ABLENH
DISABILITY JUSTICE ADVOCATES

February 12th, 2025

Chairman MacDonald
House Health, Human Services and Elderly Affairs Committee
Subject: Testimony to HB 524

Dear Honorable Chair and Committee Members,

Thank you for the opportunity to testify. For the record, my name is Louis Esposito, and I am the Executive Director of ABLE NH. ABLE NH is a disability justice organization and a nonpartisan, nonprofit entity that fights for the civil and human rights of children and adults with disabilities.

I write to express my strong opposition to HB 524, which seeks to repeal the New Hampshire Vaccine Association (NHVA). The elimination of this program will have a disproportionate impact on populations that already face substantial healthcare barriers, including individuals with disabilities. By shifting the financial burden of vaccines onto private providers and families, this legislation risks reducing vaccine access, increasing health disparities, and undermining public health efforts.

Impact on Individuals with Disabilities

Research consistently demonstrates that people with disabilities experience lower vaccination rates due to structural, economic, and logistical barriers (O'Neill et al., 2020). These barriers include difficulties in accessing medical providers, higher rates of medical complexity that require specialized care, and a lack of targeted public health initiatives addressing the unique needs of this population. The NHVA plays a critical role in ensuring equitable vaccine access, particularly for children and young adults with disabilities, who are at higher risk for severe complications from vaccine-preventable diseases (O'Neill et al., 2020). Repealing NHVA will only exacerbate these existing inequities, as families may struggle to afford necessary immunizations, particularly for those who require frequent medical interventions.

Financial and Public Health Consequences

The financial implications of repealing NHVA extend beyond the immediate loss of $24 million in vaccine funding (HB 524, 2025). Without this funding, the cost burden will shift to providers, many of whom may not have the capacity to maintain immunization inventories or absorb the costs of privately purchasing vaccines. This shift could result in decreased vaccination rates among privately insured individuals, creating gaps in herd immunity and increasing the likelihood of disease outbreaks. Given that people with disabilities often rely on herd immunity due to underlying health conditions that make infections more dangerous, this policy change could put them at disproportionate risk (O'Neill et al., 2020).

Furthermore, HB 524 will increase long-term healthcare costs by shifting the financial burden to emergency responses rather than preventative measures. Studies have shown that failing to maintain high vaccine coverage rates leads to increased hospitalizations and complications, particularly among vulnerable populations (O'Neill et al., 2020). The loss of centralized vaccine purchasing will not only introduce financial inefficiencies but will also create additional administrative burdens for healthcare providers, potentially leading to delays in immunization.

Conclusion

Ensuring vaccine access is a fundamental public health responsibility. The NHVA provides a streamlined mechanism for funding vaccines and maintaining high coverage rates across New Hampshire. Repealing this program would not only dismantle a system that effectively delivers immunizations but would also deepen existing health inequities, particularly for individuals with disabilities. Instead of dismantling NHVA, policymakers should focus on strengthening vaccine access initiatives to protect all New Hampshire residents, particularly those most at risk.

For these reasons, I urge the committee to reject HB 524.

Thank you for your time and consideration.

Sincerely,

Louis Esposito
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References

O'Neill, J., Newall, F., Antolovich, G., Lima, S., & Danchin, M. (2020). Vaccination in people with disability: A review. *Human Vaccines & Immunotherapeutics, 16*(1), 7-15. https://doi.org/10.1080/21645515.2019.1640556