

GOLD STANDARD



NHI IBERTY ORG

House SESSION - Thursday, May 4, 2017

SB 131-FN-A, (New Title) establishing a cross border drug interdiction program and making an appropriation therefor.

Criminal Justice and Public Safety: OTP 15-3

ANTI-LIBERTY: This bill allocates funds to hire 5 state troopers to exclusively perform drug interdiction work.

- The War on Drugs has clearly failed; heroin was first federally regulated more than 100 years ago, yet is still beyond the control of governance even today. While it is tempting to look at the lists of arrests week after week in the paper and think we are just one more arrest from a solution, it is clear that the additional spending-and-enforcement approach is a failure.
- As with most government programs, once the new positions are created there will be significant pressure to retain the positions and their subsequent pension costs after the current "crisis" is over. This will likely result in more long-term spending than the fiscal note implies.

SB 191-FN, (New Title) establishing the kindergarten initiative development support grant program.

Education: OTP/A 15-4

ANTI-LIBERTY: This bill expands state responsibility for funding of kindergarten.

- Full-day kindergarten is expensive and developmentally inappropriate and should not be funded by taxpayers.
- Research indicates that half-day kindergarten is beneficial, but concludes all-day kindergarten is too long, robs children of valuable free play, and is counterproductive. https://goo.gl/IIGr75
- Full-day kindergarten will compete with hundreds of small private businesses that are already providing these services without cost to the taxpayer.
- Studies have shown that accelerating education in young boys has potential long-term
 disadvantages, especially in the ability to focus at later ages. Delaying kindergarten for one year
 reduced inattention and hyperactivity by 73% for an average child at age 11, and it virtually
 eliminated the probability that an average child at that age would have an abnormal or
 higher-than-normal rating for the inattentive-hyperactive behavioral measure.
 https://goo.gl/VD9svV
- Support floor amendment 2017-1594h which defers program until July 1, 2018. This may reduce the harm of the bill by allowing more time for parents and small businesses to adapt to the change, and by aligning with SB193's timeline for EFSA now that it has been retained by the house committee.
- Oppose the bill whether 2017-1594h passes or fails.

SB 65, relative to vaccines administered by pharmacists.

Health, Human Services and Elderly Affairs: OTP 14-7

PRO-LIBERTY: This bill adds several common vaccines to the list of vaccines approved for administration to adults by pharmacists.

- This bill increases convenience and liberty for adults who choose to receive certain vaccines.
- Adults should not be required to wait for a potentially more expensive doctor's visit in order to receive these common vaccines.

SB 131

NAY OTP

SB 191

NAY OTP/A

SB 65

YEA OTP

SB 242-FN-A-LOCAL, relative to video lottery and table gaming.

Ways and Means: ITL 19-1

ANTI-LIBERTY: This bill violates the New Hampshire Constitution by creating state-enforced quasi-private monopolies for the purpose of expanding the size and scope of state government.

- The NHLA is not opposed to liberalizing gambling laws per se. The freedom to gamble is a liberty issue. However, this particular bill is anti-liberty for the following reasons:
- This bill creates two casino monopolies one in each of two different categories. This is unconstitutional under Part II, Article 83 of the New Hampshire Constitution: "Free and fair competition in the trades and industries is an inherent and essential right of the people and should be protected against all monopolies and conspiracies which tend to hinder or destroy it".
- The state should not be in the business of choosing winners or losers; all businesses should be allowed to compete in a free market.
- The legislature should be looking at creative ways to reduce the size, scope, and cost of state government, or expanding the tax base by opening new markets to free and fair competition, not creating large new revenue sources through state-sanctioned monopolies.

SB 247-FN-A, preventing childhood lead poisoning from paint and water and making an appropriation to a special fund.

Health, Human Services and Elderly Affairs: OTP 19-1

ANTI-LIBERTY: This bill mandates universal medical testing of all one- and two-year-old children in the state, denies access to basic education for children who fail to comply with the testing order, and provides a \$6 million state handout to property investors to make improvements to their rental properties.

- Existing RSA 130-A:5-a requires doctors to inform parents and guardians of the availability and advisability of screening their children for lead exposure. This helps to make sure that parents are aware of one of the many risks that children may face that could lead to long-term health consequences. This bill as amended goes far beyond providing advice to parents in that it now mandates testing. While such tests are often a good idea, particularly if the child is exposed to environmental risk factors, and in most cases present little to no risk to the child, the presumption that the state is authorized to mandate a medical test against the wishes of the parent is incompatible with a free society.
- While the bill contains an explicit provision to allow students to enroll in public school who were
 not tested at age 1 and 2, parents who choose to do so for non-religious reasons are forced to
 sign paperwork that may be used against them in future interactions with Child Protection
 Services.
- While this bill is well-intentioned and allows the legislature to feel as though they are doing "something", it may not be the best use of resources. The resources spent mandating testing of all children, regardless of the risk factors in their environment, would be better spent remediating known lead contamination risks and improving education of risk factors. Testing children after lead exposure has already occurred would identify the risk too late to serve as an early warning indication. Treatment for lead effects after exposure has occurred is not known to result in improved IQ or behavioral outcomes, relative to placebo (www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf).
- Support floor amendment 2017-1611h which removes the testing mandate and the prohibition on school attendance. The amendment clarifies existing law that requires doctors to advise parents and guardians of the availability and advisability of screening and testing their children for lead if the doctor is unaware of prior testing of the child.
- Oppose the bill whether 2017-1611h passes or fails. Support motion to table.

SB 242

SB 247

NAY OTP