccines, which is known through a Freedom of Information Act request by *The Blaze*.
- Mr. Mirzoeff said that his op-eds in *Granite Grok* and the *Keene Sentinel* were more informational than government institutions.
- Mr. Mirzoeff said that there is no reason to force people to get a medical treatment that, on balance, causes more harm than help.

Summary of testimony presented in opposition:

Michael Padmore

Director of Advocacy, New Hampshire Medical Society (NHMS)

- Mr. Padmore read written testimony submitted by Dr. Viking Hedberg, a pediatrician-member of NHMS. He said that Dr. Hedberg said that a right of conscience objection would nullify all mandates for all vaccines. He said that a child with leukemia is safer going to school if they know that all the other children around them are immunized for chickenpox. He said that vaccinations protect not just the individual immunized but also those with whom they come in contact.
- Mr. Padmore said that a personal right of conscience objection would jeopardize federal CMS participation guidelines. He said that that conflict would jeopardize money that goes towards treating the most vulnerable population.
- Senator Bradley asked Mr. Padmore to ensure the Committee had Dr. Hedberg's email.

- Mr. Padmore said that he would.

Paula Minnehan

Senior Vice President, State Government Relations, New Hampshire Hospital Association (NHHA)

- Ms. Minnehan said that HB 1210 would prevent private employers that receive public funds from requiring a vaccination as a condition of employment without a medical, religious, or right of conscience exemption.
- Ms. Minnehan said that vaccine mandates protect the health and safety of patients, providers, and staff.
- Ms. Minnehan said that HB 1210 renders safety mechanisms moot. She said that HB 1210 is a direct conflict with CMS requirements, which say that all certified providers must comply with vaccination requirements for all staff.
- Ms. Minnehan read the CMS guidelines which say, "The sole enforcement remedy for non-compliance for hospitals and certain other acute and continuing care providers is termination; however, CMS's primary goal is to bring health care facilities into compliance. Termination would generally occur only after providing a facility with an opportunity to make corrections and come into compliance."
- Ms. Minnehan said a right of conscience is not a consideration under CMS when considering compliance.
- Ms. Minnehan said that HB 1210 would put CMS funding at risk. She said that in 2020, the last year with complete data, those funds total \$2.3 billion for hospitals alone.
- Senator Sherman asked, referencing the cost of HB 1210, if HB 1210 would be the reason hospitals would be penalized.
 - Ms. Minnehan said that that was correct.
- Senator Sherman asked if it was important for people to be vaccinated in order to protect human health and life. He asked if vaccines are required in order to protect people who cannot be vaccinated themselves. He asked if vaccines have been shown to be effective in reducing death and illness, as well as shown to be effective in making sure that people who cannot be vaccinated are not exposed unnecessarily.
 - Ms. Minnehan said that that was correct. She said that vaccinations reduce severe illness and hospitalizations. She said that CMS has imposed vaccine requirements to ensure that patients are protected. She said that she agreed with Senator Sherman.

Pam DiNapoli

Executive Director, New Hampshire Nurses Association (NHNA)

- Ms. DiNapoli said that HB 1210 underfunds the health care system.
- Ms. DiNapoli said that HB 1210 defies vaccine science. She said that any expansion of the number of exemptions decreases the overall efficacy of vaccines. She said that increases in the number of exemptions increases the risk for people with medical or religious exemptions that truly prevent them from being vaccinated.

- Ms. DiNapoli said that HB 1210 is not just about Covid-19 vaccines but is about all vaccines. She said that it is known that vaccines are safe and prevent vaccine-preventable diseases. She said that measles, mumps, and chicken pox are vaccine-preventable diseases where any outbreak is a risk.
- Ms. DiNapoli said that it has been seen in college-aged populations that, as vaccine immunity wanes, re-vaccination is needed. She said that meningitis and measles have broken out in congregate settings.
- Ms. DiNapoli said that outbreaks of vaccine-preventable diseases lead to a cascading effect of loss time in school or at work, especially in adults who were not vaccinated for chickenpox as children and suffer from shingles later in life.
- Ms. DiNapoli said that post-disease sequelae need to be considered, as they can include death, deafness, mobility issues, and male sterility.
- Ms. DiNapoli said that, as an instructor with the University of New Hampshire nursing program, a mother once came up to her and asked if her son would be safe to play beer pong in a fraternity house if he was vaccinated for meningitis. Ms. DiNapoli said that the mother raised a good point because college students live in a congregate setting and participate in risky behaviors.
- Ms. DiNapoli said that HB 1210 would impact the academic progress of health care students, who study and train at health care facilities via contracts, essentially as guests. She said that for years students have abided by the terms of these contracts and need to provide proof of vaccination or documented immunity. She said that she could think of five students who had asked for exemptions. She said it is hard to grant an exemption for a clinical hour because of the requirements for licensure.
- Ms. DiNapoli said that when students go into the nursing department, they know that they will need to provide their vaccination records and will probably choose a different course of study if that is a problem for them.
- Ms. DiNapoli said that in the last four years, the program has been requiring flu vaccinations. She said that she has never had anyone object to the flu vaccination.
- Ms. DiNapoli said that NHNA values evidence-based practices and, because HB 1210 is not evidence-based, NHNA opposes the bill.
- Senator Sherman asked how many nurses were members of NHNA.
 - Ms. DiNapoli said that there were about 1,300 members.
- Senator Sherman said that the Committee had heard testimony from nurses, and Representatives who are nurses, who oppose vaccine mandates. He asked what the position of NHNA was on vaccines in general and HB 1210.
 - Ms. DiNapoli said that NHNA strongly opposes HB 1210. She said that nurses believe in vaccine safety and science. She said that the 1,300 nurses are members of NHNA because they believe in evidence-based practices.

David Juvet and Andrea Chalfield

**Senior Vice President of Public Policy, Business and Industry Association (BIA);
Government Relations & Legislative Chair, HR State Council of NH**

- Mr. Juvet said that their testimony would focus on the impacts of HB 1210 on employers, and not on the efficacy of vaccines or the negative fiscal impact.

- Mr. Juvet said that he disagreed with Rep. Lang in saying that they opposed HB 1210 because they misunderstood the bill. He said that they understand the bill clearly and, as the BIA speaks on behalf of employers, HB 1210 is not business friendly.
- Mr. Juvet said that creating a new exemption renders moot any vaccine mandate that may exist. He said that no one would see a sign saying, "No Shoes, No Shirt, No Service Unless You Have A Conscientious Objection" or "Employee Must Wash After Using Facilities Unless They Have A Conscientious Objection".
- Mr. Juvet said that HB 1210 clearly takes away the ability for employers to do what they think is in the best interests of their employees and customers.
- Mr. Juvet said that Line 19 of HB 1210 states that such requests shall be granted. He said that this is taking away something employers currently have the right to do, which is to investigate a claim for an exemption, determine if it is legitimate, and then grant it. He said that HB 1210 is telling employers how to run their business.
- Mr. Juvet said that Line 20 of HB 1210 says that an employer may work with an employee to see if a reasonable accommodation can be reached, which is unnecessary because employers already have that ability.
- Mr. Juvet said that, most importantly, HB 1210 does not include provisions on what happens if a reasonable accommodation cannot be reached. He said that HB 1210 is silent on this issue. He asked if an employee has to continue to work anyway. He asked if the employer terminates the employee's employment. He asked the Committee to consider what could happen next, which would likely be a wrongful termination lawsuit.
- Ms. Chalfield said that the Committee had not heard from the perspective of the HR director or manager who deals with laws like HB 1210 and has to implement them. She said that the HR State Council of NH has over 1,000 members and she understand their perspective.
- Ms. Chalfield said that she disagrees with Rep. Lang on the description of how coming to a reasonable accommodation is reached. She said that an employee goes to their HR professional and says that they need an exemption and they need to be treated more favorably or differently than most employees, including waiving job functions and changing work schedules. She said that employers are entitled to ask why an employee needs the different treatment. She said that it is expected that the employer will ask for information on why someone was entitled to an exemption in order to make sure that someone is entitled to a reasonable accommodation based on the protected status they claimed. Ms. Chalfield said that federal regulations say that that can include a note from a doctor or a statement of a sincerely held religious belief.
- Ms. Chalfield said that an employee saying that they want an exemption from a vaccine mandate is a big ask. She said that employers implement vaccine mandates for good reasons. She said that employers are supposed to provide a safe and healthy workplace for their employees and the constituents that they serve and vaccine mandates are not done to trample rights or to be intrusive.
- Ms. Chalfield said that HR professionals have been in difficult situations during the Covid-19 pandemic but every request has to be made on an individualized basis with an interactive process to come up with reasonable accommodations because the employer needs to understand the reason for an exemption in order to come up with a reasonable accommodation.

- Ms. Chalfield asked if an employer feels, based on public health experts and official recommendations, they need to ensure that their workforce is vaccinated, what happens to the conscience of the employer or immuno-compromised employees.
- Ms. Chalfield said that her mother was in a nursing home at the end of her life, suffering from both a serious infection and dementia. She said that the flu vaccine was not mandate at that time at that facility. She said that, in talking with the head nurse of the floor about continuity of care for her mother, 70% of the nursing staff were contract workers. She said that within two weeks her mother had died because her infection progressed; without continuity of care, her mother's disorientation was attributed to her dementia and not the progression of her infection.
- Ms. Chalfield said that is she ever goes into a nursing home, she will ensure that her nurses have been vaccinated.
- Ms. Chalfield said that HB 1210 does not serve the needs of employers and goes against existing laws about reasonable accommodations.
- Senator Sherman asked, if HB 1210 became law, if an employer would not be able to investigate a claimed medical exemption and if they would be forced to accept the exemption. He asked if there would be any liability on an employer, for example, if an employee claimed a medical exemption and then an outbreak of a vaccine-preventable illness is traced back to that employee. He said that employers are required to provide a safe workplace.
 - Ms. Chalfield said that HB 1210 does not protect an employer from liability and puts HR professionals in an untenable position of either compromising health and safety or denying an accommodation and facing a lawsuit. She said that a hospital, for example, may face liability issues if a younger patient gets Covid-19 and it is traced back to an unvaccinated therapist. She also said that the Occupational Safety and Health Administration (OSHA) could consider such a situation an unsafe workplace and issue fines.
- Ms. Chalfield said that HB 1210 does not allow the employer to know if the requested exemption if for medical, religious, or right of conscience reasons. She said that the form prescribed in HB 1210 is one sentence that includes all three options. She said that this makes finding a reasonable accommodation very difficult, because if the reason is a short-term medical exemption it may be rather easy to find a reasonable accommodation.
- Ms. Chalfield said that HR professionals received standard form letters claiming that an employee had a religious exemption to even wearing a mask during the Covid-19 pandemic, which made finding a reasonable accommodation to vaccination very difficult.
- Senator Avard referenced Article 4 of the New Hampshire Constitution. He said that doctors are protected for religious and moral exemptions. He asked why the Equal Protection Clause of the United States Constitution did not apply to natural citizens.
 - Ms. Chalfield said that such constitutional provisions only applied to government intervention. She said that private employers are not covered by such protections, include freedom of speech and due process provisions. She said that most employees in New Hampshire work on an at-will basis, where their term of employment is at the will of both the employer and the employee and either can terminate the arrangement. She said that this was not the realm of the constitutions. She said that employment discrimination statutes protect

designated classes, and the laws go further for religious and disability concerns to require reasonable accommodations. She said that those are discrete areas of law and discrete situations.

- Ms. Chalfield said that “personal conscience” is not defined anywhere in employment law. She said that if someone has a personal objection to a policy of their employer, they can leave the position. She said that a private employer can set the guidelines for their employees.
- Ms. Chalfield said that HB 1210 has no sense of proportionality. She said that HB 1210 applies to any employer who has received a single penny of public money, meaning it would apply to an employer from which a government entity may occasionally purchase something.
- Ms. Chalfield said that a lot of the issues around vaccination mandates stem from a fundamental misunderstanding of at-will employment. She said that there are a lot of things that she personally objects to, so she would not take a job with an employer who does, or requires things, she objects to.
- Ms. Chalfield said that employers are not implementing vaccination mandates just to do something arbitrary; they are doing it because they believe it is a safe and healthy way to keep their work place. She said that employers have a right and an obligation to achieve that in the best way that they see fit.

Kate Horgan

Executive Director, New Hampshire Association of Counties

- Ms. Horgan said that she echoes the comments of Ms. Minnehan relating to CMS guidelines.
- Ms. Horgan said that HB 1210 would put county nursing homes in an impossible situation and force them to choose between state and federal guidelines and set them up to lose federal funding.
- Ms. Horgan said that HB 1210 would also impact private nursing homes because they receive money from the state and the counties and if the counties lose federal funding for their nursing homes, then they will need to the money that would normally be going to private nursing homes and apply it to other purposes.
- Ms. Horgan said that HB 1210 would put the entire nursing home system at risk.

Louise Spencer

Kent Street Coalition

- Ms. Spencer said that HB 1210 is one of the most dangerous bills of the legislative session.
- Ms. Spencer said that, in order for vaccines to work appropriately, a vast majority of the population needs to be vaccinated. She said that she did not live through the polio scares, but people lined up and waited for hours for their vaccines in order to protect themselves and their communities.
- Ms. Spencer said that she remembered the introduction of the German Measles vaccine and lining up in school to get that vaccine, in order to protect themselves and others.

- Ms. Spencer said that when she was a child, a mother in her neighborhood got pregnant and then contracted German Measles. She said that the child, while in utero, had severe developmental disabilities. She said that the mother did not know who she could be exposed to when she went into the community. She said that the risk decreased greatly once there was a widespread vaccination program.
- Ms. Spencer said that her daughter got whooping cough before the need for boosters was widely known. She said that her daughter contracted it from a teenager who had not had a booster and nearly died. She said that the point of vaccination programs, which have been proven to be effective, are to reduce the risk to vulnerable populations.
- Ms. Spencer said that a right of conscience objection is something that should be invoked in a serious and sacred way, not just willy-nilly. She said that she has concerns about the broad approach in HB 1210.
- Ms. Spencer said that she is a Quaker by background and she knows the Quaker history of conscientious objection to avoid violating their religious beliefs. She said that Don Booth from Concord objected to service during World War II and served years in Civilian Public Service camps as an accommodation to his objection because that was the responsibility that came with the right of conscience being invoked. She said that HB 1210 removes that sense of responsibility.

Dr. Deborah Scire

President & CEO, New Hampshire College & University Council

- Dr. Scire said that the New Hampshire College & University Council recommends HB 1210 be found Inexpedient to Legislate.
- Dr. Scire said that HB 1210 would remove the ability of colleges and universities to follow current guidelines, which were established before Covid-19 and provide campuses with appropriate standards based on public health principles.
- Dr. Scire said that colleges and universities are in a unique situation with public health.
- Dr. Scire said that mechanisms to opt out of requirements for medical reasons or sincerely held health religious beliefs are built into existing policies and reasonable accommodations can be made. She said that it is a very low bar that is set in HB 1210.
- Dr. Scire said that colleges and universities try to balance protecting all of their students.
- Dr. Scire said that HB 1210 would disrupt current practices and jeopardize the health of the campus community.

Kate Frey

Vice President of Advocacy, New Futures

- Ms. Frey said that her daughter is a freshman at college and has been constantly sick since January – initially from a sinus infection, then mononucleosis, and then the flu. She said that her daughter's friends have also been sick.
- Ms. Frey said that college kids are college kids.

- Ms. Frey said that her daughter has not had Covid-19 or meningitis because those are vaccine-preventable diseases.
- Ms. Frey said that colleges and universities have very strict vaccination guidelines and do not offer right of conscience exemptions. She said that vaccination rates at colleges and universities are traditionally very high in order to avoid previously eradicated diseases. She said that HB 1210 will lead to those vaccination rates going down.
- Ms. Frey said that any time more exemptions are added, vaccination rates will go down, and the prevalence of diseases will increase.
- Ms. Frey said, despite what had been said by other speakers, there is not a right of conscience exemption for childhood immunizations.

Alex Koutroubas

Dennehy & Bouley

- Mr. Koutroubas said that governments at all levels need strong vendors and partners, or else there would be no mental health services, lottery, health insurance for state employees, etc.
- Mr. Koutroubas said that government funds are not a charity, they are a business arrangement, based on the budgets crafted by officials at the state or local level.
- Mr. Koutroubas said that HB 1210 would apply to any dentist's office taking part in an adult dental benefit program.
- Mr. Koutroubas said that there are limits to government overreach.
- Mr. Koutroubas said that HB 1210 is a poorly written and ambiguous bill and could apply to Amazon or Home Depot if a municipality or a county ever bought something from them. He asked if it was really intended that such companies would be included under HB 1210. He asked how HB 1210 would be enforced, and how it could be enforced fairly.
- Mr. Koutroubas said that in the House Labor, Industrial and Rehabilitative Services, a member who had voted for HB 1210 said that the committee had made it so HB 1210 would not apply to private employers because it was not the place of the General Court to get in between employee-employer relationships whenever possible. Mr. Koutroubas said that HB 1210 failed on those ideas, because it would apply to any private employers who receive public funds and puts the state directly between employees and employers.

Anne Marie Mercuri and Abby Rogers

Chief, Immunization Section, Bureau of Infectious Disease Control; Legislative Liaison, Division of Public Health Services, Department of Health and Human Services (DHHS)

- Ms. Mercuri said that HB 1210 would apply to all vaccines. She said that DHHS opposes adding a right of conscience exemption because it would decrease vaccination rates and increase the rates of disability, disease, and death.
- Ms. Mercuri said that students in dormitory settings require vaccinations. She said that meningitis is extremely contagious and leads to neurological problems and death. She

said that the risk that an outbreak of a serious, preventable disease in a college setting poses to immunocompromise people or those with underlying conditions would be severe.

- Ms. Mercuri said that it is DHHS' understanding that HB 1210 would prevent an employer from requiring vaccination as part of a clinical or employment placement, which would prevent health care facilities from protecting their patients.
- Ms. Rogers said that DHHS has concerns about the billions of dollars potentially lost due to a loss of CMS accreditation.
- Ms. Rogers said that DHHS' goal is a safe, thoughtful vaccination policy.

Neutral Information Presented:

Rudolph Ogden

Deputy Commissioner, Department of Labor (DOL)

- Mr. Ogden said that DOL does not speak to the policy in HB 1210.
- Mr. Ogden said that DOL agrees that, as written, HB 1210 says that an exemption shall be granted. He said that if an exemption was not granted, DOL would consider it a violation of the law as presented. He said that the language regarding reasonable accommodations comes after the language saying an exemption shall be granted.
- Mr. Ogden said that DOL has been asked what they would do if an employer refused an exemption request and then engaged in reasonable accommodation discussions. He said that DOL would consider that a violation of the law. He said that DOL would not have the ability or authority to restore the employee to employment, but it would have the possibility of assessing civil violations.
- Senator Avard asked if DOL had presented their concerns with the House.
 - Mr. Ogden said that DOL testified on HB 1210 in the House. He said that DOL was asked how the Department would weigh a reasonable accommodation and their response was that that language was moot because the prior sentence says an exemption shall be granted. He said that employers can already work accommodations out with their employees and come to a reasonable accommodation.
- Senator Sherman asked if DOL collected OSHA data or other workplace safety data.
 - Mr. Ogden said that DOL collects workplace safety data for public employers, as well as some types of injury reporting.
- Senator Sherman asked if workplace safety reporting for private employers was collected at the federal level.
 - Ms. Ogden said that that was correct.

Speakers

Senate Health & Human Services Committee

SIGN-IN SHEET

Date: Wednesday April 20, 2022 Time: 9:30 a.m.

HB 1210 AN ACT relative to exemptions from vaccine mandates.

Name/Representing (please print neatly)

| | Support | Neutral | Oppose | Speaking? | Yes | No |
|--|-------------------------------------|--------------------------|-------------------------------------|-----------|-------------------------------------|-------------------------------------|
| David Juvet BIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Andrea Chalfield HR State Council of NH | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Rep Erica Lazen | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Paula Menehen NH Hospital Association | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Julie Smith | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | yes | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Kate Horeyem, NHAC | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Laurie Spencer | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Deborah Sekubawala | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Pam D'Angelis NH Nurses association | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Anne Marie Mercier DHHIS Abby Rogers | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Gary York MD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Rep. Andrew Proout | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Deborah Scire | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | yes | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Senate Remote Testify**Health and Human Services Committee Testify List for Bill HB1210 on 2022-04**

Support: 130 Oppose: 90

| <u>Name</u> | <u>Title</u> | <u>Representing</u> | <u>Position</u> |
|---------------------|------------------------|----------------------------|------------------------|
| Howard, Jennifer | A Member of the Public | Myself | Support |
| Smith, Julie | A Member of the Public | Myself | Support |
| Pouliot, Cheryl | A Member of the Public | Myself | Support |
| Diggins, Margie | A Member of the Public | Myself | Support |
| DuBose, Joseph | A Member of the Public | Myself | Support |
| Roy, Ronald | A Member of the Public | Myself | Support |
| McLeod, Martha | A Member of the Public | Myself | Oppose |
| Rhoades, Charles | A Member of the Public | Myself | Oppose |
| Dolkart, Kenneth | A Member of the Public | Myself | Oppose |
| Sims, Julie | A Member of the Public | Myself | Support |
| Sims, Roy | A Member of the Public | Myself | Support |
| D'Arcy, Rosemary | A Member of the Public | Myself | Oppose |
| Stanley, Lynn | A Member of the Public | Myself | Oppose |
| Osborne, Stephanie | A Member of the Public | Myself | Oppose |
| Doughty, Patrick | A Member of the Public | Myself | Support |
| Clark, Jeremy | A Member of the Public | Myself | Support |
| Widmer, Joan | A Member of the Public | Myself | Oppose |
| glidden, deborah | A Member of the Public | Myself | Support |
| Stringer, Jason | A Member of the Public | Myself | Support |
| Pauer, Diane | An Elected Official | Myself | Support |
| Condon, Laura | A Member of the Public | Myself | Support |
| Paquin, Barbara | A Member of the Public | Myself | Support |
| Jellison, Catherine | A Member of the Public | Myself | Support |
| Merner, Kelly | A Member of the Public | Myself | Support |
| Minehart, Will | A Member of the Public | Myself | Support |
| Mckinney, Carolyn | A Member of the Public | Myself | Support |
| Moore, Kristen | A Member of the Public | Myself | Support |
| Bemis, Ashley | A Member of the Public | Myself | Support |
| Bemis, Amanda | A Member of the Public | Myself | Support |
| Comstock, Nancy | A Member of the Public | Myself | Support |
| O'Donnell, Kristy | A Member of the Public | Myself | Support |
| O'Donnell, Brian | A Member of the Public | Myself | Support |
| Phillips, Emily | A Member of the Public | Myself | Support |
| Trexler, Larisa | A Member of the Public | Myself | Support |
| Trexler, Ryan | A Member of the Public | Myself | Support |
| Bowers, Danielle | A Member of the Public | Myself | Support |
| Bowers, Steven | A Member of the Public | Myself | Support |
| McLeod, Thomas | A Member of the Public | Myself | Support |
| McLeod, Ferngold | A Member of the Public | Myself | Support |
| McLeod, Raphaela | A Member of the Public | Myself | Support |
| Faunce, Mary | A Member of the Public | Myself | Support |
| Faunce, Thomas | A Member of the Public | Myself | Support |
| Swiderski, Ed | A Member of the Public | Myself | Oppose |
| Economakis, Melissa | A Member of the Public | Myself | Support |
| Cedolin, Alexandra | A Member of the Public | Myself | Support |
| Cedolin, Bradley | A Member of the Public | Myself | Support |
| Wilson, Audra | A Member of the Public | Myself | Support |

| | | | |
|----------------------|------------------------|--------|---------|
| Wilson, Rock | A Member of the Public | Myself | Support |
| Miller, Patrick | A Member of the Public | Myself | Oppose |
| LaLone, Edward | A Member of the Public | Myself | Support |
| Cushman, Leah | An Elected Official | Myself | Support |
| Cushman, Stephen | A Member of the Public | Myself | Support |
| Rojas, Cali | A Member of the Public | Myself | Support |
| Rojas, Emily | A Member of the Public | Myself | Support |
| Panek, Sandy | A Member of the Public | Myself | Support |
| Panek, Charles | A Member of the Public | Myself | Support |
| Panek, Taylour | A Member of the Public | Myself | Support |
| Redmond, Michelle | A Member of the Public | Myself | Support |
| McCartney, Evan | A Member of the Public | Myself | Support |
| Kishinevsky, Rebecca | A Member of the Public | Myself | Support |
| Beaudoin, Sherry | A Member of the Public | Myself | Support |
| BEAUDOIN, STEVEN | A Member of the Public | Myself | Support |
| Slack, Michelle | A Member of the Public | Myself | Support |
| Jorgensen, Patricia | A Member of the Public | Myself | Support |
| Dean, Cheryl | A Member of the Public | Myself | Support |
| Moschetto, Grace | A Member of the Public | Myself | Support |
| Martin, Katie | A Member of the Public | Myself | Support |
| Stefanile, Tom | A Member of the Public | Myself | Support |
| Conley, Gina | A Member of the Public | Myself | Support |
| Geary, Fiona | A Member of the Public | Myself | Oppose |
| King, Keni | A Member of the Public | Myself | Oppose |
| St-Yves, Claudia | A Member of the Public | Myself | Support |
| frechette, jeffrey | A Member of the Public | Myself | Support |
| Cloutier, Suzanne | A Member of the Public | Myself | Support |
| LaFleur, Martha | A Member of the Public | Myself | Oppose |
| Young, Tim | A Member of the Public | Myself | Support |
| Owens, Kimberly | A Member of the Public | Myself | Support |
| Owens, Brady | A Member of the Public | Myself | Support |
| Sylvain, Barbara | A Member of the Public | Myself | Support |
| SKIDMORE, CLARENCE | A Member of the Public | Myself | Support |
| Chalsen, Michael | A Member of the Public | Myself | Support |
| Barbour, Liz | A Member of the Public | Myself | Support |
| Twomey, Steven | A Member of the Public | Myself | Support |
| Schreier, Lori | A Member of the Public | Myself | Support |
| Hoey, Kathleen | A Member of the Public | Myself | Oppose |
| Guyen, Taci | A Member of the Public | Myself | Support |
| Wilke, Mary | A Member of the Public | Myself | Oppose |
| Sellarole, Jana | A Member of the Public | Myself | Oppose |
| McNamara, Elizabeth | A Member of the Public | Myself | Oppose |
| Davis, Tod | A Member of the Public | Myself | Oppose |
| Lynch, Chrisinda | A Member of the Public | Myself | Oppose |
| Casino, Joanne | A Member of the Public | Myself | Oppose |
| Hackmann, Kent | A Member of the Public | Myself | Oppose |
| Moore, Susan | A Member of the Public | Myself | Oppose |
| Murphy, Kevin | A Member of the Public | Myself | Support |
| MacGregor, Leslie | A Member of the Public | Myself | Oppose |
| Winslow, Dalton | A Member of the Public | Myself | Oppose |
| Collins, Kelly | A Member of the Public | Myself | Support |
| Moffett, Howard | A Member of the Public | Myself | Oppose |
| Damon, Claudia | A Member of the Public | Myself | Oppose |
| Kenison, Pamela | A Member of the Public | Myself | Oppose |
| Capriotti, Joseph | A Member of the Public | Myself | Support |
| Zaenglein, Barbara | A Member of the Public | Myself | Oppose |

| | | | |
|----------------------------|------------------------|---|---------|
| Zacnglein, Eric | A Member of the Public | Myself | Oppose |
| Hatcher, Phil | A Member of the Public | Myself | Oppose |
| Cotton, Bev | A Member of the Public | Myself | Oppose |
| Tilli-Pauling, Marianne | A Member of the Public | Myself | Oppose |
| Tilli-Pauling, Nigel | A Member of the Public | Myself | Oppose |
| Kauffman, Jeri | A Member of the Public | Myself | Support |
| Millman, Linda | A Member of the Public | Myself | Support |
| Ellermann, Maureen | A Member of the Public | Myself | Oppose |
| Willing, Maura | A Member of the Public | Myself | Oppose |
| Petrusewicz, Carol | A Member of the Public | Myself | Support |
| LaPointe, Susan | A Member of the Public | Myself | Support |
| DeMark, Richard | A Member of the Public | Myself | Oppose |
| DeMark, Harriet | A Member of the Public | Myself | Oppose |
| Gladders, Barbara | A Member of the Public | Myself | Support |
| Reed, Barbara | A Member of the Public | Myself | Oppose |
| Couture, Laurie A. | A Member of the Public | Myself | Support |
| Perencevich, ruth | A Member of the Public | Myself | Oppose |
| Liberman, Sheryl | A Member of the Public | Myself | Oppose |
| Berk, Bruce | A Member of the Public | Myself | Oppose |
| Mott-Smith, Wiltrud | A Member of the Public | Myself | Oppose |
| Peternel, Katy | A Member of the Public | Myself | Support |
| Dahl, Dana | A Member of the Public | Myself | Oppose |
| Allison, Suzanne | A Member of the Public | Myself | Oppose |
| Mitchell, Karen | A Member of the Public | Myself | Oppose |
| Kudlik, Cindy | An Elected Official | Myself | Support |
| Stimpson, Pamela | A Member of the Public | Myself | Oppose |
| Brown, Nancy | A Member of the Public | Myself | Oppose |
| Beaudoin-Friede, Forrest | A Member of the Public | Myself | Oppose |
| Chandley, Shannon | A Member of the Public | Myself | Oppose |
| Evans, Krysten | A Member of the Public | Myself | Oppose |
| Harriott-Gathright, Linda | An Elected Official | Constituents | Oppose |
| van Bergen-Buteau, Kristen | A Member of the Public | Myself | Oppose |
| Paulini, Ethan | A Member of the Public | Myself | Oppose |
| Stamper, Donna | An Elected Official | Myself | Oppose |
| Trask, Christopher | A Member of the Public | Myself | Support |
| Dickinson, Jeff | A Member of the Public | Granite State Independent Living | Oppose |
| Trask, Tabitha | A Member of the Public | Myself | Support |
| West, Daniele | A Member of the Public | Myself | Support |
| West, Roy | A Member of the Public | Myself | Support |
| Hurley, John | A Member of the Public | Myself | Oppose |
| Rasmussen, Elissa | A Member of the Public | Myself | Oppose |
| Terry, Thomas | A Member of the Public | Myself | Support |
| Balkus, Gina | A Lobbyist | Granite State Home Health & Hospice Association | Oppose |
| Davis, ELISSA | A Member of the Public | Myself | Oppose |
| Hoying, Deanna | A Member of the Public | Myself | Oppose |
| Caballero, Javier | A Member of the Public | Myself | Oppose |
| Desrosiers, Roger | A Member of the Public | Myself | Oppose |
| byron, janine | A Member of the Public | Myself | Support |
| Dyer, Allison | A Member of the Public | Myself | Support |
| Grady, Virginia | A Member of the Public | Myself | Support |
| Johnson, Vivian | A Member of the Public | Myself | Support |
| Lucci, Nancy | A Member of the Public | Myself | Support |
| Nutter-Upham, frances | An Elected Official | Myself | Oppose |
| Beaty, Sharon | A Member of the Public | Myself | Oppose |
| Toussaint, Patricia | A Member of the Public | Myself | Oppose |
| Polchies, Jamie | A Member of the Public | Myself | Support |

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|---------------------|------------------------|--|---------|
| DiNapoli, Pamela | A Member of the Public | Myself | Oppose |
| Arndt, Erica | A Member of the Public | Myself | Support |
| Tischler, Wyatt | A Member of the Public | Myself | Support |
| Andrus, Rep Louise | An Elected Official | Myself | Support |
| Johnson, Steve | A Member of the Public | Myself | Support |
| Hullinger, Anna | A Member of the Public | Myself | Oppose |
| See, Alvin | A Member of the Public | Myself | Support |
| Renner, Tatyana | A Member of the Public | Myself | Support |
| Raimondi, Michael | A Member of the Public | Myself | Support |
| Raimondi, Hillary | A Member of the Public | Myself | Support |
| Cross, John | A Member of the Public | Myself | Oppose |
| Johnson, Amy | A Member of the Public | Myself | Support |
| Cote, Lois | A Member of the Public | Myself | Oppose |
| Hedberg, Viking | A Member of the Public | Myself | Oppose |
| Bernardin, Melissa | A Lobbyist | NH Public Health Association | Oppose |
| Martin, Valerie | A Member of the Public | Myself | Support |
| Trask, Sherry | A Member of the Public | Myself | Support |
| Young, Susan | A Member of the Public | Myself | Support |
| Babcradt, Jeanine | A Member of the Public | Myself | Support |
| Altschiller, Debra | An Elected Official | Stratham, Rockingham 19 | Oppose |
| Manville, Michelle | A Member of the Public | Myself | Support |
| Kantor, Crissy | A Member of the Public | Myself | Support |
| S, Julie | A Member of the Public | Myself | Support |
| Martin, Andrea | A Member of the Public | Myself | Support |
| Renner, Ansel | A Member of the Public | Myself | Support |
| Walsh, Mary lee | A Member of the Public | Myself | Support |
| Nase, Christine | A Member of the Public | Myself | Oppose |
| Sullivan, Alexandra | A Member of the Public | Myself | Support |
| Piemonte, Tony | An Elected Official | Myself | Support |
| House, Nancy | A Member of the Public | Myself | Support |
| Cantwell, Kara | A Member of the Public | Myself | Support |
| Cantwell, Matthew | A Member of the Public | Myself | Support |
| Schwab, Rebecca | A Member of the Public | Myself | Support |
| Schmitt, Megan | A Member of the Public | Myself | Support |
| McCarron, Charlene | A Member of the Public | Myself | Oppose |
| Armenti, Karla | A Member of the Public | Myself | Oppose |
| Aron, Judy | An Elected Official | Myself | Support |
| Bushueff, Catherine | A Member of the Public | Myself | Oppose |
| Rosenberg, Karen | A Lobbyist | Disability Rights Center - NH | Oppose |
| Beh, Maia | A Member of the Public | Myself | Support |
| Brocius, Susan | A Member of the Public | Myself | Support |
| Paschell, Susan | A Lobbyist | NH Community Behavioral Health Association | Oppose |
| Stoddard, Kristine | A Lobbyist | Bi-State Primary Care Association | Oppose |
| Olson, Ardis | A Member of the Public | Myself | Oppose |
| Smith Ahern, Ellen | A Member of the Public | Myself | Oppose |
| Garcia, Jacqueline | A Member of the Public | Myself | Support |
| Le Doux, Julie | A Member of the Public | Myself | Support |
| McNamara, Karen | A Member of the Public | Myself | Oppose |
| BRUNO, BONNIE | A Member of the Public | Myself | Oppose |
| SHEETS, PEGGY | A Member of the Public | Myself | Oppose |
| Wheeler, Beth | A Member of the Public | Myself | Oppose |
| Holt, Jeanie | A Member of the Public | Myself | Oppose |
| Lucey, Anne | A Member of the Public | Myself | Oppose |
| Taube, Caitlin | A Member of the Public | Myself | Support |
| Rosenberger, Teresa | A Lobbyist | NH Healthcare Association | Oppose |
| Robinson, Sandra | A Member of the Public | Myself | Support |

| | | | |
|----------------------|------------------------|--------|---------|
| Tardif, Jennifer | A Member of the Public | Myself | Support |
| Dubois, Jillian | A Member of the Public | Myself | Oppose |
| Pare, Rebecca | A Member of the Public | Myself | Oppose |
| Beyersdorfer, Audrey | A Member of the Public | Myself | Support |
| Smith, Susan | A Member of the Public | Myself | Oppose |

Testimony

April 20, 2022

The Honorable Jeb Bradley, Chair
Senate Health and Human Services Committee
Legislative Office Building Room 103
Concord, NH 03301

Re: New Futures' testimony in opposition to House Bill 1210 relative to exemptions from vaccine mandates.

Dear Chair Bradley and Members of the Committee:

New Futures appreciates the opportunity to testify in opposition to HB 1210, relative to exemptions from vaccine mandates. 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 health equity across the Granite State. New Futures supports public health policy measures that decrease illness and disease, including vaccines and programs that ensure equitable and broad distribution of vaccines.

HB 1210 requires public employers, private employers, and postsecondary education institutions that receive public funds and mandate a vaccination to accept an employee's or student's request for a right of conscience exemption. Vaccinations protect individuals and the community from the risk of severe illness and have essentially eradicated deadly diseases. They also protect those who can't get vaccinated, including infants, or people with weakened immune systems. The COVID-19 vaccine has played a significant role in changing the course of this pandemic. Time and time again, public health experts have said that widespread vaccination, including booster shots, is the best way to lessen the impact of the COVID-19 pandemic and ultimately build herd immunity. Based on that public health science and advice from medical experts, some employers, postsecondary institutions, and other entities have made decisions to mandate vaccines for the health and safety of their employees and students they serve. **The freedom to make these decisions should be left up to those entities.**

College and university campuses are at higher risk for outbreaks of other communicable diseases due to students attending classes or living in close quarters, increasingly geographically diverse student populations and a higher prevalence of certain diseases among younger populations. This is why most colleges and universities require the hepatitis B, meningococcal vaccines and other diseases commonly covered by routine childhood vaccinations like measles, mumps, rubella, tetanus, diphtheria and pertussis. ¹ Hundreds of these institutions are also requiring COVID-19 vaccines and boosters in order to return to the traditional college experience. ²

HB 1210 proposes to allow any employee or student to request a conscientious exemption for all vaccine mandates. If passed, this amendment would tie the hands of businesses, schools and

¹ <https://www.ncsl.org/research/health/state-vaccine-requirements-for-college-entry>.

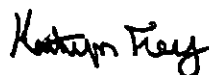
² <https://www.usnews.com/education/best-colleges/articles/colleges-requiring-a-coronavirus-vaccine-for-fall-what-to-know>

educational programs and limit their ability to enforce public health policies. Medical and religious exemptions are a necessary component to vaccine policies. However, an objection based on conscientious or philosophical reasons- essentially allowing an easy opt out to anyone- would reverse the progress New Hampshire has made in defeating this pandemic and other previously eradicated diseases.

According to the Infectious Disease Society of America, studies demonstrate that the easier it is to receive an exemption, the higher the rate of exemptions in a particular state. As the number of exemptions increases, the risk of vaccine-preventable disease also increases. Therefore, states should make every effort to minimize the number of its citizens exempted from immunization mandates. Exemptions increase health costs by the need to investigate and control avoidable outbreaks; costs that are paid by state and federal taxpayers—the overwhelming majority of whom have chosen to be vaccinated.³

~~State government should not prevent a private entity from making choices based on public health and safety concerns, especially during a public health pandemic. New Futures strongly urges the committee members to vote against HB 1210.~~

Sincerely,



Kathryn (Kate) Frey
Vice President of Advocacy

³ https://www.idsociety.org/globalassets/idsa/policy--advocacy/current_topics_and_issues/immunizations_and_vaccines/statements/062312-idsa-policy-statement-on-state-immunization-mandates.pdf

Personal Belief Exemptions for Vaccination Put People at Risk. Examine the Evidence for Yourself.

Enforcement of mandatory immunization requirements for children entering childcare facilities and schools has resulted in high immunization coverage levels. While all states and the District of Columbia allow exemptions from the requirements for medical reasons, all but five offer exemptions to accommodate religious beliefs, and

17 states allow exemptions based on parents' personal beliefs. Several recent outbreaks of measles, pertussis, and varicella (chickenpox) have been traced to pockets of unvaccinated children in states that allow personal belief exemptions. To understand the impact of vaccine refusal, examine the evidence for yourself.

1. **National Update on Measles Cases – United States, January 1 – October 1, 2019.** Patel M, Lee AD, Clemmons NS, et al. CDC. *Morbidity and Mortality Weekly Report (MMWR)*, October 11, 2019; 68(40):893–6.

SUMMARY: During January 1 through October 1, 2019, a total of 1,249 measles cases and 22 measles outbreaks were reported in the United States. This represents the most U.S. cases reported in a single year since 1992 and the second highest number of reported outbreaks annually since measles was declared eliminated in the U.S. in 2000. Among the 1,249 cases, 1,107 (89%) were in patients who were unvaccinated or had an unknown vaccination status. Eight of the 22 outbreaks occurred in underimmunized, close-knit communities, accounting for 85% of all cases. This includes closely related outbreaks in New York City (NYC) and New York State (NYS) that accounted for 934 (75%) of the 2019 cases.

KEY FINDINGS: The two sustained outbreaks in NYC and NYS were larger and lasted longer than the other U.S. outbreaks due to 1) pockets of low vaccination coverage and variable vaccine acceptance; 2) relatively high population density and closed social nature of the affected community; and 3) repeated importations of measles cases among unvaccinated persons traveling internationally and returning to or visiting the affected communities. Increased global measles activity and existence of under-vaccinated communities place the U.S. at continual risk for measles cases and outbreaks.

LINK: www.cdc.gov/mmwr/volumes/68/wr/mmm6840e2.htm

2. **Community Outbreak of Measles – Clark County, Washington, 2018–2019.** Carlson A, Riethman M, Gastañaduy P, et al. CDC. *Morbidity and Mortality Weekly Report (MMWR)*, May 17, 2019; 68(19):446–7.

SUMMARY: On December 31, 2018, Clark County Public Health in Washington was notified of a suspected case of measles in an unvaccinated 10-year-old child, who had recently arrived from Ukraine. By January 16, an additional 12 laboratory-confirmed cases led to an approximately 200 person multiagency response. As of March 28, measles had been confirmed among 71 Clark County residents, with rash onsets from December 30, 2018 to March 13, 2019.

KEY FINDINGS: Among the 71 patients with confirmed measles, ages ranged from 1 to 39 years; 52 (73%) were children younger than 10 years. Sixty-one (86%) were unvaccinated, 3 (4%) had receive 1 dose of MMR before measles exposure, and vaccination status was unknown for 7 (10%).

LINK: www.cdc.gov/mmwr/volumes/68/wr/mmm6819a5.htm

3. **Measles Outbreaks from Imported Cases in Orthodox Jewish Communities – New York and New Jersey, 2018–2019.** McDonald R, Ruppert PS, et al. CDC. *Morbidity and Mortality Weekly Report (MMWR)*, May 17, 2019; 68(19):444–5.

SUMMARY: On October 1, 2018, the New York State Department of Health was alerted about an unvaccinated traveler with diagnosed measles. Investigations through April 30, 2019 identified 242 lab-confirmed and epidemiologically linked measles cases in New York, primarily in members of orthodox Jewish communities. Rockland County, having the majority of cases, administered 19,661 doses of MMR vaccine. Nine informational events were held and 45,000 homes received educational materials. During October 17–November 30, 2018, 33 measles cases were confirmed in New Jersey, primarily in members of the orthodox Jewish community in Ocean County. Outbreak control measures included exclusion of unvaccinated students from schools and delivery of >12,500 doses of MMR vaccine.

KEY FINDINGS: Measles cases in unvaccinated travelers in both New York and New Jersey reported recent travel in Israel. In the New York outbreak, vaccination coverage in schools in the outbreak area was only 77%. Low community vaccination rates facilitated widespread measles transmission after introduction of imported measles in unvaccinated travelers.

LINK: www.cdc.gov/mmwr/volumes/68/wr/mmm6819a4.htm

4. **Public Health Consequences of a 2013 Measles Outbreak in New York City.** Rosen JB, Arciuolo RJ, et al. *JAMA Pediatr.* 2018; 172(9): 811–7.

SUMMARY: Between March 13, 2013 and June 9, 2013, 58 persons in New York City with a median age of 3 years were identified as having measles. Among these individuals, 45 (78%) were at least 12 months old and were unvaccinated owing to parental refusal or intentional delay. In total, 3,351 exposed contacts were identified. Total direct costs to the New York City DOHMH were \$394,448, and a total of 10,054 hours were consumed responding to and controlling the outbreak.

KEY FINDINGS: This outbreak was fueled by the introduction of measles virus into a small number of families who had previously declined vaccination. The outbreak was prolonged, in part, owing to the spread of measles to infants too young to have been vaccinated and to the delay of vaccination among children. Geographic clustering of persons who refuse or decline vaccination, as observed in this and other outbreaks, has led to outbreaks following importations of a single case of measles. The

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response and containment of the 2013 measles outbreak were resource intensive. The response required assistance from a large number of staff, of whom almost one-third performed duties outside of their routine job descriptions, resulting in resources away from other public health activities.

LINK: <https://www.ncbi.nlm.nih.gov/pubmed/30073293>

5. **The State of the Antivaccine Movement in the United States: A Focused Examination of Nonmedical Exemptions in States and Counties** Olive JK, Hotez PJ, Damania A, Nolan MS. *PLOS Medicine*, June 12, 2018, 15(6): e1002578.

SUMMARY: Since 2009, the number of philosophical belief vaccine nonmedical exemptions (NMEs) has risen in 12 of the 18 states that allow this policy. Analysis found states with higher overall NME rates do, in fact, have lower MMR vaccine coverage.

KEY FINDINGS: New foci of antivaccine activities have been established in major metropolitan areas, rendering select cities vulnerable for vaccination-preventable diseases. As noted by the recent experience in Anaheim, California, low vaccination rates resulted in a measles outbreak. In contrast, state closure of NMEs has resulted in an increase of MMR coverage.

LINK: <https://www.ncbi.nlm.nih.gov/pubmed/29894470>

6. **Containing a Measles Outbreak in Minnesota, 2017: Methods and Challenges.** Banerjee E, Griffith J, Kenyon C, et al. *Perspectives in Public Health*, first published September 4, 2019

SUMMARY: The Minnesota Department of Health undertook rapid public health actions within 2 hours of confirmation of the first cases of measles. A total of 75 cases from March 30 to August 25, 2017 were eventually identified. Somali Minnesotans comprised 81% of the cases, unvaccinated 91%, and 28% were hospitalized. Median age of cases was 2 years (range: 3 mos to 57 yrs). Most transmission (78%) occurred in childcare centers and households. At least 8,490 individuals were exposed to measles. Over 500 persons were excluded from childcare and schools. State and key public health partners spent an estimated \$2.3 million on the response.

KEY FINDINGS: This outbreak demonstrated the necessity of immediate, targeted disease control actions and strong public health, healthcare, and community partnerships to end a measles outbreak.

LINK: <https://doi.org/10.1177/1757913919871072>

7. **Measles Outbreak – Minnesota, April–May, 2017.** Hall V, Banerjee E, Kenyon C, et al. *CDC. Morbidity and Mortality Weekly Report (MMWR)*, July 14, 2017; 66(27):713–7.

SUMMARY: Between April 10 and May 31, 2017, a total of 65 confirmed measles cases were reported to the Minnesota Department of Health. During that time, confirmed measles patients were identified in 5 schools, 12 child care centers, 3 healthcare facilities, and numerous households. An estimated 8,250 persons were potentially exposed to measles in these settings. Sixty-two (95%) cases were in unvaccinated persons,

including 50 (77%) in children who were age-eligible for vaccination. U.S.-born children of Somali descent accounted for 55 (85%) of the cases. As of May 31, 20 (31%) patients had been hospitalized, primarily for treatment of dehydration or pneumonia; no deaths had been reported. In a community with previously high vaccination coverage, concerns about autism, the perceived increased rates of autism in the Somali-American community, and the misunderstanding that autism was related to the MMR vaccine had resulted in a decline in MMR vaccination coverage, a level low enough to sustain widespread measles transmission in the Somali-American community following introduction of the virus.

KEY FINDINGS: While numerous studies have consistently documented that there is not a relationship between vaccines and autism, this outbreak demonstrated the challenge of combating misinformation about MMR vaccine. In addition, state and county public health personnel were key in creating long-term, trusted relationships with communities to disseminate scientific information in a culturally-appropriate and effective manner.

LINK: www.cdc.gov/mmwr/volumes/66/wr/mm6627a1.htm

8. **Association between vaccine refusal and vaccine-preventable diseases in the United States: a review of measles and pertussis.** Phadke VK, Bednaraczyk RA, Salmon DA, Omer SB. *JAMA* 2016; 315(11): 1149–58.

SUMMARY: A review of 18 published reports of U.S. measles outbreaks from January 2000 through November 2015 and 32 published pertussis outbreaks from January 1977 through November 2015 to assess disease risk in the context of vaccine delay or exemption.

KEY FINDINGS: The researchers found that more than half of the measles cases (56.8%) occurred in children whose parents refused measles vaccination. In the pertussis studies, many of the cases (24%–45%) in the five largest statewide pertussis outbreaks occurred in unvaccinated or undervaccinated populations. In addition, both the measles and the pertussis outbreaks occurred not only among unvaccinated individuals but also among vaccinated individuals in geographic locations with a high prevalence of vaccine exemptions.

LINK: <https://www.ncbi.nlm.nih.gov/pubmed/26978210>

9. **Measles – United States, January 4–April 2, 2015.** *CDC. Morbidity and Mortality Weekly Report (MMWR)*, April 17, 2015; 64(14):73–6.

SUMMARY: To update surveillance data on current measles outbreaks, CDC analyzed cases reported during January 4–April 2, 2015. A total of 159 cases were reported during this period; over 80% of the cases occurred among persons who were unvaccinated or had unknown vaccination status.

KEY FINDINGS: A total of 111 of the 159 cases were associated with an outbreak that originated in late December 2014 in Disney theme parks in Orange County, California. Cases associated with this outbreak were reported from seven U.S. states, Mexico, and Canada. Other smaller outbreaks without a link to the

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- Disney outbreak occurred in Illinois (15 cases), Nevada (9), and Washington (5). The majority of the 159 cases were either unvaccinated (71 [45%]) or had unknown vaccination status (60 [38%]); 28 (18%) had received measles vaccine.
LINK: www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a1.htm
10. **Outbreak of pertussis in a school and religious community averse to health care and vaccinations – Columbia County, Florida, 2013.** CDC. *MMWR*, August 1, 2014; 63(30):655.
SUMMARY: Health department staff in a Florida county investigated a report of an unvaccinated student who had lab-confirmed pertussis. The 316 students in the affected school were part of a larger community that was averse to health care and vaccinations. For example, only five (15%) of 34 students in kindergarten and one (5%) of 22 students in seventh grade were fully vaccinated; of those who were not fully vaccinated, 84% had religious exemptions.
KEY FINDINGS: Despite the availability of free vaccine through the local health department, very few persons from the community took advantage of the offer. At the conclusion of the outbreak, the investigation found a total of 109 cases in the community, including 94 students and one teacher in the affected school and 14 household contacts of the initial case.
LINK: www.cdc.gov/mmwr/preview/mmwrhtml/mm6330a3.htm
11. **Religious exemptions for immunization and risk of pertussis in New York state, 2000–2011.** Imdad A, Tserenpuntsag B, Blog DS, Halsey NA, Easton DE, Shaw J. *Pediatrics* 2013;132(1):37-43.
SUMMARY: Researchers reviewed reported religious vaccination exemptions to the NYS Department of Health from 2000 through 2011. Changes in exemptions were assessed against incidence rates of childhood pertussis.
KEY FINDINGS: Counties with higher exemption rates had higher rates of reported pertussis among exempted and vaccinated children when compared with counties having low exemption rates.
LINK: www.ncbi.nlm.nih.gov/pubmed/23733795
12. **An outbreak of measles in an undervaccinated community.** Gahr P, DeVries AS, Wallace G, et al. *Pediatrics*. July 2014; 134(1):e220–8.
SUMMARY: In March 2011, measles was confirmed in a Minnesota child without travel abroad. An investigation was initiated to determine the source, prevent transmission, and examine measles-mumps-rubella (MMR) vaccine coverage in the affected community.
KEY FINDINGS: Twenty-one measles cases were identified. The median age was 12 months (range, 4 months to 51 years) and 14 (67%) were hospitalized (range of stay, 2–7 days). The source was a 30-month-old U.S.-born child of Somali descent infected while visiting Kenya. Measles spread in several settings, and over 3000 individuals were exposed. Sixteen case-patients were unvaccinated; 9 of the 16 were age-eligible: 7 of the 9 had safety concerns and 6 were of Somali descent. MMR vaccine coverage among Somali children declined significantly from 2004 through 2010 starting at 91.1% in 2004 and reaching 54.0% in 2010 ($P < 0.001$). This was the largest measles outbreak in Minnesota in 20 years, and aggressive response likely prevented additional transmission. Measles outbreaks can occur if undervaccinated subpopulations exist. Misunderstandings about vaccine safety must be effectively addressed.
LINK: <https://www.ncbi.nlm.nih.gov/pubmed/24913790>
13. **Measles – United States, January 1–May 23, 2014.** CDC. *MMWR*, June 6, 2014; 63(22):496–9.
SUMMARY: To update national measles data in the United States, CDC evaluated cases reported by states from January 1 through May 23, 2014. A total of 288 confirmed measles cases have been reported to CDC, surpassing the highest reported yearly total of measles cases since elimination (220 cases reported in 2011). Fifteen outbreaks accounted for 79% of cases reported, including the largest outbreak reported in the United States since elimination (138 cases and ongoing).
KEY FINDINGS: The large number of cases this year emphasizes the need for health-care providers to have a heightened awareness of the potential for measles in their communities and the importance of vaccination to prevent measles. Most of the 288 measles cases reported this year have been in persons who were unvaccinated (200 [69%]) or who had an unknown vaccination status (58 [20%]); 30 (10%) were in persons who were vaccinated. Among the 195 U.S. residents who had measles and were unvaccinated, 165 (85%) declined vaccination because of religious, philosophical, or personal objections, 11 (6%) were missed opportunities for vaccination, and 10 (5%) were too young to receive vaccination.
LINK: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6322a4.htm?s_cid=mm6322a4_w
14. **Communication and mass vaccination strategies after pertussis outbreak in rural Amish communities-Illinois, 2009-2010.** Medina-Marino A, Reynolds D, Finley C, Hays S, Jones J, Soyemi K. *J Rural Health*. 2013 Fall;29(4):413-9.
SUMMARY: During January 2010, 2 infants from an Amish community in east-central Illinois were hospitalized with pertussis. The local health department (LDH) intervened to control disease transmission, identify contributing factors, and determine best communications methods to improve vaccination coverage.
KEY FINDINGS: Forty-seven cases were identified, with onsets during December 2009–March 2010. Median age was 7 (interquartile range 1–12) years. Nineteen (40%) patients were male; 39 (83%) were aged <18 years; 37 (79%) had not received any pertussis-containing vaccine. Presenting symptoms did not differ substantially between vaccinated and unvaccinated patients. Duration of cough was longer among unvaccinated than vaccinated patients (32 vs. 15.5 days, $P=0.002$). Compared with vaccinated patients, proportionately more unvaccinated patients

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reported secondary household transmission (30% vs. 72%; $P=0.012$). Through enhanced vaccination campaigns, 251 (–10%) Amish community members were administered 254 pertussis-containing vaccines. Targeted health communication and outreach resulted in a successful vaccine campaign and long-running monthly vaccination clinic. Amish do not universally reject vaccines, and their practices regarding vaccination are not static.

LINK: <https://www.ncbi.nlm.nih.gov/pubmed/24088215>

15. **Nonmedical vaccine exemptions and pertussis in California, 2010.** Atwell JE, Van Otterloo J, Zipprich J, et al. *Pediatrics* 2013; 132(4):624-30.

SUMMARY: Researchers analyzed nonmedical exemptions (NMEs) for children entering kindergarten from 2005 through 2010 and pertussis cases with onset in 2010 in California to determine if NMEs increased in that period, if children obtaining NMEs clustered spatially, if pertussis cases clustered spatially and temporally, and if there was statistically significant overlap between clusters of NMEs and cases.

KEY FINDINGS: Previous studies have shown that nonmedical exemptions (NMEs) to immunization cluster geographically and contribute to outbreaks of vaccine-preventable diseases such as pertussis. The 2010 pertussis resurgence in California has been widely attributed to waning immunity from acellular pertussis vaccines. This study provides evidence of spatial and temporal clustering of NMEs and clustering of pertussis cases and suggests that geographic areas with high NME rates were also associated with high rates of pertussis in California in 2010.

LINK: <https://www.ncbi.nlm.nih.gov/pubmed/24082000>

16. **Measles – United States, January 1–August 24, 2013.** CDC. *MMWR* 2013; 62(36):741–3.

SUMMARY: CDC evaluated cases reported by 16 states during January 1–August 24, 2013. A total of 159 cases of measles were reported during this period.

KEY FINDINGS: Unvaccinated people place themselves and others in their communities at risk for measles and other vaccine preventable diseases. Measles is a highly contagious viral disease that is preventable by vaccination. In the United States, measles elimination (i.e. absence of year round transmission) was declared in 2000. However, measles continues to be imported into the United States from countries where measles is still common. During January 1–August 24, 2013, 159 measles cases, including 8 outbreaks were reported to CDC. An outbreak in New York City is the largest outbreak reported in the United States since 1996 (58 cases). Most cases were import-associated [157 (99 percent)] and in persons who were unvaccinated [131 (82 percent)] or had unknown vaccination status [15 (9 percent)]. Among U.S. residents who were unvaccinated, 92 (79 percent) have philosophical objection to vaccination. High vaccine coverage is important to prevent spread of measles following importation.

LINK: www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a2.htm

17. **Measles – United States, January–May 20, 2011.** CDC. *MMWR* 2011; 60(20):666–8.

SUMMARY: During the first 19 weeks of 2011, 118 cases of measles were reported, the highest number reported for this period since 1996.

KEY FINDINGS: Unvaccinated persons accounted for 105 (89%) of the 118 cases. Among the 45 U.S. residents aged 12 months–19 years who acquired measles, 38 (87%) were unvaccinated, including 24 whose parents claimed a religious or personal exemption and eight who missed opportunities for vaccination. Among the 42 U.S. residents aged >20 years who acquired measles, 35 (83%) were unvaccinated, including six who declined vaccination because of philosophical objections to vaccination. Of the 33 U.S. residents who were vaccine-eligible and had traveled abroad, 30 were unvaccinated and one had received only 1 of the 2 recommended doses.

LINK: www.cdc.gov/mmwr/preview/mmwrhtml/mm6020a7.htm

18. **Measles in the United States during the postelimination era.** Parker Fiebelkorn A, Redd SB, Gallagher K, et al. *J Infect Dis* 2010; 202(10):1520–8.

SUMMARY: A descriptive analysis of all cases of measles reported in the United States during 2001–2008.

KEY FINDINGS: A total of 557 confirmed cases of measles and 38 outbreaks were reported during 2001–2008. Of these outbreaks, the 3 largest occurred primarily among personal belief exemptors (defined as persons who were vaccine eligible, according to recommendations of the Advisory Committee on Immunization Practices or the World Health Organization, but remained unvaccinated because of personal or parental beliefs). During 2004–2008, a total of 68% of reported measles cases were among unvaccinated U.S. residents, who were age-eligible for vaccination but who claimed a personal belief exemption to state immunization requirements.

LINK: <https://www.ncbi.nlm.nih.gov/pubmed/20929352>

19. **Measles outbreak in a highly vaccinated population, San Diego, 2008: role of the intentionally undervaccinated.** Sugeran DE, Barskey AE, Delea MG, et al. *Pediatrics* 2010; 125(4):747–55.

SUMMARY: Researchers mapped vaccination-refusal rates by school and school district, analyzed measles-transmission patterns, and conducted discussions and surveys to examine beliefs of parents who decline vaccination for their children.

KEY FINDINGS: An intentionally unvaccinated 7-year-old child who was unknowingly infected with measles returned from Switzerland, resulting in 11 additional measles cases and in known measles exposure of more than 800 people. In San Diego, high personal belief exemption (PBE) rates were found in 10 schools (range, 42%–100%); schools and districts with high refusal rates were clustered geographically. Across all surveyed kindergartens, higher PBE rates correlated strongly with lower measles vaccination rates.

LINK: www.ncbi.nlm.nih.gov/pubmed/20308208

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- 20. Parental refusal of varicella vaccination and the associated risk of varicella infection in children.** Glanz JM, McClure DL, Magid DJ, Daley MF, France EK, Hambidge SJ. *Archives of Pediatrics & Adolescent Medicine* 2010; 164(1):66–70.
- SUMMARY:** A case-control study of 133 physician-diagnosed cases of varicella among Kaiser Permanente Colorado members between 1998 and 2008; each case was matched with 4 randomly selected controls (i.e., people who did not have varicella disease).
- KEY FINDINGS:** Compared with children of vaccine-accepting parents, children of vaccine-refusing parents had a 9-fold higher risk of varicella illness. Overall, 5% of varicella cases in the study population were attributed to vaccine refusal.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/20048244>
- 21. Parental refusal of pertussis vaccination is associated with an increased risk of pertussis infection in children.** Glanz JM, McClure DL, Magid DJ, et al. *Pediatrics* 2009;123(6):1446–51.
- SUMMARY:** A case-control study of 156 physician-diagnosed cases of pertussis among Kaiser Permanente Colorado members between 1996 and 2007; each case was matched with 4 randomly selected controls (n=595).
- KEY FINDINGS:** Vaccine refusers had a 23-fold higher risk for pertussis when compared with vaccine acceptors, and 11% of pertussis cases in the entire study population were attributed to vaccine refusal.
- LINK:** www.ncbi.nlm.nih.gov/pubmed/19482753
- 22. Invasive *Haemophilus influenzae* type b disease in five young children – Minnesota, 2008.** CDC. *Morbidity and Mortality Weekly Report (MMWR)* 2009;58(03):58–60.
- SUMMARY:** In 2008, during routine surveillance conducted by public health workers in Minnesota for invasive *H. influenzae* type b (Hib) disease, five children ages 5 months to 3 years were reported with invasive Hib disease; one child died.
- KEY FINDINGS:** Three of the five children with invasive Hib disease had not been vaccinated. One of the children was too young to complete the primary series of Hib vaccine, and another child, who had completed the primary series, was found to have an immune disorder that impairs response to vaccination.
- LINK:** www.cdc.gov/mmwr/preview/mmwrhtml/mm5803a4.htm
- 23. Geographic clustering of nonmedical exemptions to school immunization requirements and associations with geographic clustering of pertussis.** Omer SB, Enger KS, Moulton LH, Halsey NA, Stokley S, Salmon DA. *Am J Epidemiol* 2008;168:1389–96.
- SUMMARY:** Researchers evaluated the geographic clustering of personal belief exemptions in Michigan (1991–2004: N=4,495 schools) and measured the geographic overlap between exemption clusters and clusters of reported pertussis cases (1993–2004: N=1,109 cases among people 18 years and younger).
- KEY FINDINGS:** Researchers reported significant overlap between clusters of exemptions and clusters of pertussis cases. In addition, exemption rates appear to be increasing in Michigan, and nonmedical exemptions tend to be geographically clustered.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/18922998>
- 24. Measles outbreak associated with a church congregation: a study of immunization attitudes of congregation members.** Kennedy AM, Gust DA. *Public Health Reports* 2008; 123(2):126–34.
- SUMMARY:** Researchers conducted a focus group and interviews with church leaders and families following a measles outbreak among church members in Indiana.
- KEY FINDINGS:** Vaccine refusal was attributed to a combination of personal religious beliefs and safety concerns among a subgroup of church members. Among interviewees from outbreak households, none had received MMR vaccine prior to the outbreak. Four of the six outbreak households reported that they would consider some or all recommended vaccines in the future.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/18457065>
- 25. Update: Measles – United States, January–July 2008.** CDC. *Morbidity and Mortality Weekly Report (MMWR)* 2008; 57(33):893–6.
- SUMMARY:** A descriptive analysis of reported cases of measles occurring in the U.S. from January through July 2008.
- KEY FINDINGS:** A total of 131 measles cases were reported to CDC during the first 7 months of 2008, the highest number of year-to-date reports since 1996. Fifteen patients, including 4 children younger than age 15 months, were hospitalized. One hundred twelve of the reported cases were unvaccinated or had unknown vaccination status; of these, 95 were eligible for vaccination. The majority of these 95 cases (66%) were children who were unvaccinated because of philosophical or religious beliefs.
- LINK:** www.cdc.gov/mmwr/preview/mmwrhtml/mm5733a1.htm
- 26. Impact of addition of philosophical exemptions on childhood immunization rates.** Thompson JW, Tyson S, Card-Higginson P, et al. *American Journal of Preventive Medicine*; 2007;32(3):194–201.
- SUMMARY:** In fall 2003, Arkansas implemented a nonmedical (i.e., religious or philosophical) exemption process (Act 999). Investigators evaluated and compared the number and geographic clustering of exempted students 2 years before (year 1, year 2) and 2 years after (year 3, year 4) philosophical exemptions were made available in Arkansas.
- KEY FINDINGS:** The addition of a philosophical or religious exemption from school mandates resulted in a significant increase in the total number of exemptions granted in Arkansas. In year 4, nonmedical exemptions were 2.58-fold higher than in year 1, whereas the absolute number of medical exemptions dropped by more than half compared with year 1. In the 10 districts with the highest exemption rates (range, 7.85–22.97 per 1,000 students), all exemptions granted were categorized as religious or philosophical.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/17296471>

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- 27. Nonmedical exemptions to school immunization requirements: secular trends and association of state policies with pertussis incidence.** Omer SB, Pan WK, Halsey NA, et al. *JAMA* 2006; 296(14):1757–63.
- SUMMARY:** Analysis of children claiming nonmedical exemptions at school entry, 1991–2004, and incidence of pertussis in children ages 18 years and younger, 1986–2004.
- KEY FINDINGS:** Exemption rates for states that allowed only religious exemptions remained at about 1% between 1991 and 2004; however, in states that allowed exemptions for personal beliefs, the mean exemption rate increased from 0.99% to 2.54%. The study found associations between increased pertussis incidence and state policies that allowed personal belief exemptions or easily-obtained exemptions in general.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/17032989>
- 28. Implications of a 2005 measles outbreak in Indiana for sustained elimination of measles in the United States.** Parker AA, Staggs W, Dayan GH, et al. *N Engl J Med* 2006;355:447–55.
- SUMMARY:** A case-series investigation of the largest documented U.S.-based measles outbreak since 1996; included molecular typing of viral isolates, surveys of vaccination rates, interviews about vaccination attitudes, and cost surveys.
- KEY FINDINGS:** This U.S. measles outbreak was caused when an unvaccinated teenager returned from Romania and introduced measles into a group of children whose parents objected to vaccination. Among people exposed at a church gathering, 50 lacked immunity to measles, 16 (32%) of whom acquired measles. During the 6 weeks after the gathering, a total of 34 cases of measles were confirmed. Of the people with confirmed measles, 97% were members of the church, 94% were unvaccinated, and 82% were children ages 5 to 19 years. In this outbreak, 68% of the containment cost was incurred by a single hospital, where an undervaccinated employee potentially exposed children, immunocompromised patients, and employees to measles.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/16885548>
- 29. The cost of containing one case of measles: the economic impact on the public health infrastructure – Iowa, 2004.** Dayan GH, Ortega-Sanchez IR, LeBaron CW, Quinlisk MP, Iowa Measles Response Team. *Pediatrics* 2005;116:e1–e4.
- SUMMARY:** Measurement of activities performed, personnel time and materials allocated, and direct costs incurred in 2004 U.S. dollars by the Iowa public health infrastructure during the study period of March 5 (date of first contact about possible case) through May 12, 2004 (date of final meeting).
- KEY FINDINGS:** Total estimated cost of one case of measles: \$142,452, of which 75% was attributable to personnel costs and overhead.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/15995008>
- 30. Individual and community risk of measles and pertussis associated with personal exemptions to immunizations.** Feikin DR, Lezotte DC, Hamman RF, Salmon DA, Chen RT, Hoffman RE. *JAMA*. 2000; 284(24):3145–50.
- SUMMARY:** A population-based, retrospective cohort study of all reported measles and pertussis cases among children ages 3–18 years in Colorado during 1987–1998.
- KEY FINDINGS:** Exemptors were 22.2 times more likely to acquire measles and 5.9 times more likely to acquire pertussis than were vaccinated children. At least 11% of vaccinated children in measles outbreaks acquired infection through contact with exemptors.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/11135778>
- 31. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles.** Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith NJ, Chen RT. *JAMA* 1999;282(1):47–53.
- SUMMARY:** A population-based, retrospective cohort study of measles surveillance data collected by the CDC from 1985 through 1992 and a review of annual state immunization program reports on prevalence of exemptors and vaccination coverage. The study group was restricted to school-aged children (5–19 years old).
- KEY FINDINGS:** On average, exemptors were 35 times more likely to contract measles than were vaccinated persons.
- LINK:** <https://www.ncbi.nlm.nih.gov/pubmed/10404911>

HB 1210 (crossover)

April 20, 2022

Testimony

Deborah Scire

President, NH College and University Council

Good Morning!

Thank you for the opportunity to speak regarding HB 1210, relative to exemptions from vaccine mandates.

I am Deborah Scire, President of the New Hampshire College and University Council.

The NHCUC is a non-profit consortium of public and private institutions of higher education in the state. These institutions are recognized and highly regarded for their outstanding teaching, research, and community service activities. They serve as major centers of activity that are vital to the economic development of the community and the state.

I would like to share a letter signed by New Hampshire's college and university presidents on behalf of their public and private, two and four year institutions urging you to recommend HB 1210 inexpedient to legislate.

House Bill 1210, would eliminate the colleges and university's ability to follow the current guidelines established by the American College Health Association which include required vaccinations like Meningitis, MMR etc.

These guidelines were established long before COVID and provide our campuses with standards based on established public health principles and local laws.

Our colleges have had successful processes in place that allow students to request exemptions of vaccines for documented medical reasons or religious beliefs.

The American College Health Association has been around for almost 100 years and works with colleges across country on developing vaccination policies that work on campuses and fit with the 24 hour nature of the campus.

Mechanisms for students to opt out of these requirements for a documented medical reason or sincerely held religious beliefs are embedded in these policies.

While we can make reasonable accommodations for students who opt-out under these established exemptions, we are concerned that the low bar envisioned by HB 1210 could degrade the community health benefits of immunization efforts and strain our ability to manage exceptions in housing and other activities to protect all students.

HB 1210 will disrupt the successful practice that is currently in place and could jeopardize the health of the entire campus community.

For these reasons, we urge you to recommend HB 1210 inexpedient to legislate.

Thank you for your time today and I am happy to answer any questions.

April 20, 2022

Senate Health and Human Services Committee
Legislative Office Building, Rm. 101
33 North State St.
Concord, NH 03301

Dear Senator Bradley and members of the committee,

We write to urge you to recommend HB 1210, relative to exemptions from vaccine mandates, inexpedient to legislate.

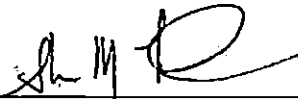
As college presidents, we can empathize with the challenges you face in making policy in response to the global pandemic. We understand the range of constituencies asking, perhaps demanding, you take one approach or another to address the range of questions posed by this evolving public health situation. HB 1210, however, goes well beyond pandemic-related decision-making and would undermine established policies intended to mitigate a host of communicable diseases that readily spread on college campuses.

Meningitis, TDAP, chickenpox, and MMR are all contagious but vaccine-preventable diseases that can (and have on some of our campuses) disrupt life on a residential campus in the absence of appropriate immunization policies. As such, in line with guidance from the American College Health Association – which assists over 5,500 colleges nationwide to advance campus health and wellness efforts – our campuses have had regulations in place for years regarding immunizations for these well-known illnesses. These policies were developed to provide a baseline level of immunization for our campuses, where thousands of students live in close proximity.

Importantly, all our campuses already provide mechanisms for students to opt-out of these requirements for a documented medical reason or sincerely held religious beliefs. These policies protect the rights of those students and ensure that in the event occurrences of a particular disease increase on a campus that appropriate medical personnel can notify those students who may not have the protection immunization can provide. While we can make reasonable accommodations for students who opt-out under these established exemptions, we are concerned that the low bar envisioned by HB 1210 could degrade the community health benefits of immunization efforts and strain our ability to manage exceptions in housing and other activities to protect all students.

As drafted, the mandatory exemption allowances of HB 1210 are so broad that they would invalidate proven, well-established efforts to optimize the health and safety of our residential communities. We respectfully ask you to find HB 1210 inexpedient to legislate and allow the state's colleges and universities to continue managing this issue in the best interest of our communities and with respect for existing laws and court precedents concerning medical and religious exemptions.

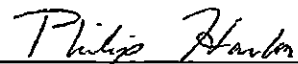
Sincerely,




Shawn Fitzgerald
President
Antioch University New England



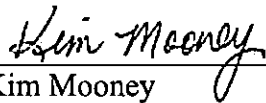
Susan Stuebner
President
Colby-Sawyer College



Philip J. Hanlon
President
Dartmouth College



Mark Rubinstein
Chancellor
Community College System of NH
Interim President, NHTI



Kim Mooney
President
Franklin Pierce University



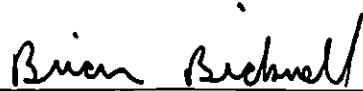
Cheryl Lesser
President
Great Bay Community College



Melinda Treadwell
President
Keene State College



Larissa Baia
President
Lakes Region Community College




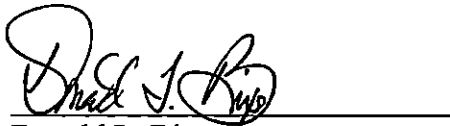
Brian Bicknell
President
Manchester Community College

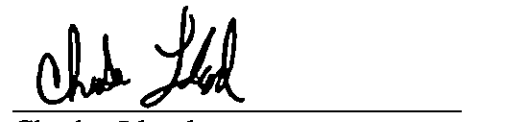


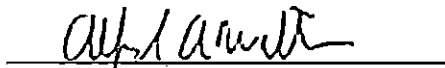
Richard Lesgard
Massachusetts College of Pharmacy Arts
University (Manchester Campus)

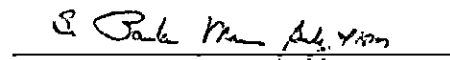

Lucille Jordan
President
Nashua Community College

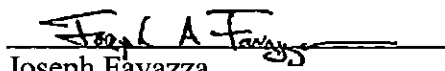

Michele Perkins
President
New England College

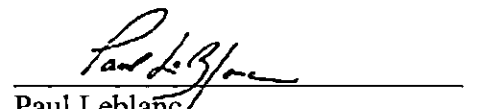

Donald L. Birx
President
Plymouth State University

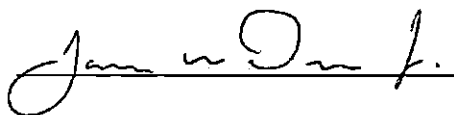

Charles Lloyd
President
White Mountains Community College



Alfred Williams, IV
President
River Valley Community College


Sister Paula Marie Buley
President
Rivier University


Joseph Favazza
President
Saint Anselm College


Paul Leblanc
President
Southern New Hampshire University


James W. Dean, Jr.
President
University of New Hampshire


Catherine A. Provencher
Chief Administrative Office
University System of New Hampshire

DEATHS WITH COVID IN NH BY YEAR

FEAR 3/1/20 - 2/28/21

JABS 3/1/21 - 2/28/22

JABS year year is shown separately, not cumulative

NH HHS data summarized as of 4/19/22:

| AGE | FEAR | JABS | RATIO |
|-------|------|------|-------|
| 0-9 | 0 | 1 | |
| 10-19 | 0 | 0 | |
| 20-29 | 1 | 3 | 3.0 |
| 30-39 | 4 | 21 | 5.3 |
| 40-49 | 6 | 47 | 7.8 |
| 50-59 | 21 | 110 | 5.2 |
| 60-69 | 67 | 236 | 3.5 |
| 70-79 | 110 | 266 | 2.4 |
| 80+ | 139 | 257 | 1.8 |
| Total | 348 | 941 | 2.7 |

NON
LONG TERM CARE
FACILITIES
RESIDENTS

See also COVID Truth and Reconciliation:

<https://granitegrok.com/blog/2022/03/covid-truth-and-reconciliation>

These are the Reasons I Will Not Be Taking the COVID Shots

https://granitegrok.com/mg_monadnock/2021/05/op-ed-these-are-the-reasons-i-will-not-be-taking-the-covid-shots

I have written at least 12 letters or Op-Eds on COVID responses over the last two years - above are the two most important. Others can be found on GraniteGrok and/or in the Keene Sentinel letters to the editor; one is on the Keene City website. They each criticize government policies.

I have lived in Keene nine years, and appreciate the work of those who were here before me.

Joseph Mirzoeff Keene, NH mrzvyp@yahoo.com 603 354 3380 (leave message)

Cameron Lapine

From: Tracey TARDIF <tardif7@icloud.com>
Sent: Tuesday, April 5, 2022 10:51 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1210 students dreams shattered
Attachments: N Tardif Exemption.pdf; Rivier IMMUNIZATION WAIVER.pdf

Good evening,

Im writing in reference to the HB1210 "This bill directs a private employer, postsecondary institution, or clinical site for educational programs to accept requests from employees or students for exemptions from vaccine mandates. The bill also prohibits an employer from requiring any medical treatment that has been approved by the Food and Drug Administration only for emergency or experimental use. "

This bill is so important for students and families. My son, Nevin had a heartbreaking experience when he was transferring from Worcester State University to Rivier University in Jan 2022. He was transferring so he could be part of Rivier's inaugural year hockey team, they had the major he wanted Sports Management and he was hoping to play lacrosse. We researched their Covid 19 policies prior to going through with the transfer, its not a simple one, he had to go through the NCAA Transfer Portal for student athletes. My son has been a hockey goalie for as long as he can remember and that all came to an end when **Rivier University denied his religious exemption and appeal from the Covid 19 vaccine.** We did what was required for the exemption, we submitted two forms that needed notarizing and a personal letter requesting an exemption (see those below). We never expected to be denied a personally held religious belief at a Catholic college. The person making the decision has never even met my son. How can someone truly know my sons beliefs without ever meeting him? They claim that the leaders of the different religious denominations had made statements approving the vaccine, so they did not have to approve any religious exemptions. They never took my sons feeling and what God had placed on his heart into consideration. We lost \$500 but more importantly, my

son who was a good student and college athlete is now a drop out with his dreams shattered. God is still placing Rivier University on our hearts. He hopes that if he can get an exemption, he may be able to continue with his dreams.

I beg you to pass HB1210 (or a senate bill to protect students medical rights) ASAP so families/students can plan financially and mentally for their future. Every day that goes by is another day that his options for the future he worked so hard for get eliminated.

It's unimaginable that colleges mandate a vaccine that could possibly cause heart issues along with many other autoimmune issues and in some cases even death. My son has had covid 19 and has natural immunity. He does not need a vaccine that has had minimal trials and has little information available to make an informed decision.

If you would like more details regarding his story, we would be happy to share. We hope no other child/student has their dreams destroyed because of the Covid 19 vaccine mandates.

Blessings,

**Tracey Tardif
978-835-5148**

Cameron Lapine

From: Radwich, Emily <emily.radwich@cmc-nh.org>
Sent: Tuesday, April 12, 2022 7:42 AM
To: Cameron Lapine
Subject: Please support HB1210

I am writing to you today from work. I am an RN at Catholic Medical Center in Manchester NH and I am a nursing clinical instructor for Rivier University. Both employers required me to be COVID-19 vaccinated, while currently only Rivier is requiring the booster, which I am hesitant for. I was forced to comply with the mandate and I have regretted it ever since. I suffer from joint pains, vertigo, headaches and complete mental distress that has led to counseling and medications. The cause of the mental anguish is the feeling of complete moral defeat. I feel like I didn't stand long and hard enough for my beliefs. I wrote a very lengthy and detailed letter of exemption to my employer and it was denied. I am including a copy at the bottom for you to read. I am a dedicated nurse to the profession and I am surrounded by students and staff that feel exactly the same way that I do, but they are too tired, timid or scared to say anything or try to stop it. Please vote for anything that protects our right!!!!

Thank-you

Emily Radwich RN-BSN

To Whom it may concern,

I do not consent to a medical trail of the COVID "vaccine". I need a mental health exceptions and my rights to be acknowledged and protected. To enforce me to comply is breaching the ethical principles of the Belmont Report in ALL aspects; Part A) its' breaking the boundary between my rights and research, Part B, Section 1) the respect for my person and my autonomy is being violated Part B, Section 2) Beneficence – "persons are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also making efforts to secure their well-being" Part B, Section 3) Justice – I should be treated fairly with those who gain exemptions for physical, religious or otherwise. To deny my exemption is unethical and unjust. Part C, Section 1) Informed Consent, Comprehension, Voluntariness- I do not consent to the vaccine. In addition I am being denied the proper data and research results of vaccinated COVID positive, deaths etc etc. Part C, Section 2) Assessment of Risks and Benefits – Where is the relevant data? Why are the risks of the vaccine not being published so I can weigh the benefits and risks myself? Part C, Section 3) Selection of Subjects- "Some populations are already burdened by their environments.... other less burdened classes of persons should be called upon first." I am struggling to work in this environment of bullying, coercion, lateral violence and misinformation revolving around the vaccine mandate. I am uncomfortable. Furthermore I am not consenting to medical experiments and The Nuremberg Code protects me as such. Forcing the vaccine on me breaks nine out of the ten standards; 1) I am not providing informed consent, 2) Animal experimental data has not been presented to me (or is available) 3) I have not been without mental sufferings, 4) There is and has been concern of death and serious side-effects of the vaccine, 5) The degree of risk is not being assessed, COVID has always had a high survivability rate. 6) I have received no confirmation that CMC will protect me or my family from an adverse reaction, including mental suffering. 7) The data used by the CDC to support the vaccine was provided by the drug company themselves, per private researchers they own the data and are allowed to only release what they want.... Big Tobacco ring a bell? 8) I have reached my limit for being part of a medical research program. And most important 9) The scientist must be able to stop the experiment, but for some reason; maybe political, most likely monetary this circus has continued.

In addition to these well-know and supported doctrines the ANA, the IHI and academia all support patient safety, patients rights and proper dissemination of PEER-REVIEWED evidence based literature. I am a patient. I have rights. In my Masters Program I would not be able to submit a paper supporting the COVID Vaccine compared with infectious survivability, because the data doesn't support it. Why are we still social distancing,

wearing masks and wearing N95s if we are all vaccinated?! Why are you seeking those not vaccinated, we are 'victims' we are the protected class.

The CMC exemption contract states that not-being vaccinated affects my patients (who are vaccinated) my co-workers (who are vaccinated), my family (who you have no business knowing the status of) and my community (which is not supported in the data or research)

I cannot get the vaccine, it is against my ethics, my moral code and my beliefs.

I cannot get the vaccine because I am scared of it and it is causing me mental anguish and distress.

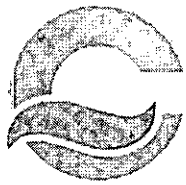
I am UNCOMFORTABLE in this situation.

I WILL NOT voluntarily resign. I WILL NOT QUIT.

Thank-you in advance for understanding

Emily Radwich

CONFIDENTIALITY NOTICE: This e-mail message, and any attachments, may contain confidential patient, business, or other information that is legally protected. This information is intended only for the use of the recipient(s) named above. If you are not the intended recipient(s), you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this message is strictly prohibited. If you have received this e-mail in error, or are not the named recipient(s), please notify the sender immediately by replying to this message and then delete the message from your system.



Greater Nashua
**Chamber of
Commerce**
DARE TO SUCCEED

Opposition to HB 1210

Dear Chairman Bradley and members of the Senate Health and Human Services Committee:

My name is Wendy Hunt, President and CEO of the Greater Nashua Chamber of Commerce. On behalf of the approximately 400 business members and the thousands of employees their employees that we represent, I write to oppose HB120, ***relative to exemptions from employer vaccine mandates.***

As amended, HB 1210 requires employers and higher education facilities that receive public funds in any way (grants, contracts, etc.) to accept requests from employees and/or students for vaccine exemptions due to medical, religious or "conscientious objection" reasons. It should also be noted that this bill applies to all vaccinations, not just Covid.

The Greater Nashua Chamber opposes HB1210 as do our healthcare industry members. This bill really takes away a business's true ability to mandate vaccines despite their policies being put in place for the health and safety of their staff, clients and/or patients. This bill also potentially puts at risk hundreds of millions of dollars of Medicare and Medicaid funding should these businesses be in violation of federal law, which does not allow for such exemptions.

Lastly, we believe our business members know the best way to run their businesses without the state interference. As is the New Hampshire way, let them continue to do so by recommending this HB 1210 be found Inexpedient to Legislate.

Thank you for your time and consideration.

Wendy Hunt

Wendy Hunt, President & CEO
Greater Nashua Chamber of Commerce
60 Main Street, Suite 200
Nashua, NH 03060
603.881.8333 whunt@nashuachamber.com

Cameron Lapine

From: Michael J. Cohen <michael@mjchealthsolutions.com>
Date: Saturday, April 16, 2022 4:10 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine; Gary Daniels; Regina Birdsell; Kevin Avard; Denise Ricciardi
Subject: Vote NO on HB1210

I am writing as a former Executive Director of NAMI NH and as a Board member of a number of non-profit organizations working to improve the health and welfare of NH residents. I am also writing as a grandparent of school age children. From these experiences, I have come to appreciate the benefits of public health, especially as it offers our population important access to vaccinations, critically necessary to prevent the spread of communicable diseases. As you know, the provisions in HB1210 would prevent businesses, hospitals and other entities from requiring its employees to be vaccinated against COVID-19 and other diseases, including influenza (flu), hepatitis, measles, and other deadly conditions. This would not only put individual workers at risk, but could increase exposure and risk to seniors, children, and other vulnerable populations such as older adults. Often my grandchildren bring home the latest illness going around in schools, because vaccinations are required and thus far, families have agreed to them, it has meant that serious illnesses are not transmitted. If this bill passes the health of NH will be heading in the wrong direction, making more people ill and increase healthcare costs. Vulnerable populations, especially those with chronic illness, including those with mental illness, will also be more susceptible to illness. **Vote NO on 1210** and protect the public's health. As legislators your obligation is to the NH population as a whole and keeping all of us safe. That should be one your highest priority. We have seen what happens when a population is susceptible to illness and we are not prepared-Covid showed us that. If we maintain a healthy population, then we will promote a positive business climate, a stronger workforce, and a more engaged citizenry and likely, reduced health costs and reduced family burden. Please vote for a healthy NH. Vote NO on HB1210. Thank you.

Michael J. Cohen
4 Upper Flanders Rd.
Amherst NH 03031
603.496.1657
michael@mjchealthsolutions.com

Cameron Lapine

From: Cheryl Dean <che_dea@msn.com>
Sent: Sunday, April 17, 2022 10:41 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Please Support HB1210

Hello..

I am asking that you support HB 1210. Employers and education institutions need to be required to accept an employee's or student's request for a medical, religion or right of conscience exemption. Thank you for your time.

Cheryl Dean
Northwood NH

Cameron Lapine

From: Keith Milone <keith.milone@gmail.com>
Sent: Monday, April 18, 2022 9:18 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Support HB 1455 and HB 1210

Honorable Committee Members,

Please support the passage of HB 1455 and HB 1210 in order for the citizens of the State of New Hampshire to retain their sovereign rights and freedoms.

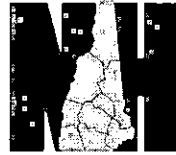
Thanks you so much,
Keith Milone
Lyme, NH

President
Wendy Piper
Grafton County Commissioner

Vice President
Tom Tombarello
Rockingham County Commissioner

At Large Member
Toni Pappas
Hillsborough County Commissioner

At Large Member
Cathy Stacey
Rockingham County Register of Deeds



Association of Counties

46 Donovan Street, Suite 2
Concord, NH 03301

(603) 224-9222
(603) 224-8312 (fax)

www.nhcounties.org

Immediate Past President
Chuck Weed
Cheshire County Commissioner

Treasurer
Suzanne Collins
Coos County Treasurer

Bylaws Chair
Chris Coates
Cheshire County Administrator

January 24, 2022

The Honorable Jeb Bradley
Chair
Senate Health and Human Services Committee
State House
Concord, NH 03031

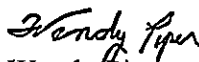
Chairman Bradley and Members of the Senate Health and Human Services Committee,

The NH Association of Counties would like to register its opposition to HB 1210, relative to exemptions from vaccine mandates.

The New Hampshire Association of Counties believes that each county has the right to set their own vaccine policies that align to the needs of their county. NH counties are subject to both federal and state regulations and when the two entities set conflicting policies, it requires NH Counties to make a choice regarding which set of rules to follow. Therefore, the NHAC does not support any statute that would set state and federal policy against one another, and we believe NH counties should be able to set their own vaccine policies for their own counties facilities.

The Association asks you to oppose HB 1210. If you have any questions, please feel free to reach out to our Executive Director, Kate Horgan at khorgan@dupontgroup.com.

Sincerely,


Wendy Piper
President
NH Association of Counties

Cameron Lapine

From: Carolyn McKinney <carolyn.mckinney@gmail.com>
Sent: Monday, April 18, 2022 11:28 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: SAY NO to vaccine mandates

Dear Senators,

I write to you today to urge you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Regards,
Carolyn McKinney
Amherst, NH

Cameron Lapine

From: Cdonle0307 <cdonle0307@aol.com>
Sent: Monday, April 18, 2022 11:49 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine

The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens. I write to you today to urge you to SUPPORT both HB1455 and HB1210.

Cameron Lapine

From: Aemie Paquette <aemiepaquette@gmail.com>
Sent: Monday, April 18, 2022 12:03 PM
To: Becky Whitley; James Gray; Jeb Bradley; Kevin Avard; Tom Sherman; Cameron Lapine
Subject: HB 1455 HB 1210

I write to you today to urge you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Thank you,
Amy Spillane
Manchester NH

Cameron Lapine

From: Jason Hale <lstwknd@protonmail.com>
Sent: Monday, April 18, 2022 12:30 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1455 and HB1210

Senate HHS Committee Members:

I am urging you to support both of these bills. Citizens of this state are in dire need of protections against both the Federal Govt. as well as private companies which intend to establish broader precedence to strip most individuals of the right to bodily autonomy as a matter of employment (the most fundamental, I believe) under the guise of harmful public health crusades. Will you support these bills to protect NH Citizens rights from Federal overreach and overzealous private company policy? The electorate is watching very closely. It is your DUTY to protect the rights of the citizens of this state.

Regards,

Jason Hale
Nashua, NH

Cameron Lapine

From: Tom Allen <tallen@sophiainstitute.com>
Sent: Monday, April 18, 2022 12:32 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avar; Cameron Lapine
Subject: Vaccine mandates -- Say NO

Dear Senators,

I am writing to encourage your SUPPORT of both HB1455 and HB1210. The People are in need of protection from the federal government, which despite abundant and increasing evidence of harmful effects, continues forcing vaccine compliance on federal contractors and our military. Likewise, the People are in need of protection from private corporations whose choices are being prioritized over the rights and bodily autonomy of NH citizens. It is outrageous that the policies of corporations are superseding the rights of individuals, so I ask you as our elected representatives to please protect the rights of the citizens of New Hampshire.

Many thanks,

Tom Allen
Nashua, NH

Cameron Lapine

From: dicky1ss <dicky1ss@yahoo.com>
Sent: Monday, April 18, 2022 12:49 PM
To: Cameron Lapine
Subject: HB1455 / HB1210

I write to you today to urge you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Cameron Lapine

From: Cindy <honeypothounds@aol.com>
nt: Monday, April 18, 2022 2:58 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: SUPPORT both HB1455 and HB1210.

Dear Senators,

I write to you today to urge you to PLEASE SUPPORT both HB1455 and HB1210. These "vaccines" are experimental and have had grave consequences in every age group. I find it horrifying that there is even a question about our right to refuse these drugs! The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Sincerely,

Cindy Williams
5 Brook Road
Mont Vernon, NH
03057
603-673-5786

Cameron Lapine

From: Polly Campion <pollykcampion@gmail.com>
Int: Monday, April 18, 2022 3:04 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avar; Cameron Lapine
Cc: pkc441@outlook.com; Rebecca Sky
Subject: Vote ITL on HB 1210 - State Commission on Aging

Dear Chairman Bradley and Members of Health and Human Services,

My name is Polly Campion, and I am a registered nurse, former state representative and current Chair of the NH State Commission on Aging.

I write to urge you to vote against HB 1210, as it would:

- Put Centers for Medicare & Medicaid Services (CMS) reimbursement at risk, as CMS rules do not allow for an exemption from required vaccinations for matters of conscience. Your committee recognized this issue last week when you voted 5-0 in support of an amended version of HB 1604. HB 1604 was amended to allow for exemptions for medical or religious reasons, NOT for matters of conscience. This amendment recognized the substantial financial risk such a law would have on funding for all healthcare facilities that receive Medicare or Medicaid reimbursement.
- Increase exposure of vulnerable older adults to potentially preventable communicable diseases. Older adults, some of whom are significantly immunocompromised, may not have the option to excuse themselves from an unvaccinated healthcare or other worker's presence when seeking services. It is not justifiable to risk the rights to life and health of vulnerable individuals in favor of a healthy individual's freedom of choice.
- Potentially decrease the number of clinical sites willing to accept health care students for clinical placement, as educational sites (including clinical education) would be required to accept any request for an exemption from vaccination requirement.
- Have the potential to open a greater gap in protection from other communicable diseases long held at bay.

In support of all of New Hampshire's older adults, please vote ITL on HB 1210.

Thank you for your consideration.

Sincerely,

Hon. Polly Campion, MS, RN
Chair, Nh State Commission on Aging
Pk441@outlook.com

Cameron Lapine

From: claudia wells <wells_claudia@yahoo.com>
Sent: Monday, April 18, 2022 6:09 PM
To: Cameron Lapine
Subject: Vaccine Madates

Dear Senator Lapine,

I write to you today to urge you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Standing for Freedom,

Claudia Wells

Sent from my iPhone

Cameron Lapine

From: Jen Jaquith <missj1133@yahoo.com>
Sent: Monday, April 18, 2022 7:23 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Support HB1455 and HB1210

Dear Members of the HHS Committee,

All people have the right to make health and medical decisions for themselves. No one should be coerced or compelled to utilize a medical intervention that they would not otherwise choose to do so except under duress- especially the duress of losing their employment, benefits, education, or freedom to recreate, travel, or engage in commerce.

It is your responsibility, with the authority granted to you by God, to protect NH citizens from abuses of power.

Please support HB1455 and HB1210 and uphold the rights of citizens to freely choose, without pressure from employers, businesses, or government entities, which course of action to take to support their health and well-being.

Thank you for your consideration and service.

God bless you!
Jennifer Jaquith
Fremont, NH

Cameron Lapine

From: Joan Widmer <jwidmer56@gmail.com>
Sent: Monday, April 18, 2022 7:45 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Testimony re hearing on HB 1210

Senators Bradley, Gray, Sherman, Whitley, Avard & Lapine,

I would respectfully like to submit my testimony in opposition to HB 1210 for the hearing to be held on Wednesday, April 20, 2022, which I will not be able to attend in person. I would greatly appreciate your taking a few minutes to review this information as I think it speaks directly to the issue under consideration.

As a Registered Nurse working in home care in New Hampshire I strongly oppose this bill. In 2019, the American Nurses Association (ANA) updated its Position Statement on Vaccinations to reflect the following:

“ANA does not support any exemptions from immunization other than for medical contraindications. All requests for medical exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request.”

“Effective protection of the public health mandates that all individuals receive immunizations against vaccine-preventable diseases according to the best and most current evidence outlined by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). ANA so believes that it is imperative for everyone to receive immunizations for vaccine-preventable diseases as vaccines are critical to infectious disease prevention and control.”

This statement was further updated in November 2021 to include COVID-19 vaccination. “ANA strongly recommends that all registered nurses, health care workers and the public be vaccinated against COVID-19.”

I have personal experience with family members who suffered death and physical impairment as a result of not being vaccinated. Two of my father-in-law's siblings died in childhood due to Diphtheria, prior to the advent of the vaccine to prevent this terrible disease. A sister-in-law suffered polio as a child and never walked again without a pronounced limp, and has been confined to a wheelchair in later life due to the ravages of this disease. Vaccines prevent disease that we do not usually experience in the US, but as the measles outbreaks of the past few years have demonstrated, when sufficient numbers of the general population remain unvaccinated these infections return and result in localized epidemics causing significant mortality and morbidity.

As a healthcare worker struggling to care for patients during this global pandemic, **I urge you to vote NO on House Bill 1210.**

Respectfully,

Joan

Joan C. Widmer, MS, MSBA, RN
Home Healthcare Nurse, Nurse Volunteer & Advocate
President of Amherst, New Hampshire

Cameron Lapine

From: Ed C <etc21208@gmail.com>
Sent: Monday, April 18, 2022 8:08 PM
To: Cameron Lapine
Subject: Bill NH HB1210- Relative to exemptions from vaccine mandates

Good evening Mr. Lapine,

I'm writing in regards to bill NH HB 1210 as I'm hoping you could provide some additional clarity. If passed, will this bill apply to private summer camps in the beautiful state of New Hampshire if they received PPP loans? If so, I know the Senate is scheduled to vote on this bill on April 20th, if passed, how quickly would it typically take for something like this to become law?

The reason for my inquiry is my son, who is a minor, is planning to attend Camp Deerwood this summer and they are requiring vaccination for all attendees with only limited exemptions for certain medical reasons. I've had discussions with them, and despite my firm belief that this should not be forced upon my child, they are not offering us any sort of options outside of vaccination, not even for religious beliefs.

I truly appreciate your sponsoring of this bill and I hope it offers hope to other parents that our politicians in NH are trying to protect our freedoms and safety of our children.

Warm Regards,

Chiolo

Cameron Lapine

From: J Harrison <houle.harrison@gmail.com>
Sent: Monday, April 18, 2022 9:08 PM
To: Jeb Bradley; James.Grey@leg.state.nh.us; Tom Sherman; Becky Whitley; Keven.Avard@leg.state.nh.us; Cameron Lapine
Subject: HB1455 and HB1210

I would like you to support both HB 1455 and HB1210. The people are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. Policies of corporations do not supersede the rights of individuals and it is the DUTY of the state government to protect the citizens from federal government overreach.

Vote yes on HB1455 and HB1210.

J Harrison

Cameron Lapine

From: Jeri Kauffman <jmkauffman37@gmail.com>
Sent: Monday, April 18, 2022 9:15 PM
Subject: Support HB 1455 & HB 1210

Hello,

I'm asking you to support the following bills:

HB 1455, this bill needs to be passed, no state official should be enforcing Covid 19 mandates, there is no need for them. There is plenty of evidence to show this is not in the best interests of the public.

HB 1210, there should be exemptions to any and all vaccine mandates. People should have the right to choose what gets injected into their bodies.

Thank you,

Jeri Kauffman
Laconia

Cameron Lapine

From: Marie LeBaron <melebaron@gmail.com>
Sent: Tuesday, April 19, 2022 8:36 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Support HB1455 & HB1210

I write to you today to urge you to SUPPORT both HB1455 and HB1210.

The People are in desperate need of protection from both the federal government, which is STILL forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Cameron Lapine

From: Eve Fogarty <evefogarty@gmail.com>
Sent: Tuesday, April 19, 2022 8:59 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1455 and HB1210

I would like you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors, and the military and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

I appreciate your help and support in these matters.

Eve Fogarty
Auburn, NH

Cameron Lapine

From: Trudy Mott-Smith <wmottsm@worldpath.net>
Sent: Tuesday, April 19, 2022 9:43 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB 1210

Dear Chair and Members of Senate Health and Human Services Committee,

Please vote against HB 1210 as amended by the House.

While the bill's "right of conscience exemption" seems to protect the freedom of the individual which we value in New Hampshire, it actually threatens an important freedom of the individual -- the freedom from severe illness-- of all those sharing the school and employment settings of the people using the exemption to avoid vaccination.

As Part I Article 3 of our Constitution tells us, "When men enter into a state of society, they surrender up some of their natural rights to that society, in order to ensure the protection of others..."

Sincerely,

Wiltrud R. Mott-Smith, 91 Kenney Road, Loudon, NH 03307

Cameron Lapine

From: Katie Lajoie <jlje2316@gmail.com>
Sent: Tuesday, April 19, 2022 11:44 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: OPPOSE HB 1131, HB 1210, and HB 1606

Dear Members of the Senate Health and Human Services Committee:

As a healthcare professional, I strongly urge you to oppose:

HB 1131 Relative to facial covering policies for schools
Testimony Carla Smith, RN, New Hampshire Nurses Association

HB 1210 Relative to exemptions from vaccine mandates
Testimony Joan C. Widmer, RN

j

HB 1606 Making the state vaccine registry an opt-in program
Testimony Suzanne Allison, RN

I join my RN colleagues in opposing HB 1131, HB 1210, and HB 1606, and I urge your committee to do the same.

Sincerely,
Katie Lajoie, RN
Charlestown, NH
603-826-4803

Katie Lajoie
BSN, BA, RN
jlje2316@gmail.com



NEW HAMPSHIRE NURSES' ASSOCIATION

25 Hall St. Unit 1E, Concord, NH 03301

PHONE: (603) 225 -3783

EMAIL: office@nhnurses.org

WEBSITE: www.NHNurses.org

Dear Senator Bradley (C), Senator Gray (VC), Senator Avard, Senator Sherman, and Senator Whitley;

I am providing this written testimony today on behalf of the NH Nurses Association in opposition to HB 1210 an act relative to exemptions from vaccine mandates.

Historically, employers and educational institutions have had the right to establish requirements for their employee/students to protect the health and safety of those same individuals and all who utilize their services. The Covid-19 pandemic has exacerbated conflicting beliefs regarding individual freedom and public health and safety. While this debate rages on trends in Covid-19 cases reached an all-time high in mid-January, long after we thought the pandemic would have waned in our area. Unfortunately, the majority of those hospitalized were unvaccinated.

Recent attempts to further broaden vaccine exemptions and loosen restrictions on the use of proven interventions such as vaccinations to decrease the spread of Covid-19, will continue to prolong the pandemic and result in continued surges resulting in strains on healthcare resources and preventable illness and death.

A 12/30/21 Amicus Brief from American Public Health Association, Association Of Schools And Programs Of Public Health, 12 Leading Public Health And Health Care Organizations, 30 Deans Of Leading Academic Programs, And 109 Leading Public Health And Health Policy Scholars states:

“The science is also clear about the best way to combat COVID-19’s spread—vaccines. All the evidence shows that vaccination significantly reduces the likelihood that workers will transmit COVID-19 and infect other workers, especially when combined with regular testing and other mitigation measures. And vaccination drastically reduces the chance of hospitalization and death. For these reasons, numerous employers have already imposed vaccine requirements, which have engendered widespread vaccination uptake and have consistently proven effective.”

The increasing pressure to expand existing vaccine exemptions for religious and medical reasons to include those for right of conscience and natural immunity endangers the public’s health. Current exemptions for medical reasons are those considered by the CDC and other medical professional groups as “contraindications,” such as “anaphylaxis,” a severe allergic reaction, of which the number of confirmed allergic reactions is very small. In rare cases a condition called myocarditis has resulted from vaccination, but this is a self-limiting condition, and the CDC recommends that when symptoms resolve it may be safe to continue with the vaccine series. We are far more confident in the data that demonstrates that vaccine preventable diseases have their own risk for post disease sequelae such as deafness, male sterility and musculoskeletal deformity.



NEW HAMPSHIRE NURSES' ASSOCIATION

As for “sincerely held” religious exemptions, this already exists. “Employers must keep employees safe from the virus, and must, under the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act, offer exemptions to individuals with either a disability or “sincerely held” religious belief that prevents them from getting the vaccine. This does not have to be further defined by allowing a “right of conscience” exemption.

Current limits on religious and medical exemptions have long standing success in maintaining the integrity of immunization science as evidenced by the near nonexistence of vaccine preventable diseases such as measles, mumps, rubella and polio. Vaccination was introduced in this country in the early 1800’s beginning with smallpox leading to its near eradication until the 1850s when increased misinformation led to decreased vaccine use and reoccurrence of smallpox by the 1870s. We know that outbreaks of vaccine-preventable disease often start among persons who refuse vaccination, spread rapidly within unvaccinated populations, and also spread to other subpopulations. We should learn from history and not fall into the same traps of skepticism that have endangered the public’s health in earlier times. Vaccine mandates are not new. By the 1950’s all 50 states had vaccine mandates for school entry while allowing for medical and religious exemptions. In recent years we have continued to understand the benefits vaccinations can have on families and workplaces by avoiding the cost burden caused by missing work and school during periods of contagion. We do not want to return to the days of “Chickenpox parties.”

Vaccine refusal broadened by allowing right of conscience exemptions only increases the health risk of the individual and to the community especially in a congregate living situation such that exists on post-secondary education campuses. We have made substantial gains and confidence in the science around the COVID 19 pandemic including the body of evidence around vaccines. Rather than expanding exemptions we should be expanding education and information to increase public confidence to influence decision making.

The New Hampshire Nurses Association urges you to oppose HB 1210 and continue to allow employers and administrators from post-secondary education to have the right to establish requirements for their own populations to protect the health and safety of those same individuals and all who utilize their services.

Thank you in advance. Feel free to contact me with any questions.

Pamela P DiNapoli, PhD, RN, CNL
Executive Director
25 Hall Street Suite 1E
Concord, NH 03301
(603)225-3783
(603) 566-7407 Cell
nhna.ned@gmail.com

Cameron Lapine

From: Avallon, Jim <James.Avallon@ams-osram.com>
Sent: Tuesday, April 19, 2022 1:05 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Support House Bill 1455, 1210

Dear Committee Members,

I strongly urge you to support House Bill 1455 and House Bill 1210! It is tyranny to require an individual, as condition of employment or any other activity, to provide proof of vaccination, especially vaccination from a virus like COVID-19 that has a miniscule fatality rate for most people. In addition the vaccines are still experimental and have not been tested for long-term effects. A typical vaccine takes 5-10 years to verify: these vaccines were rushed out in less than a year. There have been many more deaths from these vaccines than is typical in the roll out of a new vaccine. The Swine flu back in the 70s was quickly halted after only 25 deaths (and many injections) and these deaths were not even completely researched to be connected to the vaccine. There have been over 20,000 deaths according to the CDC VAERS report from these new vaccines and the VAERS report usually reports only 1% of the incidences.

Please support HB1455 because it hinders the enforcement of federal law mandating these experimental inoculations and please support HB1210 because if a private employer chooses to impose these vaccines on an employee it gives the employee relief from these unjust mandates in the form of exemptions.

Thank you and I'm sure you will do the right and moral thing. These types of bills should not even be necessary in a just society.

Jim Avallon
North Hampton, NH 03862

Cameron Lapine

From: Ethan Paulini <ethanpaulini@gmail.com>
Sent: Tuesday, April 19, 2022 1:44 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine; Erin Hennessey; Troy Merner; Edith Tucker
Subject: HB1210

Dear Committee

I am writing to voice my opposition to HB1210.

As a nonprofit, live theatrical organization whose work comes with unavoidable risk due to its nature, this bill would be a huge impediment to making all our staff and employees feel safe.

Best,

Ethan Paulini (he/him)

917.903.3546

www.ethanpaulini.com - www.ethancoaches.com

Producing Artistic Director - Weathervane Theatre - www.weathervanenh.org

Associate Artistic Director - Out of the Box Theatrics - www.oobtheatrics.com

Cameron Lapine

From: Corinne Chronopoulos <corinne.chronopoulos@gmail.com>
Sent: Tuesday, April 19, 2022 2:02 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Vote Yes for House Bill 1210

Greetings,

Thank you for taking the time to read my email. I have been a life-long Democrat and am by no means an "anti-vax" person. I am supportive of choice and believe it is absolutely essential we have the freedom to decide what goes into our body.

One of my family members has a bicuspid valve in his heart. Because of the growing evidence showing elevated risk of myocarditis and pericarditis, he has opted not to take the vaccine. His doctor said that was a good decision. He has also already had COVID. Despite this, he has lost his job due to the employer mandating the vaccine.

There are many reasons why a person would choose not to take a vaccine. It should not be up to anyone else to decide if that is a good enough reason. We need provisions for exemption to protect that choice. I believe every person deserves agency over their own body.

Stand up for this basic right!! If you are supporting this bill, please know there are many people who thank you and who are silent because of the cancel culture that brands anyone speaking out as an "anti-vaxer".

Please vote YES on HB 1210.

Thank you,

Corinne M Chronopoulos

Cameron Lapine

From: Julia Beame <juliabeame@hotmail.com>
Sent: Tuesday, April 19, 2022 2:31 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: SUPPORT HB 1455 & HB 1210 – Defend Medical Freedom in NH!

Importance: High

Dear Senators Bradley, Gray, Sherman, Whitley, Avard and Lapine,

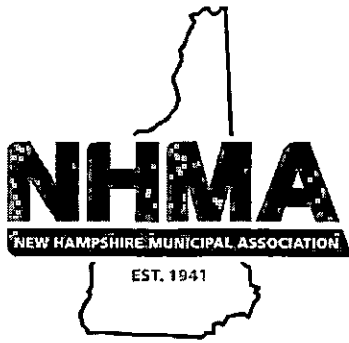
It is completely unacceptable to allow the government or the private sector to limit participation in society in any way based on vaccination or immunity status. This is discrimination and a violation of our basic human rights.

The choice to immunize is a personal decision individuals should make for themselves in consultation with their physicians; based on their health status, risk level, and other factors.

Medical freedom should be available to ALL people without exception! The state of NH should not engage in or enforce vaccine mandates.

Please take a stand to defend the freedom and human rights of the people of New Hampshire and support HB 1455 & HB 1210!

Sincerely,
Julia Beame
Hancock, NH



April 20, 2022

Hon. Jeb Bradley, Chair
Senate Health and Human Services Committee
Legislative Office Building, Room 201-203
Concord, NH
Via electronic delivery only

Re: HB 1210, relative to exemptions from vaccine mandates

Dear Sen. Bradley and Members of the Committee:

I am writing to express the New Hampshire Municipal Association's (NHMA) opposition to HB 1210, which requires, among other things, any public employer that mandates any vaccine, inoculation, or immunization procedure, shall offer an employee the opportunity to submit a request for a medical, religious, or right of conscience exemption.

Municipal employees frequently interface with businesses and entities that *do* require vaccinations, inoculations, or immunizations by those who access their facilities. The provisions of HB 1210 could impact their ability to continue to perform these interactions. For example, municipally employed police, fire, and ambulance crews may be required to deliver sick or injured citizens to hospitals, including out-of-state or federally controlled hospitals. Often, these municipal crews enter non-public areas of the hospital and, as a consequence, are required to comply with certain organizational, state, or federal mandates, including those regarding vaccinations. Failure to comply with such requirements results in a denial of access, preventing these crews from fulfilling their expected duties.

Additional contexts provide examples of the panoply of interfaces which may be impacted by the provisions of HB 1210. Municipalities that employ individuals stationed at airports, for instance, must navigate the complex interaction between federal requirements and state or local regulations. In the context of vaccinations, municipalities with employees stationed at airports saw federal authorities inform them of the necessity of compliance with federal mandates regarding COVID-19 for those particular employees. HB 1210 may result in a conflict between what is required by the federal government and what is allowed under state law.

Finally, to our knowledge, municipalities recognize the widely accepted and understood medical and religious exemptions to vaccine requirements. Therefore, it is unnecessary to mandate that municipalities continue to allow these widely accepted and understood exemptions. Supplementing these exemptions with an additional "right of conscious" exemption will create unnecessary confusion and uncertainty as this exemption is not defined in existing law and is left undefined in the bill. As such, it is unclear how

N E W H A M P S H I R E M U N I C I P A L A S S O C I A T I O N

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municipalities are to administer this exemption, or what scope this exemption may take until extensive litigation resolves this matter.

We urge the committee to amend HB 1210 so that it clearly does not apply to political subdivisions, or to recommend the bill as Inexpedient to Legislate.

Sincerely,

Natch Greyes

Natch Greyes
Government Affairs Counsel

TESTIMONY ON HB 1210 – RELATIVE TO EXEMPTIONS FROM VACCINE MANDATES

April 20, 2022

Senate Health and Human Services Committee

Comments on Behalf of the HR State Council of New Hampshire

I serve as the Government Relations & Legislative Chair for the **HR State Council of New Hampshire** (the “HR State Council”), and I am speaking today on behalf of the HR State Council. Thank you for the opportunity to speak with you about why the HR State Council opposes House Bill 1210 (“HB 1210”).

The HR State Council is a membership organization made up of over 1,000 Human Resource professionals in our State from employers of all sizes and sectors across the state. The State Council is affiliated with the national SHRM (Society of Human Resource Management) organization and works to serve the local SHRM chapters throughout New Hampshire. *Our members are the front lines for workplace law compliance in their respective workplaces.*

Among the Council’s concerns about HB 1210 are the following:

HB 1210 is very broad and likely to result in many more individuals asking for accommodation which will make any vaccine requirement meaningless and be unduly burdensome to employers. Under discrimination laws, an accommodation requires the employer to treat certain individuals more favorably than others due to an individual’s legally protected status of being disabled or having religious objections, both of which are defined in regulations. It is the protected status (disability or religion) that prompts the need for an exception to be treated more favorably than the majority of other employees. A “right of conscience”, which is not defined in employment laws nor a protected status under employment discrimination laws, is a vague concept. The bill basically allows an individual to refuse a vaccine for any reason, without explanation. A reasonable accommodation is meant to be an exception from how the majority of employees are treated. By increasing the number of employees who claim an exemption, which this bill will do, employers will be required to provide exceptions for many more employees. This will strain the employer’s operations, and have a very negative impact on the morale of other employees, especially those who, for their own medical needs or those of their family members, have grave concerns about working with unvaccinated individuals.

HB 1210 does not provide any structure for determining reasonable accommodation: The bill does not provide any guidance to managers or HR officers on how to determine if there is a reasonable accommodation that would allow an unvaccinated person to continue to work safely, without posing a risk to their own health or safety or that of others. Under Federal law, a reasonable accommodation standard is different for disability-related requests than it is for religious-based requests, and there are rules and guidance on how to determine what would be reasonable accommodation. These accommodations procedures require a detailed analysis of information from the employee, the nature of their condition that requires the

need for an accommodation, the nature of the employee's job functions, and the impact of the accommodation on the employer's operations and other workers. HB 1210 does not allow for a detailed analysis or allow an employer to inquire further about the employee's basis for an exemption. It is unclear what would be considered a reasonable accommodation under HB 1210, which will lead to disagreements over what would be reasonable, as well as increased litigation and uncertainty.

HB 1210 strips away federally-recognized employer rights in the accommodation process. HB 1210 states that employers and employees must agree upon a reasonable accommodation. However, federal and New Hampshire laws recognize that employers can offer effective accommodations for disability and religious issues – even if the accommodation offered is not what the employee is seeking. In other words, this bill imposes a new requirement for “agreement” without allowing the employer any information on which to base a decision or agreement, and without any clarity on what happens if the employer and employee fail to agree.

The uncertainty, lack of definitions, lack of information, and stripping employers of federally recognized rights in the accommodation process would all place managers and HR officers in an untenable situation: *do they compromise health and safety by allowing unvaccinated individuals to work, or do they refuse an accommodation and risk being sued?*

The bill will make it harder for employers to provide healthy workplaces: Employers, especially healthcare-related employers, child care facilities, and other organizations that provide vital social services to vulnerable populations, are recommended by public health agencies to have their workers be vaccinated against serious diseases such as hepatitis B, measles, mumps, rubella, pertussis, varicella, and influenza. Vaccines not only prevent the widespread transmission of these serious diseases, but also help avoid severe staffing shortages. Objecting to receive a vaccine is an individual choice, but employers impose vaccine requirements because they are concerned with the health and safety of all in the workplace and of those served by the organization. Implementing effective workplace safety and health protocols is a serious obligation of employers, and they should not be restrained in being able to develop and implement such protocols.

The concept of a personal conscientious objection is not applicable to at-will employment: At-will employment, which is the vast majority of private employment in New Hampshire, is not contract-based, nor subject to Constitutional rights such as due process, but rather is “at the will of both the employer and employee.” If an employee has a personal objection to a condition of their employment, they are free to leave. Further, it may be against the personal conscience of business owners to allow unvaccinated employees to be present in their workplaces, and against the personal conscience of an employee to have to work with an unvaccinated co-worker, especially during a pandemic or other public health emergency caused by a deadly disease. HB 1210 does not provide protection for such countervailing interests.

For all of these reasons, the HR State Council urges the Commerce Committee to vote that ***HB 1210 is inexpedient to legislate.***

If the State Council can provide any additional information, my contact information is below.

Andrea G. Chatfield, Esq., Government Relations & Legislative Chair
for the HR State Council of New Hampshire

Contact Information:
Cook Little, pllc
1000 Elm St., 20th Floor
Manchester, NH 03101
Tel: 603-621-7118
a.chatfield@clrm.com



Association of Counties

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Bylaws Chair
Chris Coates
Cheshire County Administrator

January 24, 2022

The Honorable Jeb Bradley
Chair
Senate Health and Human Services Committee
State House
Concord, NH 03301


Chairman Bradley and Members of the Senate Health and Human Services Committee,

The NH Association of Counties would like to register its opposition to HB 1210, relative to exemptions from vaccine mandates.

The New Hampshire Association of Counties believes that each county has the right to set their own vaccine policies that align to the needs of their county. NH counties are subject to both federal and state regulations and when the two entities set conflicting policies, it requires NH Counties to make a choice regarding which set of rules to follow. Therefore, the NHAC does not support any statute that would set state and federal policy against one another, and we believe NH counties should be able to set their own vaccine policies for their own counties facilities.

The Association asks you to oppose HB 1210. If you have any questions, please feel free to reach out to our Executive Director, Kate Horgan at khorgan@dupontgroup.com.

Sincerely,


Wendy Piper
President
NH Association of Counties

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

Wednesday, April 20, 2022

HB 1210—Relative to Exemptions from Vaccine Mandates

Testimony

Good morning, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior Vice President of the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The New Hampshire Hospital Association is opposed to HB 1210. This legislation would prevent private employers that receive public funds from the federal or state government from requiring vaccines of their employees as a condition of employment without offering exemptions for medical, religious, or conscientious objections. HB 1210 would also prevent hospitals that provide clinical rotations for training of a wide variety of clinicians from requiring that those students adhere to the evidence-based policies and protocols that they have established for the health and safety of their patients, workforce and students who are training there. HB 1210 would essentially render moot any requirements that an employer has determined are in the best interests of those they serve by simply saying no to the vaccine requirement on the grounds of a conscientious objection declaration.

The New Hampshire Hospital Association and its member hospitals announced in August of last year a consensus statement in support of requiring our health care workforce to be vaccinated against COVID-19 in order to protect the health and safety of our patients, our staff and our communities. Hospitals announced their own individual policies and have been implemented them with robust education for their staff about the important benefits of the vaccine. In doing so, hospitals have sought to be flexible and have complied with all relevant state and federal guidelines, including offering medical and religious exemptions.

In September of 2021, CMS announced that it would require most Medicare and Medicaid certified providers, including hospitals, to comply with vaccine requirements of all staff. The attached updated guidance, which was issued two weeks ago, further clarifies the vaccination enforcement.

In the first memo from CMS you will see on the bottom of page 2, Vaccination Enforcement – Surveying for Compliance that states: **“The sole enforcement remedy for non-compliance for hospitals and certain other acute and continuing care providers is termination; however, CMS’s primary goal is to bring health care facilities into compliance. Termination would generally occur only after providing a facility with an opportunity to make corrections and come into compliance.”**

In other words, hospitals in New Hampshire must comply with the CMS vaccine requirements to ensure that their Medicare and Medicaid participation is not put in jeopardy.

HB 1210, if passed, could put Medicare and Medicaid funding at risk for hospitals. In 2020, the last full year of available data, that amounted to \$2.3 billion for hospitals alone.

Hospitals and the tens of thousands of dedicated health care workers who come to work in them every day have been on the front lines of the pandemic for over two years. The decision to require their employees to be vaccinated against COVID-19 was done to ensure the health and safety of their patients, their workforce and their communities. They have seen first-hand the devastation that COVID-19 can have on their patients, especially those who are unvaccinated. While we have seen more breakthrough cases impacting those who have been vaccinated who are hospitalized, those on the front lines tell us over and over that the patients who are the most severely ill, intubated and in the intensive care unit are those who are unvaccinated.

Hospitals have an inherent responsibility to protect the health and safety of their patients who, by their very nature, are very ill and the COVID-19 vaccine is the most effective way we can do that. The vaccines approved for use in the United States are safe and highly effective in preventing infection, serious illness, hospitalization and death. Studies have shown that unvaccinated individuals are at a 5-fold higher risk of infection from COVID-19, 10-fold higher risk of hospitalization from COVID-19, and 11-fold higher risk of dying from COVID-19. A recent CDC study showed that receipt of a third vaccine dose was highly effective during both the delta- and omicron-predominant periods at preventing COVID-19-associated emergency department and urgent care visits (94% and 82%, respectively) and preventing COVID-19-associated hospitalizations (94% and 90%, respectively).

Requiring vaccinations of healthcare workers from communicable diseases is not new for hospitals in New Hampshire. Hospitals have required vaccination against several communicable and deadly diseases such as mumps, measles, rubella, chicken pox, diphtheria, tetanus, pertussis and influenza as a condition of employment, with the same type of medical and religious exemptions allowed for COVID-19 vaccines. We believe this is absolutely the right thing to do for the health and safety of our patients, our staff and the citizens of New Hampshire. The vast majority of hospital staff have been vaccinated against COVID-19 or have received exemptions, and we've heard from many healthcare workers who support the vaccine requirement to protect their health and that of their patients.

For all these reasons, the New Hampshire Hospital Association is opposed to HB 1210 and urge the Committee to find it inexpedient to legislate. Thank you for the opportunity to share our view with you.



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-07-ALL
Revised 4/05/22

DATE: December 28, 2021
TO: State Survey Agency Directors
FROM: Director
Quality, Safety & Oversight Group
SUBJECT: Revised Guidance for the Interim Final Rule - Medicare and Medicaid Programs;
Omnibus COVID-19 Health Care Staff Vaccination

Memorandum Summary

- CMS is committed to ensuring America's healthcare facilities respond effectively in an evidence-based way to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On November 05, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare- and Medicaid-certified providers and suppliers.
- CMS is providing guidance and survey procedures for assessing and maintaining compliance with these regulatory requirements.
- The guidance in this memorandum does not apply to the following states at this time: Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia and Wyoming. **Surveyors in these states should not undertake any efforts to implement or enforce the IFC.**

Background

Since the beginning of the Public Health Emergency, CMS and the Centers for Disease Control and Prevention (CDC) data show as of mid-October, over 44 million COVID-19 cases, 3 million COVID-19 related hospitalization, and 720,000 COVID-19 deaths have been reported. The CDC has reported that COVID-19 vaccines are safe and effective at preventing severe illness from COVID-19 and limiting the spread of the virus that causes it. On December 11, 2020, the Advisory Committee in Immunization Practices (ACIP) recommended, as interim guidance, that both 1) health care personnel, and 2) residents of long-term care (LTC) facilities be offered COVID-19 vaccine in the initial phase of the vaccination program. To support this recommendation, on May 13, 2021, CMS published an interim final rule with comment period

(IFC), entitled “Medicare and Medicaid Programs; COVID-19 Vaccine Requirements for Long-Term Care (LTC) Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs-IID) Residents, Clients, and Staff” (86 FR 26306). Also, CMS released guidance for surveyors and LTC facilities in the CMS memo, QSO-21-19-NH, Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff. This rule required all certified LTC facilities (i.e., nursing homes) to educate all residents and staff on the benefits and potential side effects associated with the COVID-19 vaccine, and offer the vaccine.

The regulation was intended to help increase vaccination rates among nursing home residents and staff to reduce the risk of infection and disease associated with COVID-19. Approximately two months after the publication of the rule, about 80 percent of nursing home residents were vaccinated. However, during that same time, roughly 60% of nursing home staff were vaccinated.¹ Therefore, more actions are warranted to increase vaccination rates among staff.

On August 18, 2021, CMS announced that it would be issuing a regulation that all nursing home staff would have to be vaccinated against COVID-19 as a requirement for LTC facilities participating with the Medicare and Medicaid programs. Subsequently, on September 9, 2021, CMS announced that this requirement would be extended to nearly all Medicare and Medicaid-certified providers and suppliers. These actions aim to support increasing vaccination rates among staff working in all facilities, providers, and certified suppliers that participate in Medicare and Medicaid.

Discussion

On November 5, 2021, CMS published an IFC with comment period (86 FR 61555), entitled “Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination,” revising the infection control requirements that most Medicare- and Medicaid-certified providers and suppliers must meet to participate in the Medicare and Medicaid programs. These changes are necessary to protect the health and safety of patients and staff during the COVID-19 public health emergency. The COVID-19 vaccination requirements and policies and procedures required by this IFC must comply with applicable federal non-discrimination and civil rights laws and protections, including providing reasonable accommodations to individuals who are legally entitled to them because they have a disability or sincerely held religious beliefs, practices, or observations that conflict with the vaccination requirement. More information on federal non-discrimination and civil rights laws is available here:

<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

Vaccination Enforcement– Surveying for Compliance

Medicare and Medicaid-certified facilities are expected to comply with all regulatory requirements, and CMS has a variety of established enforcement remedies. For nursing homes, home health agencies, and hospice (beginning in 2022), this includes civil monetary penalties, denial of payments, and—as a final measure—termination of participation from the Medicare and Medicaid programs. The sole enforcement remedy for non-compliance for hospitals and certain other acute and continuing care providers is termination; however, , CMS’s primary goal is to bring health care facilities into compliance. Termination would generally occur only after providing a facility with an opportunity to make corrections and come into compliance.

¹ COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data (cms.gov)

CMS expects all providers' and suppliers' staff to have received the appropriate number of doses by the timeframes specified in the QSO-22-07 unless exempted as required by law, or delayed as recommended by CDC. **Facility staff vaccination rates under 100% constitute non-compliance under the rule.** Non-compliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance. Consistent with CMS's existing enforcement processes, this guidance will help surveyors determine the severity of a noncompliance deficiency finding at a facility when assigning a citation level. These enforcement action thresholds are as follows:

Within 30 days after issuance of this memorandum², if a facility demonstrates that:

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; **and**
- 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is compliant under the rule;** **or**
- Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is non-compliant under the rule.** The facility will receive notice³ of their non-compliance with the 100% standard. A facility that is above 80% **and** has a plan to achieve a 100% staff vaccination rate within 60 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.).

Within 60 days after the issuance of this memorandum⁴, if the facility demonstrates that:

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; **and**
- 100% of staff have received the necessary doses to complete the vaccine series (i.e., one dose of a single-dose vaccine or all doses of a multiple-dose vaccine series), or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is compliant under the rule;** **or**
- Less than 100% of all staff have received at least one dose of a single-dose vaccine, or all doses of a multiple-dose vaccine series, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is non-**

² If 30 days falls on a weekend or designated federal holiday, CMS will use enforcement discretion to initiate compliance assessments the next business day.

³ This information will be communicated through the CMS Form-2567, using the applicable Automated Survey Process Environment (ASPEN) federal tag.

⁴ If 60 days falls on a weekend or designated federal holiday, CMS will use enforcement discretion to initiate compliance assessments the next business day.

compliant under the rule. The facility will receive notice⁵ of their non-compliance with the 100% standard. A facility that is above 90% and has a plan to achieve a 100% staff vaccination rate within 30 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.).

Within 90 days and thereafter following issuance of this memorandum, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.

Federal, state, Accreditation Organization, and CMS-contracted surveyors will begin surveying for compliance with these requirements as part of initial certification, standard recertification or reaccreditation, and complaint surveys 30 days following the issuance of this memorandum. *Surveying for staff vaccination requirements is not required on Life Safety Code (LSC)-only complaints, or LSC-only follow-up surveys. Surveyors may modify the staff vaccination compliance review if the provider/supplier was determined to be in substantial compliance with this requirement within the previous six weeks.* Additional information and expectations for compliance can be found at the provider-specific guidance attached to this memorandum.

Provider-Specific Guidance:

Guidance specific to provider types and certified suppliers is provided in the following attachments. The provider-specific guidance should be used in conjunction with the information in this memo.

- Attachment A: LTC Facilities (nursing homes)
- Attachment B: ASC
- Attachment C: Hospice
- Attachment D: Hospitals
- Attachment E: PRTF
- Attachment F: ICF/IID
- Attachment G: Home Health Agencies
- Attachment H: CORF
- Attachment I: CAH
- Attachment J: OPT
- Attachment K: CMHC
- Attachment L: HIT
- Attachment M: RHC/FQHC
- Attachment N: ESRD Facilities

Enforcement Actions

CMS will follow current enforcement procedures based on the level of deficiency cited during a survey.

⁵ This information will be communicated through the CMS Form-2567, using the applicable Automated Survey Process Environment (ASPEN) tag.

Contact:

DNH_TriageTeam@cms.hhs.gov for questions related to nursing homes;

OSOG_Emergencyprep@cms.hhs.gov for question related to acute and continuing care providers.

Effective Date: This policy should be communicated with all survey and certification staff, their managers, and the State/CMS Location training coordinators immediately. The effective dates of the specific actions are specified above.

/s/

Karen L. Tritz

Director, Survey & Operations Group

David R. Wright

Director, Quality, Safety & Oversight Group

cc: Survey and Operations Group Management
Attachments: A through N

Hospital Attachment
Revised

This attachment is a supplement to and should be used in conjunction with the following memoranda: *QSO-22-07-ALL-Revised*, *QSO-22-09-ALL-Revised*, and *QSO 22-11-ALL-Revised* memorandum: Guidance for the Interim Final Rule – Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination.

While the memoranda noted above apply to specific states, the regulations and guidance described in this attachment applies to all states. Implementation of this guidance will occur according to the timeframes and parameters identified in either QSO-22-07-ALL-Revised effective December 28, 2021, QSO-22-09-ALL-Revised effective January 14, 2022, or QSO-22-11-ALL-Revised effective January 20, 2022.

A-0792

§ 482.42. Condition of participation: Infection prevention and control and antibiotic stewardship programs.

(g) *Standard: COVID-19 Vaccination of hospital staff.* The hospital must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

(1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following hospital staff, who provide any care, treatment, or other services for the hospital and/or its patients:

(i) Hospital employees;

(ii) Licensed practitioners;

(iii) Students, trainees, and volunteers; and

(iv) Individuals who provide care, treatment, or other services for the hospital and/or its patients, under contract or by other arrangement.

(2) The policies and procedures of this section do not apply to the following hospital staff:

(i) Staff who exclusively provide telehealth or telemedicine services outside of the hospital setting and who do not have any direct contact with patients and other staff specified in paragraph (g)(1) of this section; and

(ii) Staff who provide support services for the hospital that are performed exclusively outside of the hospital setting and who do not have any direct contact with patients and other staff specified in paragraph (g)(1) of this section.

(3) The policies and procedures must include, at a minimum, the following components:

(i) A process for ensuring all staff specified in paragraph (g)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the hospital and/or its patients;

(ii) A process for ensuring that all staff specified in paragraph (g)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by CDC, due to clinical precautions and considerations;

(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;

(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (g)(1) of this section;

(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by CDC;

(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;

(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the hospital has granted, an exemption from the staff COVID-19 vaccination requirements;

(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of

practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:

(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and

(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the hospital's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;

(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and

(x) Contingency plans for staff who are not fully vaccinated for COVID-19.

GUIDANCE

DEFINITIONS

“Booster,” per CDC, refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.

“Clinical contraindication” refers to conditions or risks that precludes the administration of a treatment or intervention. With regard to recognized clinical contraindications to receiving a COVID-19 vaccine, facilities should refer to the CDC informational document, *Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States*, accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>. For COVID-19 vaccines, according to the CDC, a vaccine is clinically contraindicated if an individual has a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine or an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

“Fully vaccinated” refers to staff who are two weeks or more from completion of their primary vaccination series for COVID-19.

“Good Faith Effort” refers to a provider that has taken aggressive steps toward achieving compliance with staff vaccination requirement **and/or** the provider has no or has limited access to vaccine, and has documented attempts to access to the vaccine.

“Primary Vaccination Series” refers to staff who have received a single-dose vaccine or all required doses of a multi-dose vaccine for COVID-19.

“Staff” refers to individuals who provide any care, treatment, or other services for the hospital and/or its patients, including employees; licensed practitioners; adult students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the hospital and/or its patients, under contract or by other arrangement. This also includes individuals under contract or arrangement with the hospital, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, licensed practitioners, or adult students, trainees or volunteers. **Staff would not include anyone who provides only telemedicine services or support services outside of the hospital and who does not have any direct contact with patients and other staff specified in paragraph (g)(1).**

“Temporarily delayed vaccination” refers to vaccination that must be temporarily *deferred*, as recommended by CDC, due to clinical considerations, including *known COVID-19 infection until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met* (<https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>)

Background

All hospitals are required to achieve a 100% vaccination rate for their staff through the development of a policy to address vaccination applicable to all staff who provide any care, treatment, or other services for the hospital and/or its patients.

There may be many infrequent services and tasks performed in or for a hospital that is conducted by “one-off” vendors, volunteers, and professionals. Hospitals are not required to ensure the vaccination of individuals who very infrequently provide ad hoc non-healthcare services (such as annual elevator inspection), or services that are performed exclusively off-site, not at or adjacent to any site of patient care (such as accounting services), but they may choose to extend COVID-19 vaccination requirements to them if feasible. Hospitals should consider the frequency of presence, services provided, and proximity to patients and staff.

Surveying for Compliance

Surveyors will begin surveying facilities from states identified in each memorandum for compliance 30 days after the issuance of the *applicable* memorandum. Surveyors should focus on the staff that regularly work in the hospital (e.g., weekly), using a phased-in approach as described below.

NOTE: Facility staff who have been suspended or are on extended leave e.g., Family and Medical Leave Act (FMLA) leave, or Worker’s Compensation Leave, would not count as unvaccinated staff for determining compliance with this requirement.

Surveying for staff vaccination requirements is not required on Life Safety Code (LSC)-only complaints, or LSC-only follow-up surveys. Surveyors may modify the staff vaccination compliance review if the facility was determined to be in substantial compliance with this requirement within the previous six weeks.

Hospitals will be expected to meet the following:

Vaccination Enforcement:

CMS expects all facilities' staff to have received the appropriate number of doses by the timeframes specified in the memorandum unless exempted as required by law. **Facility staff vaccination rates under 100% constitute non-compliance under the rule.** Non-compliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance.

Within 30 days following the issuance of the *applicable* memorandum¹, if a facility demonstrates:

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient contact are vaccinated for COVID-19, including all required components of the policies and procedures specified below (e.g., related to tracking staff vaccinations, documenting medical and religious exemptions, etc.); **and**
- 100% of staff have received at least one dose of COVID-19 vaccine or have a pending request for, or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, **the facility is compliant under the rule.**
- Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, **the facility is non-compliant under the rule.** The facility will receive notice² of their non-compliance with the 100% standard. A facility that is above 80% **and** has a plan to achieve a 100% staff vaccination rate within 60 days would not be subject to an enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction and/or termination).

Within 60 days following the issuance of the *applicable* memorandum³, if the facility demonstrates--

- 100% of staff have received the necessary doses to complete the vaccine series (i.e., one dose of a single-dose vaccine or all doses of a multiple vaccine series) or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, **the facility is compliant under the rule.**
- Less than 100% of all staff have received at least one dose of a single-dose vaccine, or all doses of a multiple vaccine series, or have been granted a qualifying exemption, or are identified as having a temporary delay as recommended by the CDC, **the facility is non-compliant under the rule.** The facility will receive notice⁴ of their non-compliance with

¹ If 30 days falls on a weekend or designated federal holiday, CMS will use enforcement discretion to initiate compliance assessments the next business day.

² This information will be communicated through the CMS Form-2567, using the appropriate Automated Survey Process Environment (ASPEN).

³ If 60 days falls on a weekend or designated federal holiday, CMS will use enforcement discretion to initiate compliance assessments the next business day.

⁴ This information will be communicated through the CMS Form-2567, using the appropriate Automated Survey Process Environment (ASPEN).

the 100% standard. A facility that is above 90% and has a plan to achieve a 100% staff vaccination rate within 30 days would not be subject to an enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction and/or termination).

Within 90 days and thereafter following issuance of the *applicable* memorandum, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.

Note: The requirements described above do not include the 14-day waiting period as identified by CDC for full vaccination. Rather these requirements are considered met with the completed vaccine series (i.e., one dose of a single dose vaccine, or final dose of a multi-dose vaccine series).

Policies and Procedures

The hospital policies and procedures must be implemented within 30 days⁵ after the issuance of the *applicable* memorandum and address each of the following components:

Hospitals must have a process for ensuring all staff (as defined above) have received at least a single-dose, or the first dose of a multi-dose COVID-19 vaccine series prior to providing any care, treatment, or other services for the facility and/or its patients.

The policy must also ensure those staff who are not yet fully vaccinated, or who have been granted an exemption or accommodation as authorized by law, or who have a temporary delay, adhere to additional precautions that are intended to mitigate the spread of COVID-19. This requirement is not explicit and does not specify actions that must be taken; there are a variety of actions or job modifications a facility can implement to potentially reduce the risk of COVID-19 transmission examples, including, but not limited to:

- Reassigning staff who have not completed their primary vaccination series to non-patient care areas, to duties that can be performed remotely (i.e., telework), or to duties which limit exposure to those most at risk (e.g., assign to patients who are not immunocompromised, unvaccinated);
- Requiring staff who have not completed their primary vaccination series to follow additional, CDC-recommended precautions, such as adhering to universal source control and physical distancing measures in areas that are restricted from patient access (e.g., staff meeting rooms, kitchen), even if the facility or service site is located in a county with low to moderate community transmission.
- Requiring at least weekly testing for exempted staff and staff who have not completed their primary vaccination series, until the regulatory requirement is met, regardless of

⁵ If 30 days falls on a weekend or designated federal holiday, CMS will use enforcement discretion to initiate compliance assessments the next business day

whether the facility or service site is located in a county with low to moderate community transmission, in addition to following CDC recommendations for testing unvaccinated in facilities located in counties with substantial to high community transmission.

- Requiring staff who have not completed their primary vaccination series to use a NIOSH-approved N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with patients

NOTE: This requirement is not explicit and does not specify which actions must be taken. The examples above are not all inclusive, and represent actions that can be implemented. However, facilities can choose other precautions that align with the intent of the regulation which is intended to "mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated."

Facilities may also consult with their local health departments to identify other actions that can potentially reduce the risk of COVID-19 transmission from unvaccinated staff.

The hospital must track and securely document:

- Each staff member's vaccination status (this should include the specific vaccine received, and the dates of each dose received, or the date of the next scheduled dose for a multi-dose vaccine);
- Any staff member who has obtained any booster doses (this should include the specific vaccine booster received and the date of the administration of the booster);
- Staff who have been granted an exemption from vaccination (this should include the type of exemption and supporting documentation) requirements by the hospital; and
- Staff for whom COVID-19 vaccination must be temporarily delayed, should track when the identified staff can safely resume their vaccination.

Facilities that employ or contract staff who telework full-time (e.g., 100 percent of their time is remote from sites of patient care and staff who do work at sites of care) should identify these individuals as a part of implementing the facility's policies and procedures, but those individuals are not subject to the vaccination requirements. Note, however, that these individuals may be subject to other federal requirements for COVID-19 vaccination. Facilities have the flexibility to use the tracking tools of their choice; however, they must provide evidence of this tracking for surveyor review. Additionally, facilities' tracking mechanism should clearly identify each staff's role, assigned work area, and how they interact with patients. This includes staff who are contracted, volunteers, or students.

Vaccination Exemptions:

Facilities must have a process by which staff may request an exemption from COVID-19 vaccination based on an applicable Federal law. This process should clearly identify how an exemption is requested, and to whom the request must be made. Additionally, facilities must have a process for collecting and evaluating such requests, including the tracking and secure documentation of information provided by those staff who have requested exemption, the facility's determination of the request, and any accommodations that are granted.

Note: Staff who are unable to furnish proper exemption documentation must be vaccinated or the

facility must follow the actions for unvaccinated staff.

Medical Exemptions:

Certain allergies, or recognized medical conditions may provide grounds for exemption. With regard to recognized clinical contraindications to receiving a COVID-19 vaccine, Hospitals should refer to the CDC informational document, *Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States*, accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>. In general, CDC considers a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, or an immediate allergic reaction of any severity to a previous dose, or known (diagnosed) allergy to a component of the COVID-19 vaccine, to be a contraindication to vaccination with COVID-19 vaccines.

Medical exemption documentation must specify which authorized or licensed COVID-19 vaccine is clinically contraindicated for the staff member and the recognized clinical reasons for the contraindication. The documentation must also include a statement recommending that the staff member be exempted from the hospital's COVID-19 vaccination requirements based on the medical contraindications.

A staff member who requests a medical exemption from vaccination must provide documentation signed and dated by a licensed practitioner acting within their respective scope of practice and in accordance with all applicable State and local laws. The individual who signs the exemption documentation cannot be the same individual requesting the exemption.

Hospitals must have a process to track and secure documentation of the vaccine status of staff whose vaccine is temporarily delayed. CDC recommends a temporary delay in administering the COVID-19 vaccination *due to clinical considerations, including known COVID-19 infection until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.*

Non-Medical Exemptions, Including (Religious) Exemptions:

Requests for non-medical exemptions, such as a religious exemption in accordance with Title VII, must be documented and evaluated in accordance with each hospital's policies and procedures. We direct hospitals to the Equal Employment Opportunity Commission (EEOC) Compliance Manual on Religious Discrimination (<https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination>) for information on evaluating and responding to such requests.

Note: Surveyors will **not** evaluate the details of the request for a religious exemption, **nor** the rationale for the hospital's acceptance or denial of the request. Rather, surveyors will review to ensure the hospital has an effective process for staff to request a religious exemption for a sincerely held religious belief.

Accommodations of Unvaccinated Staff with a Qualifying Exemption:

While accommodations could be appropriate under certain limited circumstances, no accommodation should be provided to staff that is not legally required. For individual staff members that have valid reasons for exemption facility can address those individually. An example of an accommodation for an unvaccinated employee with a qualifying exemption could

include mandatory routine COVID-19 testing in accordance with OSHA and CDC guidelines, physical distancing from co-workers and patients, re-assignment or modification of duties, teleworking, or a combination of these actions. Accommodations can be addressed in the hospital's policies and procedures.

Staff who have been granted an exemption to COVID-19 vaccination requirements should adhere to national infection prevention and control standards for unvaccinated health care personnel. For additional information see CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) webpage.

Regulatory Provisions implemented 60 days after issuance of the applicable memorandum: Facilities must have a process for ensuring that all staff are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by CDC, due to clinical precautions and considerations.

Contingency Plan

For staff that are not fully vaccinated, the hospital must develop contingency plans for staff who have not completed the primary vaccination series for COVID-19.

Contingency plans should include actions that the hospital would take when staff have indicated that they will not get vaccinated and do not qualify for an exemption, but contingency plans should also address staff who are not fully vaccinated due to an exemption or temporary delay in vaccination, such as through the additional precautions. Facilities should prioritize contingency plans for those staff that have obtained no doses of any vaccine over staff that have received a single dose of a multi-dose vaccine. For example, contingency plans could include a deadline for staff to have obtained their first dose of a multiple-dose vaccine. The plans should also indicate the actions the hospital will take if the deadline is not met, such as actively seeking replacement staff through advertising or obtaining temporary vaccinated staff until permanent vaccinated replacements can be found.

Survey Process

Compliance will be assessed through observation, interview, and record review as part of the survey process.

1. Entrance Conference

- Surveyors will ask hospitals to provide vaccination policies and procedures. At a minimum, the policy and procedures must provide:
 - A process for ensuring all required staff have received, at a minimum, the first dose of a multi-dose COVID-19 vaccine, or a one-dose COVID-19 vaccine, before staff provide any care, treatment, or other services for the hospital and/or its patients;
 - A process for ensuring that all required staff are fully vaccinated;
 - A process for ensuring that the hospital continues to follow all standards of infection prevention and control practice, for reducing the transmission

and spread of COVID-19 in the hospital, especially by those staff who are unvaccinated or who are not yet fully vaccinated;

- A process for tracking and securely documenting the COVID-19 vaccination status for all required staff;
 - A process for ensuring all staff obtain any recommended booster doses, and any recommended additional doses for individuals who are immunocompromised, in accordance with the recommended timing of such doses;
 - A process by which staff may request a vaccine exemption from the COVID-19 vaccination requirements based on recognized clinical contraindications or applicable Federal laws, such as religious beliefs or other accommodations;
 - A process for tracking and securely documenting information confirming recognized clinical contraindications to COVID-19 vaccines provided by those staff who have requested and have been granted a medical exemption to vaccination;
 - A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:
 - all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and
 - a statement by the authenticating practitioner recommending that the staff member be exempted from the hospital's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;
 - A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and
 - Contingency plans for staff that are not yet vaccinated for COVID-19 (and without an exemption for medical contraindications or without a temporary delay in vaccination due to clinical considerations as recommended by the CDC and as specified in paragraph (g)(3)(x)), including deadlines for staff to be vaccinated.
- The hospital will provide a list of all staff and their vaccine status:

- Including the percentage of unvaccinated staff, excluding those staff that have approved exemptions
- If any concerns are identified with the staff vaccine status list, surveyors should verify the percentage of vaccinated staff.
- The provider or supplier must identify any staff member remaining unvaccinated because it's medically contraindicated or has a religious exemption.
- The hospital must also identify newly hired staff (hired in the last 60 days).
- The hospital must indicate the position or role of each staff member.
- *The hospital will provide their process for how the hospital ensures that their contracted staff are compliant with the vaccination requirement.*

2: Record Review, interview, and observations:

- Surveyors will review the policy and procedure to ensure all components are present.
- Surveyors will review any contingency plan developed to mitigate the spread of COVID-19 infections by the hospital that may include:
 - Requiring unvaccinated staff to follow additional, CDC-recommended precautions, such as adhering to universal source control and physical distancing measures in areas that are restricted from patient access (e.g., staff meeting rooms, kitchen), even if the facility or service site is located in a county with low to moderate community transmission.
 - Reassigning unvaccinated staff to non-patient care areas, to duties that can be performed remotely (i.e., telework), or to duties which limit exposure to those most at risk (e.g., assign to patients who are not immunocompromised, unvaccinated);
 - Requiring at least weekly testing for unvaccinated staff, regardless of whether the facility or service site is located in a county with low to moderate community transmission
 - Requiring unvaccinated staff to use a NIOSH-approved N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with patients.
- Surveyors will select a sample of staff based on current staff sample selection guidelines. Surveyors should also examine the documentation of each staff identified as unvaccinated due to medical contraindications. The sample should include (as applicable):
 - Direct care staff, *including those contracted staff meeting the definition of staff*(vaccinated and unvaccinated)
 - Contracted staff
 - Direct care staff with an exemption
- *There should be a minimum of 6 direct care/patient engagement staff. This includes direct care contracted staff that are onsite at time of the survey. Of this*

6- person sample, 4 should include vaccinated staff/contractors and 2 unvaccinated staff/contractors (1 that is not fully vaccinated and 1 with a medical exemption or temporary delay). Two of the direct care staff sampled should be contractors.

The list of vaccinated staff maintained by the facility are used for sampling staff. Please refer to survey process for instructions for sampling contracted staff.

- *Surveyors should choose a sample of at least of 2 contracted staff (1 vaccinated and 1 unvaccinated or exempt) who are not included in those direct care contracted staff outlined above.*
- For each individual identified by the hospital as vaccinated, surveyors will:
 - Review hospital records to verify vaccination status. Examples of acceptable forms of proof of vaccination include:
 - CDC COVID-19 vaccination record card (or a legible photo of the card),
 - Documentation of vaccination from a health care provider or electronic health record, or
 - State immunization information system record.
 - Conduct follow-up interviews with staff and administration if any discrepancies are identified. If applicable, determine if any additional doses were provided.

NOTE: *Failure of contract staff to provide evidence of vaccination status reflects noncompliance and should be cited under the requirement to have policies and procedures for ensuring that all staff are fully vaccinated, except for those staff who have been granted exemptions or a temporary delay.*

- For each individual identified by the hospital as unvaccinated, surveyors will
 - Review hospital records.
 - Determine, if they have been educated and offered vaccination.
 - Interview staff and ask if they plan to get vaccinated if they have declined to get vaccinated and if they have a medical contraindication or religious exemption.
 - Request and review documentation of the medical contraindication.
 - Request to see employee record of the staff education on the hospital policy and procedure regarding unvaccinated individuals.
 - Observe staff providing care to determine compliance with current standards of practice with infection control and prevention.
- For each individual identified by the hospital as unvaccinated due to a medical contraindication:

- Review and verify that all required documentation is:
 - Signed and dated by physician or advanced practice provider.
 - States the specific vaccine that is contraindicated and the recognized clinical reason for the contraindication with a statement recommending exemption.

General Information: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F%2Finfo-by-product%2Fclinical-considerations.html

Level of Deficiency

For instances of non-compliance identified through the survey process, the level of deficiency will be determined based on the following criteria: From 30-60 days following issuance of this memorandum, the expected minimum threshold for use in these determinations will be 80%. From 60-90 days following issuance of this memorandum, the expected minimum threshold will be 90%. From 90 days on, the expected minimum threshold will be 100%. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety not otherwise addressed by the criteria below:

- **Immediate Jeopardy:**
 - 40% or more of staff remain unvaccinated creating a likelihood of serious harm
 - OR**
 - Did not meet the 100% staff vaccination rate standard ; observations of noncompliant infection control practices by staff (e.g., staff failed to properly don PPE) and 1 or more components of the policies and procedures were not developed or implemented.
- **Condition Level:**
 - Did not meet the 100% staff vaccination rate standard; **and**
 - 1 or more components of the policies and procedures were not developed and implemented.
 - OR,**
 - 21-39% of staff remain unvaccinated creating a likelihood of serious harm.
- **Standard Level:**
 - 100% of staff are vaccinated and all new staff have received at least one dose; **and**
 - 1 or more components of the policies and procedures were not developed and implemented.
 - OR,**
 - Did not meet the 100% staff vaccination rate standard, but are making good faith efforts toward vaccine compliance.

Plan of Correction

To Qualify for Substantial Compliance and Clear the Citation:

- The hospital has met the requirement of staff fully vaccinated (either by staff obtaining additional doses, or replacing unvaccinated staff with vaccinated staff).
- OR**
- The combined number of staff that are vaccinated (have received a single dose of a vaccine or all of the doses in the multiple dose vaccine series or have received at least one dose of a multiple vaccine series) meet the requirement.
 - Staff that has received at least one dose must also have their second dose scheduled.

To Qualify for Substantial Compliance, but the Citation Remains at Standard Level:

- The hospital has not met the requirement, but has provided evidence of the unvaccinated staff that have obtained their first dose, AND the remainder of the unvaccinated staff are scheduled for their first dose.

Components of a Plan of Correction AND/OR Actions Required for IJ Removal

Plans of correction or Immediate Jeopardy removal plans for noncompliance should be reviewed to ensure they include the following:

- Correcting any gaps in the facility's policies and procedures.
- Implementation of the facility's contingency plan, that should include a deadline for each unvaccinated staff to have received their first dose of a vaccine.
- Implementation of additional precautions to mitigate the spread of COVID-19 by unvaccinated staff.

Good-Faith Effort:

Surveyors and CMS may lower the citation level and/or enforcement action if they identify that any of the following have occurred **prior to the survey** (note: noncompliance is still cited, only the citation level and enforcement is adjusted).

- a. If the hospital has no or has limited access to vaccine, and the hospital has documented attempts to obtain vaccine access (e.g., contact with health department and pharmacies).
- b. If the hospital provides evidence that they have taken aggressive steps to have all staff vaccinated, such as advertising for new staff, hosting vaccine clinics, etc.

Enforcement Actions

CMS will follow current enforcement procedures based on the level of deficiency cited during the survey.

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

**Testimony in Opposition to HB 1210
re: exemptions from vaccine mandates**

April 20, 2022

Mr. Chairman and members of the Committee, I am Gina Balkus, CEO of the Granite State Home Health & Hospice Association. The Association advocates on behalf of home care, hospice and palliative care providers and the people they serve. We oppose HB 1210 because it nullifies an employer's ability to enforce important infection control policies that safeguard their staff and patients.

Home care and hospice agencies were founded on a public health model that focuses on preventing disease and promoting wellness. We care for vulnerable individuals in their homes – whether it is a child stricken with a devastating illness or an older adult with a serious cardiac condition. The health and safety of our employees, patients, clients, and communities are essential to our work. We support proven public health strategies to protect those we employ and serve. We oppose regulatory or legislative efforts to limit our ability as organizations to implement public health policies and practices. We also oppose efforts that weaken state regulations or laws related to public health and the common good.

HB 1210 would not prevent employers from having a vaccine mandate policy, such as for flu vaccine or COVID vaccine. However, it would require employers to have exemption policies that are so weak that any vaccine mandate would be meaningless. A simple written statement would enable an employee to opt out of the mandate.

There is no need for this bill. The federal Americans with Disabilities Act (ADA) and workplace anti-discrimination laws already require employers to offer exemptions for medical reasons and sincerely held religious beliefs. We encourage agencies to refer to the US Equal Employment Opportunity Commissions guidance on COVID-19. Employers are allowed to request documentation for exemption requests.

HB 1210 introduces a “conscientious objection” exemption. This is an overly broad reason that can mean *anything* and will negate any vaccine mandate policy. The New Hampshire Legislature has rejected conscientious objection exemption clauses in the past. Medicare-certified home care and hospice agencies would not comply with such an exemption because it conflicts with the federal CMS Vaccine Mandate. These agencies must follow federal regulations or face loss of certification. The exemption requirements for post-secondary educational institutions would also have a chilling effect on our ability to host student nurses and other health professionals in training. This comes at a time when we are desperate to train and recruit new health care professionals.

Would you support a bill that requires construction companies to have exemptions in its policies for hard hats at job sites? Or bridge builders to have an exemption from harness requirements? If you would not support those, then you should not support HB 1210. Those policies only protect employees. Infection control employment policies go far beyond the employee and protect all those with whom they interact. Whether it is TB testing or flu vaccines, infection control policies are critical in many job settings.

Health care employers adopt infection control mandates to protect employees, vulnerable patients, and the communities they serve. HB 1210 will undermine those employment policies. The Legislature should not enact laws that interfere with an employer's prerogative to have strong safety protocols. Home care and hospice agencies urge you to kill HB 1210. Thank you for considering my written testimony.





An affiliate of the Home Care, Hospice & Palliative Care Alliance of New Hampshire
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Cameron Lapine

From: Suzanne Thistle <suethistle@hotmail.com>
Sent: Tuesday, April 19, 2022 2:56 PM
To: Kevin Avard; Bob Giuda; James Gray; Rebecca Perkins Kwoka; David Watters; Daley Frenette; Sharon Carson; John Reagan; Kevin Cavanaugh; Denise Ricciardi; Suzanne Prentiss; Chantell Wheeler; Gary Daniels; John Reagan; Lou D'Allesandro; Chuck Morse; Cindy Rosenwald; Erin Hennessey; Debra Martone; Jeb Bradley; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine; Sharon Carson; William Gannon; Harold French; Becky Whitley; Jay Kahn; Jennifer Horgan
Subject: HB 1210
Attachments: VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf; Pfizer adverse vaccine report.pdf; Vaccine adverse reactions.docx

Please do not allow the government to decide what healthcare is right for us.

I attached some of the research I used to make the right healthcare choices for my family and me. Forcing vaccines and denying entrance to education for treatable illnesses is unethical. However, pharmaceutical companies stand to make a big profit. They have a great way of getting people to buy into their profit schemes while also lobbying Congress to agree with them. Please be the representatives who stop feeding the pharmaceutical machines and start caring about your constituents?

17,000 Doctors from all over the world do not promote the COVID vaccine as a way to cure the illness. COVID is treatable. Please visit their website:
<https://americasfrontlinedoctors.org/>

Best Regards,
Suzanne L. Thistle MA, MLADC
Consultant, Educator, and Writer:
Specializing in substance use disorder prevention,
intervention, treatment, and recovery.
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603-630-3852

My recently published work:



2021
God is in the Addict: Alcohol and Drug Recovery Essentials
for the First 90 Days
<https://lnkd.in/eFYmHbWW>

2020

Chem-Free Sobriety

#1 New Release Best Seller on Amazon in April and May

Natural recovery from a substance use disorder.

<https://lnkd.in/eqERmvt6>

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VAERS Table of Reportable Events Following Vaccination*

| Vaccine/Toxoid | Event and interval** from vaccination |
|---|--|
| Tetanus in any combination; DTaP, DTP, DTP-Hib, DT, Td, TT, Tdap, DTaP-IPV, DTaP-IPV/Hib, DTaP-HepB-IPV | <ul style="list-style-type: none"> A. Anaphylaxis or anaphylactic shock (7 days) B. Brachial neuritis (28 days) C. Shoulder Injury Related to Vaccine Administration (7 days) D. Vasovagal syncope (7 days) E. Any acute complications or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Pertussis in any combination; DTaP, DTP, DTP-Hib, Tdap, DTaP-IPV, DTaP-IPV/Hib, DTaP-HepB-IPV | <ul style="list-style-type: none"> A. Anaphylaxis or anaphylactic shock (7 days) B. Encephalopathy or encephalitis (7 days) C. Shoulder Injury Related to Vaccine Administration (7 days) D. Vasovagal syncope (7 days) E. Any acute complications or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Measles, mumps and rubella in any combination; MMR, MMRV, MM | <ul style="list-style-type: none"> A. Anaphylaxis or anaphylactic shock (7 days) B. Encephalopathy or encephalitis (15 days) C. Shoulder Injury Related to Vaccine Administration (7 days) D. Vasovagal syncope (7 days) E. Any acute complications or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Rubella in any combination; MMR, MMRV | <ul style="list-style-type: none"> A. Chronic arthritis (42 days) B. Any acute complications or sequelae (including death) of above event (interval - not applicable) C. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Measles in any combination; MMR, MMRV, MM | <ul style="list-style-type: none"> A. Thrombocytopenic purpura (7-30 days) B. Vaccine-strain measles viral infection in an immunodeficient recipient <ul style="list-style-type: none"> o Vaccine-strain virus identified (interval - not applicable) o If strain determination is not done or if laboratory testing is inconclusive (12 months) C. Any acute complications or sequelae (including |

| VAERS Table of Reportable Events Following Vaccination* | |
|---|---|
| Vaccine/Toxoid | Event and interval** from vaccination |
| | <p>death) of above events (interval - not applicable)</p> <p>D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)</p> |
| Oral Polio (OPV) | <p>A. Paralytic polio</p> <ul style="list-style-type: none"> o in a non-immunodeficient recipient (30 days) o in an immunodeficient recipient (6 months) o in a vaccine-associated community case (interval - not applicable) <p>B. Vaccine-strain polio viral infection</p> <ul style="list-style-type: none"> o in a non-immunodeficient recipient (30 days) o in an immunodeficient recipient (6 months) o in a vaccine-associated community case (interval - not applicable) <p>C. Any acute complication or sequelae (including death) of above events (interval - not applicable)</p> <p>D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)</p> |
| Inactivated Polio in any combination-IPV, DTaP-IPV, DTaP-IPV/Hib, DTaP-HepB-IPV | <p>A. Anaphylaxis or anaphylactic shock (7 days)</p> <p>B. Shoulder Injury Related to Vaccine Administration (7 days)</p> <p>C. Vasovagal syncope (7 days)</p> <p>D. Any acute complication or sequelae (including death) of the above event (interval - not applicable)</p> <p>E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)</p> |
| Hepatitis B in any combination- HepB, HepA-HepB, DTaP-HepB-IPV, Hib-HepB | <p>A. Anaphylaxis or anaphylactic shock (7 days)</p> <p>B. Shoulder Injury Related to Vaccine Administration (7 days)</p> <p>C. Vasovagal syncope (7 days)</p> <p>D. Any acute complications or sequelae (including death) of the above event (interval - not applicable)</p> <p>E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)</p> |
| <i>Haemophilus influenzae</i> type b in any combination (conjugate)- Hib, Hib-HepB, DTaP-IPV/Hib, Hib-MenCY | <p>A. Shoulder Injury Related to Vaccine Administration (7 days)</p> <p>B. Vasovagal syncope (7 days)</p> <p>C. Any acute complication or sequelae (including death) of above events (interval - not applicable)</p> <p>D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine</p> |

| VAERS Table of Reportable Events Following Vaccination* | |
|--|---|
| Vaccine/Toxoid | Event and interval** from vaccination |
| | (interval - see package insert) |
| Varicella in any combination- VAR, MMRV | <ul style="list-style-type: none"> A. Anaphylaxis or anaphylactic shock (7 days) B. Disseminated varicella vaccine-strain viral disease. <ul style="list-style-type: none"> o Vaccine-strain virus identified (time interval unlimited) o If strain determination is not done or if laboratory testing is inconclusive (42 days) C. Varicella vaccine-strain viral reactivation (time interval unlimited) D. Shoulder Injury Related to Vaccine Administration (7 days) E. Vasovagal syncope (7 days) F. Any acute complication or sequelae (including death) of above events (interval - not applicable) G. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Rotavirus (monovalent or pentavalent) RV1, RV5 | <ul style="list-style-type: none"> A. Intussusception (21 days) B. Any acute complication or sequelae (including death) of above events (interval - not applicable) C. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Pneumococcal conjugate(7-valent or 13-valent) PCV7, PCV13 | <ul style="list-style-type: none"> A. Shoulder Injury Related to Vaccine Administration (7 days) B. Vasovagal syncope (7 days) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Hepatitis A in any combination- HepA, HepA-HepB | <ul style="list-style-type: none"> A. Shoulder Injury Related to Vaccine Administration (7 days) B. Vasovagal syncope (7 days) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Seasonal influenza--trivalent inactivated influenza, quadrivalent inactivated influenza, live attenuated | <ul style="list-style-type: none"> A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration (7 days) C. Vasovagal syncope (7 days) |

| VAERS Table of Reportable Events Following Vaccination* | |
|--|---|
| Vaccine/Toxoid | Event and interval** from vaccination |
| influenza-IIV, IIV3, IIV4, RIV3, ccIIV3, LAIV4 | <ul style="list-style-type: none"> D. Guillain-Barré Syndrome (42 days) E. Any acute complication or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Meningococcal - MCV4, MPSV4, Hib-MenCY, MenACWY, MenB | <ul style="list-style-type: none"> A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration. (7 days) C. Vasovagal syncope (7 days) D. Any acute complication or sequelae (including death) of above events (interval - not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Human Papillomavirus (Quadrivalent, Bivalent, or 9 valent) - 9vHPV, 4vHPV, 2vHPV | <ul style="list-style-type: none"> A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration (7 days) C. Vasovagal syncope (7 days) D. Any acute complication or sequelae (including death) of above events (interval - not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children | <ul style="list-style-type: none"> A. Shoulder Injury Related to Vaccine Administration (7 days) B. Vasovagal syncope (7 days) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert) |
| <p>* Effective date: March 21, 2017. The Reportable Events Table (RET) reflects what is reportable by law (42 USC 300aa-25) to the Vaccine Adverse Event Reporting System (VAERS) including conditions found in the manufacturer package insert. In addition, healthcare professionals are encouraged to report any clinically significant or unexpected events (even if not certain the vaccine caused the event) for any vaccine, whether or not it is listed on the RET. Manufacturers are also required by regulation (21CFR 600.80) to report to the VAERS program all adverse events made known to them for any vaccine.</p> <p>Note that the RET differs from the Vaccine Injury Table (VIT) regarding timeframes of adverse events. Timeframes listed on the RET reflect what is required for reporting, but not what is required for compensation. To view timeframes for compensation, please see the VIT at</p> | |

| VAERS Table of Reportable Events Following Vaccination* | |
|--|--|
| Vaccine/Toxoid | Event and interval** from vaccination |
| https://www.hrsa.gov/vaccinecompensation/vaccineinjurytable.pdf **Represents the onset interval between vaccination and the adverse event. For a detailed explanation of terms, see the Vaccine Injury Table at https://www.hrsa.gov/vaccinecompensation/vaccineinjurytable.pdf | |

A list of vaccine abbreviations is located at: <https://www.cdc.gov/vaccines/terms/vacc-abbrev.html>

Complete Document

Can Be Viewed

In Bill Folder

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Report Prepared by:

Worldwide Safety

Pfizer

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LIST OF ABBREVIATIONS

| Acronym | Term |
|----------------|---|
| AE | adverse event |
| AESI | adverse event of special interest |
| BC | Brighton Collaboration |
| CDC | Centers for Disease Control and Prevention |
| COVID-19 | coronavirus disease 2019 |
| DLP | data lock point |
| EUA | emergency use authorisation |
| HLGT | (MedDRA) High Group Level Term |
| HLT | (MedDRA) High Level Term |
| MAH | marketing authorisation holder |
| MedDRA | medical dictionary for regulatory activities |
| MHRA | Medicines and Healthcare products Regulatory Agency |
| PCR | Polymerase Chain Reaction |
| PT | (MedDRA) Preferred Term |
| PVP | pharmacovigilance plan |
| RT-PCR | Reverse Transcription-Polymerase Chain Reaction |
| RSI | reference safety information |
| TME | targeted medically event |
| SARS-CoV-2 | severe acute respiratory syndrome coronavirus 2 |
| SMQ | standardised MedDRA query |
| SOC | (MedDRA) System Organ Class |
| UK | United Kingdom |
| US | United States |
| VAED | vaccine-associated enhanced disease |
| VAERD | vaccine-associated enhanced respiratory disease |
| VAERS | vaccine adverse event reporting system |

1. INTRODUCTION

Reference is made to the Request for Comments and Advice submitted 04 February 2021 regarding Pfizer/BioNTech's proposal for the clinical and post-authorization safety data package for the Biologics License Application (BLA) for our investigational COVID-19 Vaccine (BNT162b2). Further reference is made to the Agency's 09 March 2021 response to this request, and specifically, the following request from the Agency.

"Monthly safety reports primarily focus on events that occurred during the reporting interval and include information not relevant to a BLA submission such as line lists of adverse events by country. We are most interested in a cumulative analysis of post-authorization safety data to support your future BLA submission. Please submit an integrated analysis of your cumulative post-authorization safety data, including U.S. and foreign post-authorization experience, in your upcoming BLA submission. Please include a cumulative analysis of the Important Identified Risks, Important Potential Risks, and areas of Important Missing Information identified in your Pharmacovigilance Plan, as well as adverse events of special interest and vaccine administration errors (whether or not associated with an adverse event). Please also include distribution data and an analysis of the most common adverse events. In addition, please submit your updated Pharmacovigilance Plan with your BLA submission."

This document provides an integrated analysis of the cumulative post-authorization safety data, including U.S. and foreign post-authorization adverse event reports received through 28 February 2021.

2. METHODOLOGY

Pfizer is responsible for the management post-authorization safety data on behalf of the MAH BioNTech according to the Pharmacovigilance Agreement in place. Data from BioNTech are included in the report when applicable.

Pfizer's safety database contains cases of AEs reported spontaneously to Pfizer, cases reported by the health authorities, cases published in the medical literature, cases from Pfizer-sponsored marketing programs, non-interventional studies, and cases of serious AEs reported from clinical studies regardless of causality assessment.

The limitations of post-marketing adverse drug event reporting should be considered when interpreting these data:

- Reports are submitted voluntarily, and the magnitude of underreporting is unknown. Some of the factors that may influence whether an event is reported include: length of time since marketing, market share of the drug, publicity about a drug or an AE, seriousness of the reaction, regulatory actions, awareness by health professionals and consumers of adverse drug event reporting, and litigation.
- Because many external factors influence whether or not an AE is reported, the spontaneous reporting system yields reporting proportions not incidence rates. As a result, it is generally not appropriate to make between-drug comparisons using these

neonatal;Thrombophlebitis septic;Thrombophlebitis superficial;Thromboplastin antibody positive;Thrombosis;Thrombosis corpora cavernosa;Thrombosis in device;Thrombosis mesenteric vessel;Thrombotic cerebral infarction;Thrombotic microangiopathy;Thrombotic stroke;Thrombotic thrombocytopenic purpura;Thyroid disorder;Thyroid stimulating immunoglobulin increased;Thyroiditis;Tongue amyloidosis;Tongue biting;Tongue oedema;Tonic clonic movements;Tonic convulsion;Tonic posturing;Topectomy;Total bile acids increased;Toxic epidermal necrolysis;Toxic leukoencephalopathy;Toxic oil syndrome;Tracheal obstruction;Tracheal oedema;Tracheobronchitis;Tracheobronchitis mycoplasmal;Tracheobronchitis viral;Transaminases abnormal;Transaminases increased;Transfusion-related alloimmune neutropenia;Transient epileptic amnesia;Transverse sinus thrombosis;Trigeminal nerve paresis;Trigeminal neuralgia;Trigeminal palsy;Truncus coeliacus thrombosis;Tuberous sclerosis complex;Tubulointerstitial nephritis and uveitis syndrome;Tumefactive multiple sclerosis;Tumour embolism;Tumour thrombosis;Type 1 diabetes mellitus;Type I hypersensitivity;Type III immune complex mediated reaction;Uhthoff's phenomenon;Ulcerative keratitis;Ultrasound liver abnormal;Umbilical cord thrombosis;Uncinate fits;Undifferentiated connective tissue disease;Upper airway obstruction;Urine bilirubin increased;Urobilinogen urine decreased;Urobilinogen urine increased;Urticaria;Urticaria papular;Urticarial vasculitis;Uterine rupture;Uveitis;Vaccination site thrombosis;Vaccination site vasculitis;Vagus nerve paralysis;Varicella;Varicella keratitis;Varicella post vaccine;Varicella zoster gastritis;Varicella zoster oesophagitis;Varicella zoster pneumonia;Varicella zoster sepsis;Varicella zoster virus infection;Vasa praevia;Vascular graft thrombosis;Vascular pseudoaneurysm thrombosis;Vascular purpura;Vascular stent thrombosis;Vasculitic rash;Vasculitic ulcer;Vasculitis;Vasculitis gastrointestinal;Vasculitis necrotising;Vena cava embolism;Vena cava thrombosis;Venous intravasation;Venous recanalisation;Venous thrombosis;Venous thrombosis in pregnancy;Venous thrombosis limb;Venous thrombosis neonatal;Vertebral artery thrombosis;Vessel puncture site thrombosis;Visceral venous thrombosis;VIth nerve paralysis;VIth nerve paresis;Vitiligo;Vocal cord paralysis;Vocal cord paresis;Vogt-Koyanagi-Harada disease;Warm type haemolytic anaemia;Wheezing;White nipple sign;XIth nerve paralysis;X-ray hepatobiliary abnormal;Young's syndrome;Zika virus associated Guillain Barre syndrome.

Vaccine adverse reactions

<https://www.c19vaxreactions.com/>

Dr. Malone, discovered MRNA

<https://news.yahoo.com/single-most-qualified-mrna-expert-173600060.html>

57 Medical Experts From 19 Countries Call For Halt In Covid Vaccine Use If Safety Systems Are Not Put In Place

<https://peckford42.wordpress.com/2021/07/27/57-medical-experts-from-19-countries-call-for-halt-in-covid-vaccine-use-if-safety-systems-are-not-put-in-place/>

CDC study shows 74% of people infected in Massachusetts Covid outbreak were fully vaccinated

<https://www.cnbc.com/2021/07/30/cdc-study-shows-74percent-of-people-infected-in-massachusetts-covid-outbreak-were-fully-vaccinated.html>

**Iceland's Top Epidemiologist: COVID Vaccination Has Not Led to Herd Immunity
Switching gears to treatments instead of desperately clinging to vaccines may be the winning approach**

<https://legalinsurrection.com/2021/08/icelands-top-epidemiologist-covid-vaccination-has-not-led-to-herd-immunity/>

Rise Up NH

<https://riseupnh.org/>

Dr. Ardis, Covid vaccines research

<https://podcasts.apple.com/us/podcast/the-dr-ardis-show/id1575966555>

Global COVID Summit

<https://globalcovidsummit.org/news/welcome-to-the-global-covid-summit>

VAERS Whistleblower

<https://thehighwire.com/videos/did-the-vaers-whistleblower-lose-her-job/>

Study reveals AstraZeneca and Pfizer vaccines linked to rare neurological side effects

<https://www.youtube.com/watch?v=KJvsp3Ayzss>

Cases of heart inflammation from mRNA vaccines higher than expected: U.S. CDC

<https://www.youtube.com/watch?v=yiSsG0MBkgw>

Dr. John Campbell, Covid vaccine research

<https://www.youtube.com/channel/UCF9IOB2TEyg3QIBupFtBDxg>

The Vax and 5G

<https://www.bitchute.com/video/wi8xEvAcmfSr/>

Lawsuits

AMERICA'S FRONTLINE DOCTORS; Carly Powell; and Deborah Choi

https://www.supremecourt.gov/DocketPDF/21/21-295/187614/20210826125035374_SCOTUS%20Brief%20--%20Writ%20of%20Mandamus%20Request%20--%20AFLDS%20v%20UC-2.pdf

Sixty-two former employees filed a wrongful termination lawsuit against Houston Methodist Hospital on Monday after they were fired for refusing to receive one of the emergency use authorized (EUA) COVID-19 vaccinations.

<https://thetexan.news/new-lawsuit-filed-over-houston-methodist-hospitals-covid-19-vaccine-mandate/>

| |
|---------------------------------------|
| Medication that works on Covid |
|---------------------------------------|

Hydroxychloroquine

Interview with Dr. Zelenko who has treated 6000 patients with Covid

<https://rightsfreedoms.wordpress.com/2021/08/18/dr-zelenko-has-treated-6000-patients-with-covid/>

https://odysee.com/@Simon_Le_Mage:c/Dr.-Zelenko-on-treatment-and-vaccines---Sous-titres-fran%C3%A7ais:c

Low dose of hydroxychloroquine reduces fatality of critically ill patients with COVID-19

<https://pubmed.ncbi.nlm.nih.gov/32418114/>

Hydroxychloroquine is effective, and consistently so when provided early, for COVID-19: a systematic review

<https://pubmed.ncbi.nlm.nih.gov/33042552/>

American Physicians & Surgeons presented more evidence for why hydroxychloroquine should be made available in a new court filing

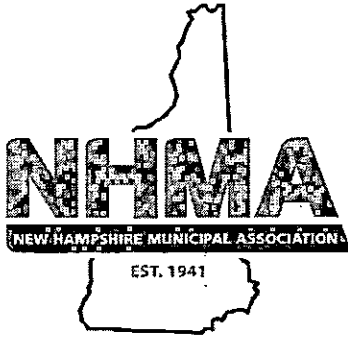
<https://techstartups.com/2020/07/29/american-physicians-surgeons-presented-evidence-hydroxychloroquine-made-available-new-court-filing/>

COVID: 90% of patients treated with new Israeli drug discharged in 5 days

<https://www.jpost.com/health-science/covid-90-percent-of-patients-treated-with-new-israeli-drug-discharged-in-5-days-675961>

Ivermectin: a multifaceted drug of Nobel prize-honoured distinction with indicated efficacy against a new global scourge, COVID-19

<https://pubmed.ncbi.nlm.nih.gov/34466270/>



April 20, 2022

Hon. Jeb Bradley, Chair
Senate Health and Human Services Committee
Legislative Office Building, Room 201-203
Concord, NH
Via electronic delivery only

Re: HB 1210, relative to exemptions from vaccine mandates

Dear Sen. Bradley and Members of the Committee:

I am writing to express the New Hampshire Municipal Association's (NHMA) opposition to HB 1210, which requires, among other things, any public employer that mandates any vaccine, inoculation, or immunization procedure, shall offer an employee the opportunity to submit a request for a medical, religious, or right of conscience exemption.

Municipal employees frequently interface with businesses and entities that *do* require vaccinations, inoculations, or immunizations by those who access their facilities. The provisions of HB 1210 could impact their ability to continue to perform these interactions. For example, municipally employed police, fire, and ambulance crews may be required to deliver sick or injured citizens to hospitals, including out-of-state or federally controlled hospitals. Often, these municipal crews enter non-public areas of the hospital and, as a consequence, are required to comply with certain organizational, state, or federal mandates, including those regarding vaccinations. Failure to comply with such requirements results in a denial of access, preventing these crews from fulfilling their expected duties.

Additional contexts provide examples of the panoply of interfaces which may be impacted by the provisions of HB 1210. Municipalities that employ individuals stationed at airports, for instance, must navigate the complex interaction between federal requirements and state or local regulations. In the context of vaccinations, municipalities with employees stationed at airports saw federal authorities inform them of the necessity of compliance with federal mandates regarding COVID-19 for those particular employees. HB 1210 may result in a conflict between what is required by the federal government and what is allowed under state law.

Finally, to our knowledge, municipalities recognize the widely accepted and understood medical and religious exemptions to vaccine requirements. Therefore, it is unnecessary to mandate that municipalities continue to allow these widely accepted and understood exemptions. Supplementing these exemptions with an additional "right of conscious" exemption will create unnecessary confusion and uncertainty as this exemption is not defined in existing law and is left undefined in the bill. As such, it is unclear how

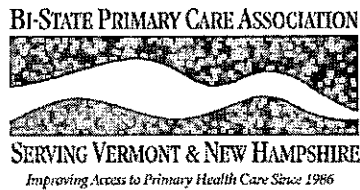
municipalities are to administer this exemption, or what scope this exemption may take until extensive litigation resolves this matter.

We urge the committee to amend HB 1210 so that it clearly does not apply to political subdivisions, or to recommend the bill as Inexpedient to Legislate.

Sincerely,

Natch Greyes

Natch Greyes
Government Affairs Counsel



April 20, 2022

Senator Jeb Bradley, Chairman
Senate Health and Human Services Committee
LOB Room 101
Concord, NH 03301

Submitted via email to: Jeb.Bradley@leg.state.nh.us; James.Gray@leg.state.nh.us;
Tom.Sherman@leg.state.nh.us; Becky.Whitley@leg.state.nh.us; Kevin.Avard@leg.state.nh.us;
cameron.lapine@leg.state.nh.us

RE: HB 1210 - relative to exemptions from vaccine mandates

Dear Chairman Bradley and Members of the Senate HHS Committee:

Bi-State Primary Care Association and our members respectfully request HB 1210, relative to exemptions from vaccine mandates, be recommended inexpedient to legislate. Bi-State staff are unable to attend your committee hearings, 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 1210.

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 the Senate Health and Human Services.

Bi-State and our members oppose HB 1210 because it will eliminate Granite State employers', including health care organizations', ability to maintain safe workplaces and HB 1210 will needlessly endanger the health and welfare of patients.

Without a vaccine requirement in place, health care organizations are putting the health of their staff and their patients at grave risk, including children, who account for ~65% of COVID-19 cases in New Hampshire on April 18, 2022.¹ The integrated services that health centers offer "all under one roof" include a wide range of pediatric services, family support programs, children's oral health, and childcare to the community. Pediatric patients make up ~25% of health centers' patient population, and many of these young patients are immunocompromised or too young to be vaccinated. Moreover, overall, a high proportion of health center patients are at high risk of severe illness and hospitalization if they were to get infected with the virus, including pregnant mothers, patients who are experiencing homelessness, individuals with complex chronic illnesses such as diabetes and heart disease, and cancer patients.

¹ NH DHHS COVID-19 Update (April 18, 2022), <https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/documents/2022-04/covid-19-update-04182022.pdf>

In addition to the danger it poses for patients, Bi-State and our members oppose HB 1210 because they must comply with the federal law to operate and serve Granite Staters through Medicare, Medicaid, and state contracts.

On November 4, 2021, the Centers for Medicare & Medicaid Services (CMS) issued an Interim Final Rule with Comment Period (IFC) requiring that health care workers at Medicare and Medicaid-certified facilities – which include community health centers, federally qualified health centers, and rural health clinics – be vaccinated against COVID-19.² As is consistent with pre-COVID-19 pandemic requirements, these rules allow for religious and medical exemptions. The CMS vaccine requirement is in effect in all 50 states, Washington D.C., and the territories; and its legal status is not expected to change. The IFC also requires health centers to have a detailed set of policies and procedures relating to the CMS vaccine rules and the rules. These policies and procedures must apply to students in training who are working at health care organizations. Students training to be health care professionals receive hands-on training that includes contact with high-risk patients, including children too young to be vaccinated. Both the Medicare and Medicaid statutes contain several provisions that authorize the U.S. Department of Health and Human Services (HHS) to impose requirements necessary “in the interest of the health and safety of beneficiaries.” CMS contends correctly that, under the Supremacy Clause of the U.S. Constitution, this IFC “preempts inconsistent State and local laws as applied to Medicare- and Medicaid-certified providers and suppliers.”

As passed the House, HB 1210 does not comply with the CMS requirements: “Such a request for exemption *shall be granted*” (emphasis added).³ Health care organizations are not allowed to grant conscientious objections to vaccination. If New Hampshire’s community health centers were in violation of state statute, they could be forced to shut the doors to the more than 112,000 Granite Staters who rely upon them for their primary care, substance use disorder treatment, mental health services, and pediatric care.

New Hampshire also suffers from extraordinary staffing shortages that are impacting all residents and their ability to access primary and emergency care. Staffing shortages at CHCs are *not* due to vaccine requirements; at any given point during the pandemic, ~5% of their workforce is out sick due solely to illness from COVID-19. This does not include their health care staff who are unable to go to work because they are at home caring for a sick child, nor does it illustrate the incredible strain that working at reduced workforce capacity puts on the rest of their staff.

Bi-State and our members oppose HB 1210 because it creates a conscientious objection to vaccinations at postsecondary educational institutions and will increase preventable diseases.

Public health measures, such as vaccination requirements to attend school, are designed to protect all community members, not just vaccinated. It is irresponsible to create a conscientious objection in statute because it will undoubtedly spread preventable deadly diseases.

For example, measles was eliminated in the United States in 2000.⁴ In 2019, 1,282 cases of measles were confirmed in 31 states.⁵ 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

² “Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus Covid-19 Health Care Staff Vaccination.” CMS, <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvevcertificationgeninfo/policy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0#:~:text=On%20November%2005%2C%202021%2C%20CMS,Medicaid%2Dcertified%20providers%20and%20suppliers.>

³ HB 1210, As Passed the House, 2022 Leg. Sess. (Nh 2022)

⁴ 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).

⁵ *Id.*

an outbreak in an Amish community with low vaccination rates.⁶ 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.”⁷ Of the 1,249 measles cases from January 1 through October 1, 2019, 93% were associated with 22 measles outbreaks in the United States.⁸ 89% of those infections were in people who were unvaccinated.⁹ 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 Granite Staters are protected against through vaccinations. Bi-State and our members do not want New Hampshire to become a hotspot for preventable diseases.

Bi-State and our members oppose HB 1210 because it interferes with the ability of Granite State schools to maintain safe learning environments.

HB 1210 dilutes the current religious and medical exemption statute and creates a conscientious exemption from school vaccination requirements. Without mitigation measures in place like vaccination requirements, we place the health of the Granite State at risk. Further, college students 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 college students 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 1210 adds unnecessary risk to attending college in New Hampshire and creates the potential for an additional and preventable public health catastrophe like the one we are living through now.

For these reasons and more, Bi-State Primary Care Association and our members respectfully request the Committee recommend HB 1210 be inexpedient to legislate.

Sincerely,

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

⁶ See Increase in Measles Cases – United States, (January 26, 2019), https://www.cdc.gov/mmwr/volumes/68/wr/mm6817e1.htm?s_cid=mm6817e1_w (last visited Feb. 7, 2022).

⁷ *Id.*

⁸ Cent. for Disease Control and Prev., Morbidity and Mortality Weekly Report, (Oct. 11, 2019), https://www.cdc.gov/mmwr/volumes/68/wr/mm6840e2.htm?s_cid=mm6840e2_w (last visited Feb. 7, 2022).

⁹ *Id.*

Cameron Lapine

From: Suzanne Allison <suz.allison@gmail.com>
Sent: Tuesday, April 19, 2022 6:31 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB 1210-ITL

To the Honorable Members of the Senate Health and Human Services Committee:

As a 45-year resident of NH and as a retired public health nurse with almost 40 years of community and public health experience in the Granite State, I urge you to **OPPOSE** HB 1210.

The provisions of HB 1210 would prevent businesses, hospitals, and other entities from requiring their employees to be vaccinated against COVID-19 and other infectious diseases. This bill will not only put individual workers (teachers and health care professionals included) at risk, but could increase infectious disease exposure and risk to seniors, children, and other vulnerable populations. Current NH law allows for medical and religious exemptions, but a conscientious exemption, as proposed in this bill, could allow for many more to be unvaccinated and at risk for spreading pertussis (whooping cough), which can be fatal to infants and young children, hepatitis B, measles, mumps, rubella, and other vaccine preventable diseases. Health care providers especially (as well as school and childcare personnel) must keep their patients/students safe; not exposing them to a vaccine preventable disease is imperative to that goal. Health care providers vow to "First, do no harm" and to that end, many are required to be up to date for several routinely recommended vaccines, including influenza and, most recently, Covid 19. This bill would take NH back more than a quarter century in common sense public health protections and evidence-based practices. In addition, this bill will cause NH to lose hundreds of millions in federal health care dollars – which will disproportionately affect the wellbeing of seniors on Medicare. Medicaid and Medicare-certified facilities – including community health centers and certified home care and hospice agencies – would lose certification and funding which would result in closings, putting the care of many NH residents at risk.

For the health of **ALL** NH residents, I urge lawmakers to take every opportunity to strengthen, not weaken, the public health system in NH. One way to do that is by opposing HB 1210. Thank you.

Suzanne Allison, RN, BSN
Barnstead, NH



Lori A. Shibanette
Commissioner

Patricia M. Tilley
Director

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

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 1210
Relative to exemptions from vaccine mandates
Senate Health and Human Services Committee
Legislative Office Building
Wednesday, April 20, 2022

Dear Chairman Bradley and Members of the Committee:

The Department has significant concerns and is in opposition to HB 1210 as this bill would require public employers, private employers and postsecondary institutions that receive public funds including payment for contractual services and grants to accept conscientious exemption requests from employees or postsecondary students from any required vaccination.

As the number of vaccination exemptions increases, the risk of vaccine-preventable disease has been found to also increase.¹ Currently, the ability to obtain a medical or religious exemption already exists. The Department is in opposition of the addition of conscientious objection for philosophical reasons as this will decrease vaccination rates placing New Hampshire's most vulnerable residents at increased risk of severe illness and perhaps death.

Colleges and universities in New Hampshire that have students on campus living in close proximity in dorms currently require certain vaccination for attendance including the meningococcal vaccine. Bacterial meningitis is extremely contagious and can cause serious neurologic complications and in some cases death. Allowing students to be conscientiously exempt from this requirement could cause an outbreak of this serious and mostly preventable disease on a college campus. This is especially problematic for students who are immunocompromised or have underlying health conditions.

As written, it is the Department's understanding is that this bill would also require employers such as the New Hampshire Hospital and Glencliff Home to grant an employee's conscientious exemption request thereby preventing these facilities from requiring a sufficient vaccination rate for staff such as measles, mumps, rubella, and COVID-19. The risks of this legislation to these facilities include:

¹ Bednarczyk RA, King AR, Lahijani A, Omer SB. Current landscape of nonmedical vaccination exemptions in the United States: impact of policy changes. *Expert Rev Vaccines*. 2019;18(2):175-190. doi:10.1080/14760584.2019.1562344

Infection prevention

Requiring various aspects of health information as a condition of employment has been standard practice in the healthcare industry for decades. Proof of immunization is required by healthcare facilities to ensure patients do not contract infectious diseases when seeking treatment.

Loss of accreditation and funding

This bill may prevent New Hampshire Hospital and Glencliff Home from complying with the Center for Medicare and Medicaid Services (CMS) COVID-19 vaccine mandate. Healthcare institutions are required to have formal policies and procedures in place to ensure they can track vaccine information for their staff. Failure to do so can result in progressive disciplinary measures, including loss of hospital or nursing home accreditation.

If HB 1210 is signed into law, New Hampshire Hospital and Glencliff Home may become non-compliant with the CMS COVID-19 vaccine mandate, which would put both organization's accreditation at risk that could result in the potential loss of millions of dollars in Medicare, Medicaid, and DSH revenues. It is also worth noting that significant staff turnover may occur if these facilities were no longer accredited.

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. The Department's goals, through safe, effective and thoughtful immunization policy, are to provide public health protection while also appropriately balancing individual choice. Relaxing requirements for immunization will lead to preventable disability and death and result in significant harm to our population. As such, the Department strongly opposes HB 1210.

Respectfully Submitted,



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



Anne Marie Mercuri BSN, MPH
Chief, Immunization Section

Cameron Lapine

From: Steve Johnson <stevejohnson660@gmail.com>
Sent: Tuesday, April 19, 2022 8:11 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Support HB1455 and HB1210

Good evening all,

My name is Steve Johnson. I'm a resident of Boscawen.

I write to you today to urge you to
SUPPORT both HB1455 and HB1210.

The People are in desperate need of
protection from both the federal
government, which is still forcing
vaccine compliance on federal
contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy
of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of
government to protect the rights of its citizens.

Thank you for your time.

-Steve

Sent from my iPhone

Cameron Lapine

From: Susan Young <snewco@hotmail.com>
Sent: Tuesday, April 19, 2022 8:32 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1455 and HB1210

Dear Senate Committee,

I am writing to encourage you to support both HB1455 and HB1210, regarding employer vaccine mandates.

We are in desperate need of protection by the federal government and private businesses from continuing to force vaccine mandates. These policies should not supersede the rights and bodily autonomy of any individual.

There are several valid reasons, including some medical and religious, as to why an individual cannot or should not get the COVID-19 vaccine. Any medical intervention should be a decision made solely by an individual after discussion with their physician, truthful and informed consent, research studies and information, etc.

It is the government's duty to protect the rights of its citizens. Please uphold this duty and consider supporting these extremely important bills. Thank you for your time.

Sincerely,

Susan Young

Cameron Lapine

From: Cathleen Perron <cathleenperron@gmail.com>
Sent: Tuesday, April 19, 2022 8:35 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1455, HB1210

Greetings,

We write to you today to urge you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Thank you,
William & Cathleen Perron
101 Perron Way
Deerfield, NH 03037

Cameron Lapine

From: Amy Johnson <skidooer73@gmail.com>
Sent: Tuesday, April 19, 2022 9:05 PM
To: Becky Whitley; Cameron Lapine; James Gray; Jeb Bradley; Kevin Avard; Tom Sherman
Subject: Support HB1455 & HB1210

Good evening all,

My name is Amy Johnson. I'm a resident of Boscawen. I write to you today to urge you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Thank you for your time.

Amy Johnson

Cameron Lapine

From: Myfairpoint <b_early@myfairpoint.net>
Sent: Tuesday, April 19, 2022 9:45 PM
Subject: HB 1455 & HB 1210

Dear Senators

Please SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Sincerely,
Robert Early
21 Douglas Drive
Amherst

Cameron Lapine

From: Allison Dyer <allie_scott@comcast.net>
Sent: Tuesday, April 19, 2022 9:58 PM
To: Jeb Bradley; Kevin Avard; James Gray; Tom Sherman; Becky Whitley; Cameron Lapine
Cc: Tom Lanzara; Glenn Cordelli
Subject: HB 1455 & HB1210

Allison Dyer
Nashua, NH

Thank you for giving us the opportunity to testify on **HB1455 & HB1210**, both of which I support.

I am one of your New Hampshire residents that continues to implore the members of our NH legislative bodies to stand up and to really hear the people, your people, those who elected you to serve their interests here in the live free or die state, I have written, called, emailed and come to the various hearings to speak ... We ... I ... need you to hear us.

I have lived in NH all my life, I work here, I was married here, I gave birth to a beautiful baby girl here, well 7 year old now, but my life is here because I love what New Hampshire had to offer and what NH has afforded to myself & my family.

I am the daughter of a nurse, a nurse who's career has spanned 47 years, a nurse who was faced with the ending of her career not for retirement, not for performance but for a vaccine mandate, for a virus she contracted & recovered from in the early days of the pandemic. My mother a nurse of 47 years, a woman who has dedicated her life to caring for others, spent months in limbo, waiting for an approval of a medical exemption from Human Resources, Not a Physician, Not Her Personal Doctor, but a Non Clinical Group of Adjudicators. Do you have any idea of the stress, strain and physical toll that type of scenario weighs on a devoted life long nurse? Add in that providers in general are being pressured to not sign any exemptions, including her own provider that would not sign her medical exemption, despite the adverse, very scary vaccination & immunization history she has.

So our employers and this administration have been given license to be judge jury and executioner of our ability to provide for our families ... as well as our bodies ...

I myself have worked in healthcare for 15 years, I lost my job at Dartmouth Hitchcock on 10/8/21, I was there for 14 years, and 8 as a remote only employee doing prior authorizations. I like my mother had covid, I too have antibodies a full 16 months later. My medical exemption was denied, despite my documented history of severe allergic reactions, despite a letter from my primary care stating I should not receive the vaccine, despite my antibody test and despite my plea of abject fear that as a mother to a young child, with my history of very visceral and horrific reactions to immunizations I was afraid to die, DHMC sent me my denial for the covid vaccine, my approval for the flu vaccine exemption and my termination paperwork. 14 years gone. And the kicker is 3 days after I was terminated for not complying with the vaccination because my natural immunity meant nothing despite what history has always told us about prior infections & antibodies, the red cross called to ask if I would donate more blood as a universal donor with covid antibodies. My natural immunity was good enough to donate blood to help persons recover from covid, but not good enough to keep my job.

It is important that all health decisions are made voluntarily. This is called voluntary consent. It is against the law to force anyone into accepting a treatment or medical procedure against their will. If a person feels they must receive a medical intervention to avoid losing their job, their place at university, or having their freedom of movement taken away from them, then they have been coerced and the injection/immunization or medical procedure becomes a criminal act of assault, and informed consent has been violated.

These mandates and the inaction of our elected officials to protect the people of our state they swore an oath to serve & protect has lead to chaos, employers are so fearful to not be able to report a business wide 99% vaccination rate they are willing to terminate healthcare workers who for their entire careers, pandemic aside, have been unwavering in their care of all of us. When have we had press announcements of business flu vaccine rates? I tried to look, I couldn't find any major announcements about the compliance of the flu from any institutions ... back in 2010 when they began mandating the flu vaccine in the healthcare setting, the vaccine had been out and FDA approved since 2007 and the nasal flu had been out since 2003. 3 whole years of data people had to review before making the decision to be vaccinated. Its April 19th 2022, the covid vaccine under emergency use has been available to the general public for less than 2 years still, and still the FDA approval for Comirnaty only came in August, so less than 8 months.

Why was it ok for the flu vaccine, to allow people the time to review the data and decide, but now we are being forced to chose between taking care of our families, our careers, for less than 2 years worth of real time data? Why does NH's own laws allow for natural immunity as an exemption to vaccination? Is that because we used to use history and historical data prior to covid? And while covid-19 is a newer virus, it would seem that everything that came before in history from mask studies, to natural immunity was just thrown out the proverbial window?

And despite the FDA advisory committee stating quote "were never going to learn about how safe this vaccine is unless we start giving it" one of our very own NH representatives put in HB1633 to require the covid vaccine in order to attend public school ... free fair and appropriate education, but only if you vaccinate your child and hope its safe? The NIH is quietly studying the effects of this vaccine on women's menstrual cycles, on 8/30/21 on the NIH website listed in their items of interest section that they had been given a grant of 1.67 million dollars to study the correlation of the covid vaccine to changes in women's menstrual cycles, heavier than usual bleeding, and "other" menstrual changes. The study states as of 1/20/2022 "Future research will assess whether the COVID-19 vaccine affects other aspects of the menstrual cycle, such as amount of bleeding and menstrual symptoms, such as pain or mood changes or fertility." But you want me as a mother and a woman to give this to my 7 year old to be able to live in day to day society or attend school knowing I could potentially be altering her ovaries or causing a permanent or damaging hormonal change to her body at 7 years old for a virus that she has a 99.9% chance of surviving. Also shouldn't this study the NIH is doing be enough for women in the work force to be medically exempt from the vaccine at this time?

If HB1455 and HB1210 do not pass, this legislative body will force families to make incredibly detrimental and injurious decision to vaccinate themselves and their children or leave the public school systems and lose their ability to feed, shelter and care for themselves & their families.

Lastly, anyone who has a critical thinking brain or individual thought could see the writing on the wall for all of this when they said "two weeks to slow the spread" that we would be on the fast track to losing the liberty to live life as we chose. There is a false choice between public health and individual freedom here, we have accepted this as binary, so that invited in the politicians to politicize it. Public health in other words is inconsistent with the right to be left alone. Of all the risk factors for disease or injury, it would seem now today that freedom is the most pernicious. So here we are almost 3 years later ... So with this committee and the medical freedom bills looking to come through this Senate body during this session I am again writing today to ask that you return what is rightfully ours as citizens of America ... our **Parental NOT Political** rights, our **Individual Autonomy**, our **Right to Choose** what medical decisions are best for our health and to restore NH to the live free or die state that we all knew once and loved.

Thank you for your time,

Allison Dyer

Allison Dyer

Allie_Scott@comcast.net

603-546-8124

Sent from [Mail](#) for Windows

Cameron Lapine

From: Becky <Rebecca.schwab@protonmail.com>
Sent: Wednesday, April 20, 2022 7:34 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Please support HB 1210

Dear Senate Committee Members,

Please support HB 1210, allowing religious, conscientious, or medical exemptions to vaccine mandates. No one should ever be forced, on threat of losing their job or place in society, to accept any medical intervention/injection. Exemptions must be accepted when requested.

Respectfully,
Rebecca Schwab

Sent with [ProtonMail](#) secure email.



April 20, 2022

Senate Health & Human Services Committee
Sent electronically

Re: HB 1210, relative to exemptions from vaccine mandates

Senator Bradley and Members of Senate HHS,

Thank you for the opportunity to comment on HB 1210. Dartmouth Health *opposes* this bill for several reasons.

HB 1210 requires public and private employers that receive public funds, federal or state, to offer an employee the opportunity to requests a medical, religious, or conscience exemption. Further, the employer is required to grant the exemption.

Dartmouth Health has immunization requirements. Annually, we require our employees to obtain the influenza immunization. Recently, we have implemented a COVID-19 immunization requirement. In addition to other infectious disease prevention efforts, these immunization programs are one of many measures we take to ensure patient safety. Dartmouth Health employees are able request a medical or religious exemption from any of our immunization requirements. However, offering a conscience exemption – and requiring us to grant such exemption - would undermine the effectiveness of the program. Preventing infectious disease transmission is always a priority of any hospital, even when we are not navigating a pandemic. It is our responsibility – on many levels - to ensure that our patients have access to safe and quality care.

Additionally, HB 1210 required a postsecondary educational institution that receive public funds, federal or state, to offer an employee the opportunity to requests a medical, religious, or conscience exemption. That institution is required to grant the exemption. Dartmouth Health is proud to partner with a number of postsecondary educational institutions, including the Geisel School of Medicine at Dartmouth, Colby-Sawyer, and a number of community colleges, to train health care professionals. For the reasons stated above, Dartmouth Health must ensure our employees, apprentices, and volunteers are prepared to care for vulnerable populations. Vaccination programs are an important requirement to ensure the safety of our patients.

For these reasons, Dartmouth Health opposes HB 1210.

Thank you for your consideration.

Sincerely,

Handwritten signature of Matthew S. Houde.

Matthew S. Houde
Vice President, Government Relations

Handwritten signature of Courtney Gray Tanner.

Courtney Gray Tanner
Director, Government Relations

Cameron Lapine

From: Andy Stachura <astachur8@hotmail.com>
Sent: Wednesday, April 20, 2022 8:30 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: SUPPORT both HB1455 and HB1210!!!

I write to you today to urge you to SUPPORT both HB1455 and HB1210.

The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens.

The policies of corporations SHALL NOT supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Andrew Stachura
Chester, NH

Cameron Lapine

From: Michael Padmore <Michael.Padmore@nhms.org>
Sent: Wednesday, April 20, 2022 10:07 AM
To: Cameron Lapine
Subject: Fw: HB 1210 testimony - Dr. Viking Hedberg

Hi Cameron,

I believe Dr. Hedberg submitted this to the committee members but I wanted to share this with you for your reference.

Thanks,
Mike Padmore
Director of Advocacy
New Hampshire Medical Society
7 North State St, Concord NH
(603) 858-4744 (cell)
michael.padmore@nhms.org

From: Viking Hedberg <vahedberg@gmail.com>
Sent: Tuesday, April 19, 2022 10:32 PM
To: Michael Padmore <Michael.Padmore@nhms.org>
Subject: HB 1210

Michael:
Unfortunately I can't attend the hearing tomorrow, but I did submit testimony to the committee:

Senators:

Thank you for your service to the state.

I am a pediatrician who has practiced in our great State for over 20 years and I would like to voice my strong opposition to HB 1210. Having a "conscientious objection for all vaccines" would gut any requirement for vaccines which are a dramatic success story in decreasing the spread of contagious and dangerous infections.

John Stuart Mill in *On Liberty* argues that "the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant ... Over himself, over his body and mind, the individual is sovereign"

Although I agree government doesn't have the right to mandate an individual take measures to optimize their own health, certain vaccine requirements are designed to protect others and are clearly effective and justified.

For example, chickenpox is life threatening for a child with leukemia. The chickenpox vaccine is very safe and effective, and requiring chickenpox vaccine for school children dramatically reduces the chance of exposure for others at school and makes school much safer for a child with leukemia to attend. Similarly, other required vaccines protect not just the immunized, but those they have contact with such as in school or the health care setting. An important nuance is that not all vaccines that protect the vaccinated protect others, and as such, these vaccines should not be mandated.

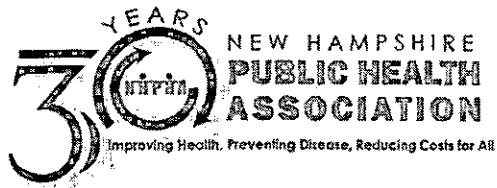
I strongly urge the committee to reject this bill that would make our schools and hospitals significant less safe.

Thank you for your consideration.

The number of harmful bills this session is just overwhelming!!!

Thanks for your work

Viking



To: NH Senate Health and Human Services Committee
From: New Hampshire Public Health Association
Re: HB 1210 - ITL
Public Hearing: Wednesday 4/20/22 @ 9:30 am LOB Room 201-203

Honorable Members of the Senate Health and Human Services Committee:

The New Hampshire Public Health Association (NHPHA) is a statewide non-profit public health membership association founded in 1992. The NHPHA is an affiliate of the American Public Health Association (APHA). We are the leading, trusted New Hampshire public health voice that empowers our members and communities to achieve a healthier New Hampshire.

We are writing to you in opposition to House Bill 1210, relative to exemption from vaccine mandates. The bill requires granting of conscientious exemption from all vaccines for all employees of all private employers and students at colleges and universities who request it. It has a detrimental impact on public health promotion and improved vaccine access. Provisions in HB 1210 would prevent businesses, hospitals, and other entities from requiring employees to be vaccinated against COVID-19 and other diseases, including influenza (flu), hepatitis, measles, and other deadly diseases. It would put workers at risk and increase exposure and risk to seniors, children, and other vulnerable populations. The bill would also create significant conflicts between State law and federal Centers for Medicare & Medicaid Services requirements.

For these reasons, we urge you to vote **House Bill 1210 – Inexpedient to Legislate**.

If you have any questions or need more information, I can be reached at hbedri@nhpha.org.

Thank you in advance for supporting our efforts to achieve a healthier New Hampshire.

Sincerely,

Hanan Bedri, MS, MA
Executive Director
New Hampshire Public Health Association (NHPHA)



Cameron Lapine

From: Tracey TARDIF <tardif7@me.com>
Sent: Wednesday, April 20, 2022 1:59 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1210

Hello,

I am again sending personal statement regarding HB1210. My son was denied a religious exemption not based on his beliefs, but based on the leaders of the various denominations church leaders opinions (not facts). This is not okay as God is placing vaccine hesitancy on our hearts when it comes to our son Nevin Tardif. He had covid in March 2021 and did fine. He was denied by Rivier University a catholic university and the person making the decision has never and yes I said NEVER met my son. His dreams to continue his college hockey and academic career is now over or at the best unknown until all of this Covid fear is over and the mandates are dropped.

I watched the hearing today and it is still mind boggling that the amount of 16-24 year old male athletes that are having complications from this vaccine. Most colleges students have either had Covid or the vaccine or both and have a less than 1% chance of having complications from covid. And the industry is not taking their lives into consideration. PLEASE HEAR ME!

Do not let my son be another one of the political casualties of this pandemic.

We are not anti vaxxers we are concerned parents that would like there to be more data broadly available to make an informed decision. At this point the SHOT does not appear to be safe or effective so to risk the quality of Nevin's life at this point would be neglectful on our part as parents.

Im not even going to get into the colleges and their deceptive tactics to get our non refundable deposit (\$500) before the deny our request for exemption. They lead you to believe its an easy process, we just fill out the form agreeing to the stipulation you will adhere to with the exemption. We NEVER thought his religious exemption would so coldly be denied. (insert broken hearts)

I thank you for hearing this bill and hope that it is passed!

Thank you,

Tracey and Murray Tardif

Cameron Lapine

From: Angelica <angelicascribit@gmail.com>
Sent: Wednesday, April 20, 2022 2:47 PM
To: Cameron Lapine
Subject: House Bills

I write to you today to urge you to SUPPORT both HB1455 and HB1210. The People are in desperate need of protection from both the federal government, which is still forcing vaccine compliance on federal contractors and the military, and private actors whose choices are being prioritized over the rights and bodily autonomy of NH citizens. The policies of corporations should not supersede the rights of individuals, and it is the DUTY of government to protect the rights of its citizens.

Thank you kindly,
Angelica Kashulines

Auburn, NH

Cameron Lapine

From: Brendan Williams <bwilliams@nhhca.org>
Sent: Wednesday, April 20, 2022 3:04 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: House Bill 1210

Hon. Chair Bradley & Members of the Senate HHS Committee:

We appreciated the workforce implications that compelled New Hampshire to be a plaintiff state against the federal COVID-19 vaccination mandate for health care providers issued by the U.S. Centers for Medicare and Medicaid Services (CMS). However, that challenge did not prevail. In *Biden vs. Missouri*, an unsigned opinion, the U.S. Supreme Court upheld the mandate, declaring that “COVID–19 is a highly contagious, dangerous, and—especially for Medicare and Medicaid patients—deadly disease.”

HB 1210 would effectively negate the federal mandate, as it provides that “[a]ny public or private employer that receives public funds from the federal or state government or any subdivision thereof, whether such funds are in the form of payment for contractual services, grants, or in any other form however denominated, and irrespective of the amount or level of such funding, and mandates any vaccine, inoculation, or immunization procedure, shall offer an employee the opportunity to submit a request for a medical, religious, or right of conscience exemption.” No details need be given to support an exemption, and *any request must be granted*. In other words, *anyone* can refuse to comply with a vaccine mandate, as the exemptions fully neuter the force of any mandate.

As CMS occupies the field of Medicaid and Medicare health care regulation, CMS would likely view this as patently violating the conditions of participation in the Medicaid and Medicare programs, thereby throwing all our federal funds into doubt. We cannot afford that risk at any time, let alone a time when Medicaid underfunding already cannot keep pace with pandemic costs, and the Biden Administration is already proposing to cut Medicare funding for nursing home care. I have member facilities on the brink of closure.

We are in an existential crisis. The concerns behind HB 1210 are shared by many, but they have been litigated and we must abide by the result. As entities very heavily-regulated by the federal government nursing home care providers have no choice but to comply with the federal government’s requirements, regardless of how they, or anyone else, may feel about those requirements.

For these reasons we must respectfully urge you to reject HB 1210.

Brendan W. Williams, M.A., J.D.

President/CEO

New Hampshire Health Care Association

5 Sheep Davis Road, Suite B, Pembroke, N.H. 03275

(603) 226-4900/Cell: (360) 791-3979



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Cameron Lapine

From: Yorks <yorksnh@gmail.com>
Sent: Wednesday, April 20, 2022 9:01 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB 1455-OTP; HB 1210-OTP

Dear Senators:

I neglected to include the following points in my testimony today, regarding these two bills. These two bills were generated specifically as a result of the Covid mandates. Nobody would think that they will have any effect on the standard vaccines that nearly all children undergo. Covid jab-resistant citizens want a reasonable way to avoid these shots that have been shown to be neither safe (VAERS data), nor effective in preventing contagion, spread, and death, the latter event supported by the handout, today, of COVID deaths in NH for all age groups, before and after the "vaccine" introduction. Thank you for your support of these 2 bills.

Sincerely,

Gary L York, MD
Hopkinton, MD

Cameron Lapine

From: Yorks <yorksnh@gmail.com>
Sent: Thursday, April 21, 2022 8:28 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Cc: Timothy Lang; Sherman Packard; Judy Aron; Melissa Blasek; Jess Edwards; Leah Cushman; Tony Lekas; Erica Layon; Andrew Prout; Kimberly Rice; Michael Moffett; Howard Pearl; Jason Osborne; Bob Giuda; Kevin Avard
Subject: HB1455-OTP; HB1210-OTPA

Dear Senators (and Representatives):

Because these 2, related Bills are so near and dear to my heart, and too important to consider ITP or "lay on the table," I woke with a start this morning, with amendment ideas, should these stall in Committee.

Some feel that the Bills as introduced, or amended, threaten the conventional, long-held childhood vaccines. Although it's doubtful that these Bills would, in any way, alter the current childhood vaccination schedule for NH children, please consider potential amendments, working with sponsors of the Bills, that would allow passage of these Bills. First-pass suggestions follow.

HB1455: The available "vaccine" in the US is the original EUA potion-NOT FDA-approved!

1 New Chapter; Public Health Sovereignty. Amend RSA by inserting after chapter 141-J the following new chapter:

CHAPTER 141-K PUBLIC HEALTH SOVEREIGNTY

141-K:1 State Enforcement of Federal ~~Vaccination~~ **Immunization** Mandates Prohibited.

I. This state shall not engage in the enforcement of, or any collaboration with the enforcement of, any federal law, order, or rule that effectively requires any person as a condition of his or her employment, or as a condition of any other activity, to submit proof of ~~vaccination~~ **immunization** against ~~COVID-19 or any variant thereof~~ **a novel communicable disease for which there is not available an FDA-approved immunization**, or to submit more than once per month a ~~negative~~ test for ~~COVID-19 or any variant thereof~~ **said disease**. No state or local government agency, and no official or employee thereof, shall enforce or assist in the enforcement or administration of any such law, order, or rule.

II. Such prohibited activities shall include:

- (a) Investigating the violation of, or imposing any penalty for the violation of, any law, order, or rule addressed by paragraph I;
- (b) Providing any assistance to any federal department or agency in investigating or penalizing the violation of any law, order, or rule addressed by paragraph I, either through personnel activity or through the use of any state or local government property; or
- (c) Providing the ~~COVID-19~~ vaccination status of any named individual to any federal department or agency, or engaging in any communication with any federal department or agency regarding any investigation into a violation of a law order, or rule addressed by paragraph I.

141-K:2 Severability. If any provision of this chapter or any application of such provision to any particular person or circumstance is held to be invalid by any court of law, the remainder of this chapter and any remaining application of its provisions to any other person or circumstance shall not be affected.

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

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to exemptions from vaccine mandates.

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

1 Legislative Findings. The general court finds that:

- I. It is the longstanding public policy of New Hampshire to protect the rights of its citizens to live free; and
- II. The state of New Hampshire has affirmed in statute the natural, essential, and inherent right to individual bodily integrity. Therefore, citizens shall have the right to choose what, if any, substances are injected into their bodies, including without limitation, any mandated vaccine.

2 New Subdivision; Labor; Protective Legislation; Exemption from Vaccination Mandates. Amend RSA 275 by inserting after section 77 the following new subdivision:

Exemption from Vaccination Mandates

275:78 Exemption from Vaccination Mandates; Public and Private Employers.

I. Any public or private employer that receives public funds from the federal or state government or any subdivision thereof, whether such funds are in the form of payment for contractual services, grants, or in any other form however denominated, and irrespective of the amount or level of such funding, and mandates any vaccine, inoculation, or immunization procedure, **for which there is not**

available an FDA-approved immunization, shall offer an employee the opportunity to submit a request for a medical, religious, or right of conscience exemption.

II. An employee's written request for exemption shall simply state: "I, (employee name), hereby submit a request for a medical, religious, or right of conscience exemption from the mandated vaccination or inoculation. [employee signature and date]". Such request for exemption shall be granted. The employer may then work with the employee to see if an agreement for a reasonable accommodation can be reached.

III. If any provision of this section or its application to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of this section that can be given effect without the invalid provision or application, and to this end the provisions of this section are severable.

3 New Chapter; Exemptions from Vaccination Mandates in

Postsecondary Educational Institutions. Amend RSA by inserting after chapter 200-N the following new chapter:

CHAPTER 200-O

EXEMPTIONS FROM VACCINATION MANDATES IN
POSTSECONDARY EDUCATIONAL INSTITUTIONS

200-O:1 Exemptions from Vaccination Mandates; Postsecondary Educational Institutions.

I. Any postsecondary educational institution that receives public funds from the federal or state government or any subdivision thereof, whether such funds are in the form of payment for contractual services, grants, or in any other form however denominated, and irrespective of the amount or level of such funding, and mandates any vaccine, inoculation, or immunization procedure, **for which there**

is not available an FDA-approved immunization, shall offer each student the opportunity to submit a request for a medical, religious, or right of conscience exemption.

I. A student's written request for exemption shall simply state: "I, (student name), hereby submit a request for a medical, religious, or right of conscience exemption from the mandated vaccination or inoculation. [student signature and date]". Such request for exemption shall be granted. The school may then work with the student to see if an agreement for a reasonable accommodation can be reached.

200-O:2 Severability. If any provision of this chapter or its application to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of this chapter that can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable.

4 Effective Date. This act shall take effect upon its passage.

Thank you ALL for your support of these two very important Bills!

Sincerely,

Gary L York, MD
Hopkinton

Cameron Lapine

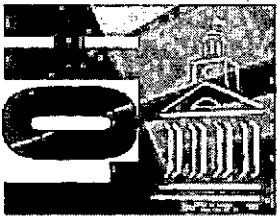
From: Joe Clifford <jclifford@lebanonoperahouse.org>
Sent: Tuesday, April 26, 2022 9:11 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1210 opposition

Senators:

Please consider opposing HB1210 and rejecting any proposed amendments. Employers and institutions, regardless of whether they receive public funds (including, as we do, grants from the New Hampshire State Council on the Arts) should be able to make their own decisions about whether to give employees exemptions from vaccine mandates. This bill goes far beyond the COVID-19 vaccine – it refers to all vaccines an employer/institution might require, thereby weakening requirements for vaccines such as measles, mumps, rubella, etc.

Thank you for supporting businesses' rights to make their own decisions about exemptions and vote ITL on HB1210.

Joe Clifford (he/him/his)
Executive Director
Lebanon Opera House
PO Box 384
Lebanon, NH 03766
603.448.0400
lebanonoperahouse.org/donate/
[clifford@lebanonoperahouse.org](mailto:jclifford@lebanonoperahouse.org)



Lebanon Opera House

Cameron Lapine

From: Sara Woods Kender <sara@sarasherbs.com>
Sent: Tuesday, April 26, 2022 9:48 AM
To: ~Senate Health and Human Services Committee
Subject: HB1210

Dear Committee members,

Please consider passing this bill. Health freedom is very important to many people as is a healthy body and NOT mandating medicine. Any person wanting a higher education should not be met with the choice of education or a mandated ineffective vaccine justice any person should not have to choose between a job and mandated medicine. It's un-American. The flu shot is another example. Please educate yourself in regards to the data available that shows unequivocally that the COVID vaccines do not work, are not safe, and sensitize people TO the virus. Many are already naturally immune, which again, shows a more robust and long-lived immunity than these gene therapies being touted as a vaccine. The flu shot is a different vaccine altogether and shows little if any efficacy as well. How can America be ok with mandating medicine? I can tell you MOST are not ok with it. Please listen to the majority of citizens and pass this bill. For the education of our children. For the Rights of the people to Live Free Or Die.

Thank you.

Sara Woods Kender
sara@sarasherbs.com
Clinical Herbalist
Reiki Master/Teacher

Psychic Medium
Munay-Ki Attuned

Find me on Substack!
Living In Circle
<https://sarawoodskender.substack.com/>

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Sacred Tree Herbals
169 Daniel Webster Highway, Unit 1
Meredith, NH 03253
www.sarasherbs.com

Hours:

Wed-Saturday 9:30-4:30

Cameron Lapine

From: Lucinda Williams <Lucinda@nhmf.org>
Sent: Tuesday, April 26, 2022 10:46 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB 1210

I am writing to request that the above proposed bill does not go forward. This Bill would cause, without question, the complete shutdown of our Festival organization, a 70 year-old, non profit organization that brings approximately 500 musicians and their families to Plymouth NH for a period of six weeks. In addition to this significant economic impact to Plymouth and surrounding communities, the Festival sees more than 1,200 audience members per week, for a total population served of 7,200 people.

This Bill will shut down the New Hampshire Music Festival.

Thank you for considering our concerns. On behalf of the entire Board of Directors, staff, musicians, patrons, and donors, thank you for the work you do as leaders of our State.

Cameron Lapine

From: Mary Jordan <maryjordan4388@gmail.com>
Sent: Tuesday, April 26, 2022 11:21 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1210

This bill is antithetical to NH's live free or die mantra. Businesses should be able to make their own decisions regarding vaccinations - this bill refers to ALL vaccines, not just COVID and would open the door to dropping vaccine requirements in all instances, schools included. Please vote Inexpedient to Legislate.

Thank you,
Mary Jordan
Merrimack

Cameron Lapine

From: John and Katie Lajoie <JLJE23@hotmail.com>
Sent: Tuesday, April 26, 2022 11:56 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: OPPOSE HB 1210

Dear Senators,

I am a registered nurse, and I urge you to oppose **HB 1210**.

I urge you to continue to allow employers the right to establish requirements for their own employees in order to protect the health and safety of those same individuals and all who utilize their services.

Sincerely,

Katie Lajoie, RN
Charlestown, NH 03603
603-826-4803

Cameron Lapine

From: Carola Beasley-Topliffe <beasliff@comcast.net>
Sent: Tuesday, April 26, 2022 2:00 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB 1210

I would like to register my objection to this bill and urge you to vote against it. It is not needed and has the potential to lead to reduced public health for more than one disease. I grew up being required to have vaccines and am grateful for it. Please don't support the misinformation and misplaced libertarianism that would put personal opinion above the health of the community.

Thank you,

Carola Beasley-Topliffe

Manchester NH

Cameron Lapine

From: Rosemary Little <roselittle033@gmail.com>
Sent: Tuesday, April 26, 2022 4:28 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1210

If passed, this bill will have serious consequences. Lawmakers should not pass laws that make its citizens less safe from dangerous diseases. Allowing people another option to opt out from vaccinations easily is a very unwise and dangerous decision, as is taking away the right of employers to require their employees to be vaccinated. The only reason we have been able to contain diseases such as smallpox, polio, diphtheria, pertussin, measles, mumps, chickenpox, Hepatitis B is because people get vaccinated. It is also the best way to protect people from serious illness and death from covid-19. These diseases have come back in parts of the world when people are not vaccinated. Employees are less safe, as are students and patients at schools, hospitals, nursing homes, child care centers, doctors' offices, and any other place where people congregate that receive federal funding, because of this proposed law. I urge you to vote against HB1210, and instead cast your vote to keep New Hampshire adults and children protected against dangerous diseases.

Rosemary Little
Concord, NH

Cameron Lapine

From: Lisa Davis <lisa2mer@gmail.com>
Sent: Wednesday, April 27, 2022 7:55 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Please oppose HB 1210

Please oppose HB 1210. This bill would endanger public health.

Elissa Davis

Meredith New Hampshire

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 1210

Hearing date: 4-20-22

Executive Session date: 4-27-22

Motion of: OTP Vote: 1-4

| Committee Member | Present | Made by | Second | Yes | No |
|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Sen. Bradley, Chair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sen. Gray, Vice Chair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sen. Avard | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Sherman | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sen. Whitley | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Motion of: IS Vote: 4-1

| Committee Member | Present | Made by | Second | Yes | No |
|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Sen. Bradley, Chair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Gray, Vice Chair | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Avard | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sen. Sherman | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sen. Whitley | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Motion of: _____ Vote: _____

| Committee Member | Present | Made by | Second | Yes | No |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sen. Bradley, Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. Gray, Vice Chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. Avard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. Sherman | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sen. Whitley | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reported out by: Sen. Bradley

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Wednesday, April 27, 2022

THE COMMITTEE ON Health and Human Services

to which was referred **HB 1210**

AN ACT relative to exemptions from vaccine mandates.

Having considered the same, the committee recommends that the Bill

BE REFERRED TO INTERIM STUDY

BY A VOTE OF: 4-1

Senator Jeb Bradley
For the Committee

Cameron Lapine 271-2104

HEALTH AND HUMAN SERVICES

HB 1210, relative to exemptions from vaccine mandates.

Interim Study, Vote 4-1.

Senator Jeb Bradley for the committee.

Docket of HB1210

Docket Abbreviations

Bill Title: relative to exemptions from vaccine mandates.*Official Docket of HB1210.:*

| Date | Body | Description |
|-------------|-------------|---|
| 11/18/2021 | H | Introduced 01/05/2022 and referred to Labor, Industrial and Rehabilitative Services |
| 1/27/2022 | H | Public Hearing: 01/27/2022 11:15 a.m. SHReps Hall |
| 2/22/2022 | H | Subcommittee Work Session: 02/24/2022 09:30 am LOB305-307 |
| 3/9/2022 | H | Executive Session: 03/09/2022 10:00 a.m. LOB305-307 |
| 2/28/2022 | H | Executive Session: 03/09/2022 10:00 AM LOB 305-307 |
| 3/10/2022 | H | Majority Committee Report: Ought to Pass with Amendment #2022-0724h (Vote 11-10; RC) |
| 3/10/2022 | H | Minority Committee Report: Inexpedient to Legislate |
| 3/17/2022 | H | Amendment #2022-0724h : AA VV 03/17/2022 HJ 8 |
| 3/17/2022 | H | Ought to Pass with Amendment 2022-0724h: MA RC 181-155 03/17/2022 HJ 8 |
| 3/22/2022 | S | Introduced 03/17/2022 and Referred to Health and Human Services; SJ 6 |
| 4/14/2022 | S | Hearing: 04/20/2022, Room 201-203, LOB, 09:30 am; SC 16 |
| 4/27/2022 | S | Committee Report: Referred to Interim Study, 05/05/2022; SC 18 |
| 5/5/2022 | S | Refer to Interim Study, RC 19Y-5N, MA; 05/05/2022; SJ 11 |

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 110

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

_____ - amendment # _____ _____ - amendment # _____

_____ - amendment # _____ _____ - amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

_____ - amendment # _____ _____ - amendment # _____

_____ - amendment # _____ _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

_____ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

_____ Enrolled Bill Amendment(s)

_____ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

_____ as amended by the senate as amended by the house

_____ final version

Completed Committee Report File Delivered to the Senate Clerk's Office By: _____

Committee Aide

Date

Senate Clerk's Office Mcd