

# Bill as Introduced

HB 1435-FN - AS INTRODUCED

2010 SESSION

10-2455

10/01

HOUSE BILL            ***1435-FN***

AN ACT                relative to the practitioner-patient relationship in the dispensing of prescriptions.

SPONSORS:            Rep. Case, Rock 1; Rep. Wendelboe, Belk 1; Rep. Bulis, Graf 1; Rep. Donovan, Sull 4; Rep. Mann, Rock 1; Sen. Carson, Dist 14

COMMITTEE:          Health, Human Services and Elderly Affairs

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ANALYSIS

This bill requires that prescriptions submitted using an electronic or on-line medical history form establish a valid practitioner-patient relationship. A violation is a misdemeanor.

This bill was requested by the pharmacy board.

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Explanation:          Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears [~~in brackets and struck through~~]  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Ten*

AN ACT relative to the practitioner-patient relationship in the dispensing of prescriptions.

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

1 1 New Paragraph; Pharmacists. Amend RSA 318:1 by inserting after paragraph XV the  
2 following new paragraph:

3 XV-a. "Practitioner-patient relationship" means a medical connection between a licensed  
4 practitioner and a patient that includes an in-person exam, a history, a diagnosis, a treatment plan  
5 appropriate for the licensee's scope of practice, and documentation of all prescription drugs including  
6 name and dosage. A licensee may prescribe for a patient whom the licensee does not have a  
7 practitioner-patient relationship under the following circumstances: for a patient of another licensee  
8 for whom the prescriber is taking call; for a patient examined by another New Hampshire licensed  
9 practitioner; or for medication on a short-term basis for a new patient prior to the patient's first  
10 appointment. The definition of a practitioner-patient relationship shall not apply to a practitioner  
11 licensed in another state who is consulting to a New Hampshire licensed practitioner with whom the  
12 patient has a relationship.

13 2 Prescriptions; Fraud or Deceit. Amend RSA 318:52-a to read as follows:

14 318:52-a Fraud or Deceit. It is unlawful to obtain or attempt to obtain a drug or device sold by  
15 prescription of a physician, dentist, veterinarian, or advanced practice registered nurse that bears a  
16 statement that it is to be dispensed or sold only by or on the prescription of a physician, dentist,  
17 veterinarian, or advanced practice registered nurse by:

18 [(a)] I. Fraud, deceit, misrepresentation or subterfuge;

19 [(b) by] II. The forgery or alteration of a prescription or of any written order;

20 [or (e) by] III. The concealment of a material fact;

21 [or (d)] IV. The use of a false name or the giving of a false address[-]; or

22 V. *Submission of an electronic or on-line medical history form that fails to*  
23 *establish a valid practitioner-patient relationship.*

24 3 Effective Date. This act shall take effect January 1, 2011.

LBAO  
10-2455  
11/19/09

**HB 1435-FN - FISCAL NOTE**

AN ACT                    relative to the practitioner-patient relationship in the dispensing of prescriptions.

**FISCAL IMPACT:**

The Judicial Branch, Judicial Council, Department of Justice, and the New Hampshire Association of Counties state this bill may increase state and county expenditures by an indeterminable amount in FY 2011 and each year thereafter. This bill will have no fiscal impact on local expenditures or state, county, and local revenue.

**METHODOLOGY:**

The Judicial Branch states this bill would make unlawful the submission of an electronic or on-line medical history form that fails to establish a valid practitioner-patient relationship in obtaining a drug or device by prescription. The offense would be an unspecified misdemeanor if committed by a natural person and a felony if committed by any other person. The Branch is unable to estimate how many charges will be brought, but does, however, have information on the average cost of processing a misdemeanor charge in the trial courts. Misdemeanor charges can be either class A or class B, and the Branch assumes that charges brought pursuant to this bill will be class B misdemeanors. The cost to the Branch to process an average class B misdemeanor charges is \$36.89 in FY 2010 and beyond, without consideration of any salary increases or decreases that may occur. These numbers also do not consider the cost of any appeals that may be taken following trial in any such case. With respect to felony charges the Branch has no information on which to estimate how many new felonies will be brought as a result of this bill, but the cost of an average routine felony case is \$335.98 in FY 2010 and beyond, without consideration of any salary increases or decreases that may occur. These numbers also do not consider the cost of any appeals that may be taken following trial. The exact fiscal impact cannot be determined at this time.

The Judicial Council states this bill may result in an indeterminable increase in general fund expenditures. The Council states if an individual is found to be indigent, the flat fee of \$275 per misdemeanor is charged by a public defender or contract attorney. If an assigned counsel attorney is used the fee is \$60 per hour with a cap of \$1,400 for a misdemeanor charge. The Council also states additional costs could be incurred if an appeal is filed. The public defender, contract attorney and assigned counsel rates for Supreme Court appeals is \$2,000 per case,

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with many assigned counsel attorneys seeking permission to exceed the fee cap. Requests to exceed the fee cap are seldom granted. Finally, expenditures would increase if services other than counsel are requested and approved by the court during the defense of a case or during an appeal. The exact fiscal impact cannot be determined at this time.

The Department of Justice states criminal violations under this bill would be prosecuted by the county or local prosecutor. There would be some fiscal impact to the Department in instances when an appeal would be taken to the Supreme Court from a prosecution. Because it is difficult to estimate how many cases would be generated, or if any of these cases would be appealed to the Supreme Court, the Department is unable to determine a fiscal impact at this time.

The New Hampshire Association of Counties states to the extent an individual is convicted, and sentenced to incarceration, the counties may have increased expenditures. The Association is unable to determine the number of individuals who might be detained or incarcerated as a result of this bill. The average cost to incarcerate an individual in a county facility is \$35,342 a year.

The New Hampshire Board of Medicine states this bill would have no fiscal impact on the Board.

HB 1435-FN - AS AMENDED BY THE HOUSE

03Feb2010... 0259h

2010 SESSION

10-2455

10/01

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AN ACT relative to the practitioner-patient relationship in the dispensing of prescriptions.

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2 inserting after paragraph XV the following new paragraph:

3           XV-a. "Practitioner-patient relationship" means a medical connection between a licensed  
4 practitioner and a patient that includes an in-person exam, a history, a diagnosis, a treatment plan  
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18           ~~[(a)]~~ I. Fraud, deceit, misrepresentation or subterfuge;

19           ~~[(b) by]~~ II. The forgery or alteration of a prescription or of any written order;

20           ~~[or (c) by]~~ III. The concealment of a material fact;

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# Committee Minutes

**AMENDED  
SENATE CALENDAR NOTICE  
JUDICIARY**

Printed: 04/01/2010 at 9:47 am

- ✓ Senator Deborah Reynolds Chairman
- ✓ Senator Bette Lasky V Chairman
- ✓ Senator Matthew Houde
- ✓ Senator Sheila Roberge
- ✓ Senator Robert Letourneau

For Use by Senate Clerk's Office ONLY	
<input type="checkbox"/>	Bill Status
<input type="checkbox"/>	Docket
<input type="checkbox"/>	Calendar
Proof: <input type="checkbox"/>	Calendar <input type="checkbox"/>
	Bill Status

**Date: April 1, 2010**

**HEARINGS**

**Tuesday**

**4/6/2010**

JUDICIARY

SH 103

2:00 PM

(Name of Committee)

(Place)

(Time)

**EXECUTIVE SESSION MAY FOLLOW**

**Comments:** THE PURPOSE OF THIS AMENDED NOTICE IS TO ADD HB 1435, HB 1544 AND HB 1334

2:00 PM	HB523-FN	requiring DNA testing of all persons convicted of a felony.
2:30 PM	HB1653-FN	decriminalizing possession of one quarter of an ounce or less of marijuana.
3:00 PM	HB1655-FN	relative to persons with mental illness and the corrections system.
3:30 PM	HB1667-FN	relative to possession of controlled substances obtained by valid prescription.
<del>4:00 PM</del>	<del>HB1435-FN</del>	<del>relative to the practitioner-patient relationship in the dispensing of prescriptions.</del>
4:15 PM	HB1544-FN	relative to penalties for forestry violations.
4:30 PM	HB1334-FN	relative to penalties for unpaid fines concerning hazardous materials accidents.

**Sponsors:**

**HB523-FN**

Rep. David Welch

Rep. Stephen Shurtleff

**HB1653-FN**

Rep. Steven Lindsey

**HB1655-FN**

Rep. Cindy Rosenwald

Rep. Lucy Weber

Sen. Bette Lasky

Rep. Peter Batula

Rep. Gene Charron

**HB1667-FN**

Rep. Joel Winters

**HB1435-FN**

✓ Rep. Frank Case

Rep. Fran Wendelboe

Sen. Sharon Carson

Rep. Lyle Bulis

Rep. Thomas Donovan

Rep. Maureen Mann

**HB1544-FN**

Rep. Robert Theberge

Rep. Suzanne Smith

Sen. Bob Odell

**HB1334-FN**

Rep. John DeJoie

Gail Brown 271-3076

Sen. Deborah Reynolds

Chairman

# Judiciary Committee

## Hearing Report

**TO:** Members of the Senate

**FROM:** Susan Duncan, *Senior Legislative Aide*

**RE:** Hearing report on **HB 1435-FN** – *AN ACT relative to the practitioner-patient relationship in the dispensing of prescriptions*

**HEARING DATE:** April 6, 2010

**MEMBERS OF THE COMMITTEE PRESENT:** Senators Reynolds, Lasky, Roberge, Letourneau and Houde

**MEMBERS OF THE COMMITTEE ABSENT:** No one

**Sponsor(s):** Representative Case; Rep. Bulis; Rep. Donovan, Rep. Mann, Rep. Wendelboe and Senator Carson

**What the bill does:** This bill requires that prescriptions submitted using an electronic or on-line medical history form establish a valid practitioner-patient relationship. A violation would be a misdemeanor. The bill was requested by the Pharmacy Board.

**Who supports the bill:** Representative Case; Representative Rosenwald; Janet Monahan, NH Medical Society; Jay Queenan on behalf of the Board of Pharmacy; Elizabeth Sargent representing the NH Pharmacists Association and the NH Society of Health System Pharmacists

**Who opposes the bill:** No one

### Summary of testimony received:

- Representative Case introduced the legislation and explained that he filed it at the request of the Board of Pharmacy.
- He explained that this came as a result of a recent performance audit. The legislation would stop the practice of those on line “pharmacies” that have the individual fill out a survey – and then this is taken to a physician and the medicine arrives in the mail.
- Mr. Queenan testified in support and explained that there are certain non-controlled drugs that do have abuse potential. Some of these come after ingestion because of what happens when the drug goes to the liver, for example.

- If the Board of Pharmacy receives a complaint, they can then go on line and see if the “pharmacy” is licensed.
- Senator Roberge asked about ordering medications on line for pets. Mr. Queenan was not sure about this.
- He said that this legislation makes sure that there is a true physician-patient relationship – that the patient has actually seen the physician in person and services were provided (such as blood pressure monitored, etc.).
- Senator Lasky noted that the individual could lie in their response and noted her problems with some of the things available over the internet. Mr. Queenan responded that the legislation would give the Board an opportunity to go after those who abuse the practice.
- Senator Houde asked if there would be any implications with the practice of telemedicine. Mr. Queenan responded that he would defer that to the Medical Society as to what that might entail. He noted, however, that right now, there are not restrictions on non-controlled drugs.
- Senator Letourneau asked why are we trying to control “non-controlled” drugs – and isn’t this a contradiction? Mr Queenan spoke of certain non-controlled drugs that can have various reactions. For example, Psoma, when it passes through the liver, it becomes a Schedule IV drug.
- Senator Roberge asked if these are items that can be picked up off the shelf at the drugstore. Mr. Queenan responded that they cannot – they are by prescription only and the Board is just looking to control these few drugs that fall into this “gray” area.
- Senator Lasky asked what recourse the Board would have. Mr. Queenan responded that they could take action at the Board level or they could file a civil action in court.
- Senator Lasky asked if they can do this even if they are outside of New Hampshire. Mr. Queenan responded “yes,” that they have control over any drug that comes into New Hampshire and the provider must be licensed through them.

**Fiscal Impact:** See fiscal note.

**Future Action:** The Committee took the bill under advisement.

sfd

[file: HB 1435-FN]

Date: April 7, 2010

LYB

Date: April 6, 2010  
Time: 4:35 p.m.  
Room: State House Room 103

The Senate Committee on Judiciary held a hearing on the following:

HB 1435-FN relative to the practitioner-patient relationship in the dispensing of prescriptions.

Members of Committee present: Senator Reynolds  
Senator Lasky  
Senator Houde  
Senator Roberge  
Senator Letourneau

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The Chair, Senator Deborah R. Reynolds, opened the hearing on HB 1435-FN and invited the prime sponsor, Representative Frank Case, to introduce the legislation.

Representative Case: Thank you, ladies and gentlemen. My name is Frank Case. I represent Rockingham District 1. I sponsored HB 1435 at the request of the New Hampshire Board of Pharmacy. These changes were asked for as a result of a performance audit of the Board of Pharmacy.

HB 1435 makes two changes to 318:52. The first one is the definition of practitioner-patient relationship and the other is to add V to 318:52-a, making an electronic or on-line medical history form that fails to establish a valid practitioner-patient relationship.

These two additions were made necessary because two bills were passed in 2006 – one on e-prescribing and the other was on practitioner-patient relationship. These two bills were both passed to try to reduce the importation of prescription drugs without valid prescriptions. This can be accomplished through the newspapers where they have ads for Viagra and various other drugs or you can go on line and put in prescription and put, after no prescription and you will get on line and be able to order them. I have tried it with oxycontin and it works. So, this would stop that because what they will do is they come up with a medical survey for you to fill out and then they will take that to a physician wherever they are, get some type of

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prescription and they send it out. So, that's why we put this bill in about the practitioner-patient relationship. In other words, have a relationship with the person. That's what this is about.

There is a man from the Board of Pharmacy and he might be able to explain it even better. But, the penalties in the bill are only able to be used against the pharmacist that dispenses or the pharmacy that owns the drug. It has nothing to do with public.

**Please see Attachment #1 - Representative Case's handwritten notes.**

Senator Deborah R. Reynolds, D. 2: Thank you, Representative. Does that conclude your testimony? I think Senator Lasky has a question.

Senator Bette R. Lasky, D. 13: I'm sorry. I'm familiar with this, but how do you enforce something like this?

Representative Case: Well, over the internet you have a pharmacist now and I will let the Board of Pharmacy explain. They are monitoring these things.

Senator Deborah R. Reynolds, D. 2: Thank you very much.

Representative Case: It would be in connection with the other states where the pharmacies are at. We would do the same thing with those states. He will go into it more for you.

Senator Deborah R. Reynolds, D. 2: Thank you very much.

Representative Case: You're welcome.

Senator Deborah R. Reynolds, D. 2: I just want to note Janet Monahan on behalf of New Hampshire Medical Society has signed in in favor of the bill, does not wish to speak. Representative Cindy Rosenwald has signed in in support of the bill, does not wish to speak. The last person we have to testify in support of the bill is Jay Queenan from the Board of Pharmacy. Why don't you come forward, sir? Sorry to keep you waiting here.

Jay Queenan: No apology needed. Thank you very much, Senator. My name is Jay Queenan. I am the Executive Secretary Director of the New Hampshire Board of Pharmacy.

The Board of Pharmacy had requested this bill and the reason being that, as Representative Case had mentioned, you can go on line and if you are requesting certain non-controlled drugs, even if they are non-controlled, they

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either 1) can be abused in certain doses or in certain combinations or once they enter into the body and they go through a metabolic change in the liver, they do become controlled substances. So, they do have abuse potential and they do come into this state and they can come into this state by simply filling out a questionnaire, submitting that. That then gets prescribed by a doctor. That prescription may or may not come into New Hampshire and it gets filled and the drug gets sent to a person.

The way we find out about those things are through customer complaints. We will hear about medications being sent in. A person, a parent may find out that their child has been ordering things on line, maybe for a car accident or whatever. Sometimes, as we go in and inspect anywhere where prescription drugs are to be dispensed, we may find out that these things are being ordered erroneously. We can then go and see if they are licensed. If they are doing this and they are not following the letter of the law, we can then take action against their license, whether it be suspension, reprimand or whatever.

I would be happy to entertain any questions.

Senator Deborah R. Reynolds, D. 2: Thank you very much, Mr. Queenan. I have a few quick questions. Are you yourself a pharmacist?

Mr. Queenan: I am.

Senator Deborah R. Reynolds, D. 2: Okay. And, a follow-up question to that is, have you talked to any of the industry groups like the Association of the Independent Pharmacies in the state? Do they support this, do you know? They are not signed in at all one way or the other. I'm just curious.

Mr. Queenan: I honestly don't know whether they are opposed or in favor.

Senator Deborah R. Reynolds, D. 2: Okay. Great. Thank you very much. Any other questions? Senator Roberge?

Senator Sheila Roberge, D. 9: Maybe this is off the mark, but how about the fact that you order a prescription drug from a veterinarian from a catalog?

Mr. Queenan: I'm not sure that this bill addresses that. What this bill is going to do is make sure that the patient is seen. I'm not talking about veterinarian medicine. I'm talking about that, if you do not have a true patient/practitioner relationship where a practitioner will come in and examine you, will take your blood pressure, will actually be in your presence.



What they will try to do to avoid that is simply fill out a form or maybe some kind of web cam, but they don't actually go in and take your blood pressure, you're not in the room, you're not present. Without that, these purported examinations then serve as the basis for treatment and bringing medications that can be abused and are abused into the state.

Senator, to answer your question in a word, I'm not sure where this would fall in veterinary medicine.

Senator Sheila Roberge, D. 9: Thank you.

Senator Deborah R. Reynolds, D. 2: Senator Lasky?

Senator Bette R. Lasky, D. 13: Thank you. Thank you, Madam Chair. Frankly, you could lie. You could lie? That's the whole issue with the internet. You can tell them anything and you're right, it probably will cut down and is better than nothing. But, you know there is going to be ways around it.

Mr. Queenan: Well, once again, at least it gives us some discipline opportunities where we can seek.

Senator Bette R. Lasky, D. 13: If someone is consistently doing that, obviously, I understand.

Senator Deborah R. Reynolds, D. 2: Thank you. Senator Houde?

Senator Matthew Houde, D. 5: Thank you, Madam Chair. Thank you for taking the question. What are the implications for tele-medicine considering this by definition?

Mr. Queenan: I would probably defer that question to the Medical Society as to what that definition would entail. But, I don't know if there could be some work around with this. By that, I mean that perhaps there is a physician in some state where they might have a nurse practitioner or a nurse who examines the patient and then reports back to the doctor. But, the idea is that right now there are no restrictions on non-controlled.

Senator Deborah R. Reynolds, D. 2: Follow up? Senator Letourneau?

Senator Robert J. Letourneau, D. 19: I just read, it says non-controlled because it is non-controlled. That means it is non-controlled. So, why are we trying to control them?

Mr. Queenan: That's an excellent question. There are three drugs that have a high abuse potential. One is a drug called Fioricet. It contains acetaminophen, barbiturate and Tylenol and a little bit of caffeine. Fioricet is not controlled. The exact same formula, remove the Tylenol and place aspirin is controlled. It contains a barbiturate. For the life of me, for the thirty-two years I have been pharmacy, I cannot understand why barbiturates can be ordered and not be controlled. So, therefore, if it has a barbiturate, which has abuse potential, you can order those as a non-controlled. There is a drug on the market called soma. As soon as it passes through the liver, it becomes meprobamate. Anybody that studies even the fundamentals of pharmacology understands how that happens. Soma is not controlled because it is not a controlled medicine. As soon as it passes through the liver, it becomes meprobamate. Meprobamate is a schedule four drug. There is another drug on the market called tramadol, which, in combination with some antihistamines has a euphoric controlled type of effect. The federal government chose not to control it.

Senator Deborah R. Reynolds, D. 2: Follow up?

Senator Robert J. Letourneau, D. 19: Yeah, because you are using all these technical terms and I'm trying to figure. I consider myself fairly educated. If I saw these things on line, I wouldn't know what the heck they were. So, are these things being sold as some other type of thing?

Mr. Queenan: Those who abuse drugs, this is their language.

Senator Deborah R. Reynolds, D. 2: Senator Letourneau, are you done?

Senator Robert J. Letourneau, D. 19: I guess so.

Senator Deborah R. Reynolds, D. 2: Are you sure?

Senator Robert J. Letourneau, D. 19: I am.

Senator Deborah R. Reynolds, D. 2: Okay. Senator Roberge?

Senator Sheila Roberge, D. 9: Can't pick up these drugs on the shelf of the drug store. Right? In no combination can you pick them up.

Mr. Queenan: No. They are prescription drugs. Controlled simply means that you are controlled in the quantity that you can order, controlled at how long a prescription is good for and controlled in how many refills. They control them because they have abuse potential. But, prescription drugs like thyroid medicine, some antihistamines, they require prescriptions because

they are not safe for non-medicine use, but they do not have an abuse potential. But, there are some, just a few, not a lot, but a few in this gray area and that's what we're looking at.

Senator Deborah R. Reynolds, D. 2: Senator Lasky?

Senator Bette R. Lasky, D. 13: And, this may be a little, just quickly. If it is going to be a long answer, we'll just have to... But, what if you order a drug on line? Wait a minute. And you get the wrong one. And, mistakes have been made. Is there any recourse?

Mr. Queenan: You would have recourse in two arenas. Okay. One of them would be you could, depending on what the damages, and I'm not a lawyer, have some civil action. You report it to the Board of Pharmacy and they have a process where they do an investigation. Sometimes they get the Attorney General involved and you can take against either the license of the facility or the license of the individual.

Senator Bette R. Lasky, D. 13: Even if it is outside of New Hampshire, you can?

Mr. Queenan: Yes, and I will tell you why, Senator. Any legitimate drug that comes into the State of New Hampshire must be in some way, shape or form licensed through us.

Senator Bette R. Lasky, D. 13: Thank you.

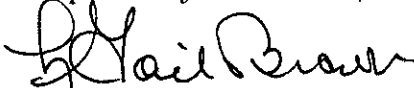
Senator Deborah R. Reynolds, D. 2: Any other questions? Thank you very much for your testimony.

Mr. Queenan: Thank you.

Senator Deborah R. Reynolds, D. 2: I don't see anyone else. I don't have anyone else signed in relative to HB 1435, so I am going to close the hearing.

Hearing concluded at 4:50 p.m.

Respectfully submitted,



L. Gail Brown

Senate Secretarial Supervisor

8/23/10

1 Attachment

Attachment #1

GOOD AFTERNOON MADAM CHAIR + MEMBERS OF  
THE JUDICIARY COMMITTEE

MY NAME IS FRANK CASE, I RESIDE ROCKINGHAM DIST. #1

I SPONSORED HB-1435, AT THE REQUEST OF THE N.H.  
BOARD OF PHARMACY. THESE CHANGES WERE DUE TO  
THE RESULTS OF A PERFORMING AUDIT OF THE BOARD.

HB-1435 MAKES TWO CHANGES TO CURRENT LAW: (1) DEFINE  
THE "PRACTITIONER-PATIENT RELATIONSHIP" AND TO ADD:  
SUBMISSION OF AN ELECTRONIC ONLINE MEDICAL HISTORY  
FORM THAT FAILS TO ESTABLISH A VALID PRACTITIONER-  
PATIENT RELATIONSHIP.

~~THE~~ THIS IS NEEDED TO ATTEMPT TO REDUCE OR HALT THE  
IMPORTATION OF PRESCRIPTION DRUGS WITHOUT A VALID  
PRESCRIPTION, VIA THE INTERNET.

ON LINE SITES ARE AVAILABLE TO TYPE IN COMPUTER "OXYCODONE-  
NO. PRESCRIPTION", THEN FILL IN A "MEDICAL SURVEY" PAGE  
THE PRICE, AND THE PILLS WILL ARRIVE IN THE MAIL!

THIS INCLUDES OTHER DRUGS. JUST LOOK IN NEWSPAPER ADS.  
AND CALL OR EMAIL.

THE PENALTIES ARE ONLY FOR THE DISPENSING PHARMACEUTICAL OR  
PHARMACY, NOT PUBLIC MEMBERS.

# Speakers



# Voting Sheets

# Senate Judiciary Committee

## EXECUTIVE SESSION

Bill # HB 1435-FN

Hearing date: 4/6/10

Executive session date: 4/13/10

Motion of: OTP

VOTE: 6-0

**Made by** Reynolds   
**Senator:** Lasky   
 Houde   
 Letourneau   
 Roberge

**Seconded** Reynolds   
**by Senator:** Lasky   
 Houde   
 Letourneau   
 Roberge

**Reported** Reynolds   
**by Senator:** Lasky   
 Houde   
 Letourneau   
 Roberge

Motion of: \_\_\_\_\_

VOTE: \_\_\_\_\_

**Made by** Reynolds   
**Senator:** Lasky   
 Houde   
 Letourneau   
 Roberge

**Seconded** Reynolds   
**by Senator:** Lasky   
 Houde   
 Letourneau   
 Roberge

**Reported** Reynolds   
**by Senator:** Lasky   
 Houde   
 Letourneau   
 Roberge

<i><b>Committee Member</b></i>	<i><b>Present</b></i>	<i><b>Yes</b></i>	<i><b>No</b></i>	<i><b>Reported out by</b></i>
Senator Reynolds, Chairman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Lasky, Vice-Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Houde	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Letourneau	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Roberge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Amendments: \_\_\_\_\_  
 \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Committee Report

STATE OF NEW HAMPSHIRE  
SENATE  
REPORT OF THE COMMITTEE

Date: April 13, 2010

THE COMMITTEE ON Judiciary

to which was referred House Bill 1435-FN

AN ACT                    relative to the practitioner-patient relationship in the  
                                  dispensing of prescriptions.

Having considered the same, the committee recommends that the Bill:

**OUGHT TO PASS**

BY A VOTE OF:    5-0

AMENDMENT #        s

Senator Sheila Roberge  
For the Committee

L. Gail Brown 271-3076

## New Hampshire General Court - Bill Status System

**Docket of HB1435**

Docket Abbreviations

**Bill Title:** relative to the practitioner-patient relationship in the dispensing of prescriptions.*Official Docket of HB1435:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
12/10/2009	H	Introduced 1/6/2010 and Referred to Health, Human Services and Elderly Affairs; <b>HJ 6</b> , PG.240
01/06/2010	H	Public Hearing: 1/20/2010 1:00 PM LOB 205
01/06/2010	H	Executive Session: 1/26/2010 1:00 PM LOB 205
01/26/2010	H	Committee Report: Ought to Pass with Amendment #0259h for Feb 3 RC (vote 16-2); <b>HC 11</b> , PG.469
01/26/2010	H	Proposed Committee Amendment #0259h; <b>HC 11</b> , PG.489
02/03/2010	H	Amendment #0259h Adopted, VV; <b>HJ 15</b> , PG.701
02/03/2010	H	Ought to Pass with Amendment #0259h: MA VV; <b>HJ 15</b> , PG.701
02/03/2010	H	Referred to Criminal Justice and Public Safety; <b>HJ 15</b> , PG.701
02/23/2010	H	Public Hearing: 3/4/2010 10:30 AM LOB 204
02/23/2010	H	Executive Session: 3/4/2010 1:00 PM LOB 204
03/05/2010	H	Committee Report: Ought to Pass for Mar 24 (Vote 15-2; CC); <b>HC 22</b> , PG.1219
03/24/2010	H	Ought to Pass: MA VV; <b>HJ 30</b> , PG.1476
03/24/2010	S	Introduced and Referred to Judiciary; <b>SJ 11</b> , Pg.263
04/01/2010	S	Hearing: April 6, 2010, Room 103, State House, 4:00 p.m.; <b>SC14</b>
04/14/2010	S	Committee Report: Ought to Pass 4/21/10; <b>SC16</b>
04/21/2010	S	Ought to Pass, MA, VV; OT3rdg; <b>SJ 15</b> , Pg.319
04/21/2010	S	Passed by Third Reading Resolution; <b>SJ 15</b> , Pg.325
05/05/2010	S	Enrolled; <b>SJ 17</b> , Pg.411
05/05/2010	H	Enrolled; <b>HJ 38</b> , PG.1914
05/24/2010	H	Signed by the Governor 05/19/2010; Effective 01/01/2011; Chapter 0074

NH House

NH Senate

Contact Us

*New Hampshire General Court Information Systems*  
 107 North Main Street - State House Room 31, Concord NH 03301

# Other Referrals

# COMMITTEE REPORT FILE INVENTORY

HB 1435 ORIGINAL REFERRAL

RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE SECRETARY AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

DOCKET (Submit only the latest docket found in Bill Status)

COMMITTEE REPORT

CALENDAR NOTICE on which you have taken attendance

HEARING REPORT (written summary of hearing testimony)

HEARING TRANSCRIPT (verbatim transcript of hearing)

List attachments (testimony and submissions which are part of the transcript) by number [1 thru 4 or 1, 2, 3, 4] here: \_\_\_\_\_

SIGN-UP SHEET

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

\_\_\_\_ - AMENDMENT # \_\_\_\_\_      \_\_\_\_ - AMENDMENT # \_\_\_\_\_  
\_\_\_\_ - AMENDMENT # \_\_\_\_\_      \_\_\_\_ - AMENDMENT # \_\_\_\_\_

ALL AVAILABLE VERSIONS OF THE BILL:

AS INTRODUCED       AS AMENDED BY THE HOUSE  
\_\_\_\_ FINAL VERSION      \_\_\_\_ AS AMENDED BY THE SENATE

\_\_\_\_ PREPARED TESTIMONY AND OTHER SUBMISSIONS (Which are not part of the transcript)

List by letter [a thru g or a, b, c, d] here: \_\_\_\_\_

EXECUTIVE SESSION REPORT

\_\_\_\_ OTHER (Anything else deemed important but not listed above, such as amended fiscal notes):

IF YOU HAVE A RE-REFERRED BILL, YOU ARE GOING TO MAKE UP A DUPLICATE FILE FOLDER

DATE DELIVERED TO SENATE CLERK

9/20/10



COMMITTEE SECRETARY