

LEGISLATIVE COMMITTEE MINUTES

HB422

Bill as
Introduced

HB 422-FN - AS INTRODUCED

2015 SESSION

15-0146

01/10

HOUSE BILL **422-FN**

AN ACT relative to the signing authority of physician assistants.

SPONSORS: Rep. Sherman, Rock 24; Rep. McMahon, Rock 7; Rep. Sytek, Rock 8; Rep. P. Schmidt, Straf 19; Rep. MacKay, Merr 14; Sen. Carson, Dist 14; Sen. Pierce, Dist 5; Sen. Lasky, Dist 13; Sen. Fuller Clark, Dist 21

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill allows physician assistants to certify death certificates and to authorize involuntary commitment and voluntary admission to state institutions.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Fifteen

AN ACT relative to the signing authority of physician assistants.

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

1 1 New Paragraph; Vital Records; Definition Added. Amend RSA 5-C:1 by inserting after
2 paragraph XXIX the following new paragraph:

3 XXIX-a. "Physician assistant" means a person licensed as a physician assistant under RSA
4 328-D.

5 2 Vital Records; Definitions. Amend RSA 5-C:1, III-V to read as follows:

6 III. "Attending physician" [✕], "APRN", or "*physician assistant*" means that physician
7 [✕], APRN, or *physician assistant* if any, who treated the patient during his or her last sickness.

8 IV. "Certifier" means the person attesting to the facts of a vital record event.

9 V. "Certifying physician" [✕], "APRN", or "*physician assistant*" means the physician [✕],
10 APRN, or *physician assistant* who determines and indicates the cause of death.

11 3 Death Registration Forms. Amend RSA 5-C:62, I to read as follows:

12 I. For every death that occurs in the state of New Hampshire, a death record shall be filed
13 electronically by a funeral director, certifying physician [✕], APRN, *physician assistant*, next of
14 kin, designated agent, or clerk of the town or city with the division within 36 hours of death and
15 prior to final disposition or entombment.

16 4 Death Registration Forms. Amend RSA 5-C:62, II(e) to read as follows:

17 (e) If the place of death is a hospital, the record shall indicate: whether the person was
18 an in-patient or whether the person was an outpatient or emergency room patient, in which case the
19 person shall have arrived alive at the hospital's emergency room and died while in the emergency
20 room as an outpatient. The record shall also indicate whether the person was transported while
21 alive to the hospital but determined by a physician [✕], APRN, or *physician assistant* to be dead
22 at the time the hospital received the body. The city or town where the hospital is located shall be
23 shown as the city or town of death occurrence.

24 5 Death Registration Forms. Amend RSA 5-C:62, III(c)-(e) to read as follows:

25 (c) The official capacity of the registered nurse or physician, which shall be:
26 attending/associate physician or APRN; non-attending physician or APRN; *physician assistant*;
27 pronouncing registered nurse; medical examiner/deputy medical examiner; temporary/assistant
28 medical examiner; or assistant deputy medical examiner, non-physician.

29 (d) The date pronounced.

30 (e) Certification that the above information provided is true, which shall include but not
31 be limited to the pronouncing person's signature; the name and title of the individual who

1 pronounced death; the New Hampshire license number of the physician [øx], APRN, if applicable *or*,
 2 *physician assistant, if applicable*; whether the death was referred to the medical examiner; and
 3 the name and address of the physician [øx], APRN, *or physician assistant* responsible for
 4 determining the cause of death. The individuals listed above shall provide or verify for the death
 5 record whether or not the death was referred to the medical examiner.

6 6 Death Registration Forms. Amend RSA 5-C:62, IV-VI to read as follows:

7 IV. The individuals listed in paragraph III, except the pronouncing registered nurse, shall
 8 provide the following information:

9 (a) The immediate cause of death and the interval between onset and death; other
 10 factors or conditions of which death was a consequence, when applicable, and the interval between
 11 onset and death; other significant conditions contributing to death but not related to the immediate
 12 cause of death.

13 (b) Whether or not an autopsy was performed and whether or not autopsy findings were
 14 available prior to the determination of the cause of death.

15 (c) The manner of death, indicated as natural, accidental, suicidal, homicidal, pending
 16 investigation, or undetermined.

17 (d) If the death involved an injury, the month, day, year, and time of injury shall be
 18 provided. If the exact date of injury is unknown, it shall be approximated by the person completing the
 19 medical certification, noted as approximated or estimated on the death record, and, if it is not possible
 20 for the physician [øx], APRN, *or physician assistant* to make an estimation, the date of injury shall
 21 be indicated as "unknown". If the exact time of injury is unknown, it shall be approximated by the
 22 person completing the medical certification and noted as approximated or estimated on the death
 23 record. If it is not possible for the physician [øx], APRN, *or physician assistant* to make an
 24 estimation, the time shall be indicated as "unknown." "Unknown a.m." or "unknown p.m." shall not be
 25 an acceptable entry. The record shall also indicate whether the injury occurred while at work, a
 26 description of how the injury occurred, and the physical location or place of injury.

27 (e) The name, address, title, and license number of the certifier and the date certified.

28 V. The certifying physician [øx], APRN, *or physician assistant* shall indicate whether he or
 29 she is or is not the same individual who pronounced the death. The certifying physician [øx], APRN,
 30 *or physician assistant* shall indicate whether he or she is the medical examiner. He or she shall
 31 sign the form, attesting to the veracity of the information as follows:

32 (a) A certifying physician [øx], APRN, *or physician assistant* shall attest to the
 33 veracity of the stated time, date, and place that the death occurred.

34 (b) A medical examiner shall attest to the veracity of the stated time, date, place, cause,
 35 and manner of the death.

36 VI. The attending or certifying physician [øx], APRN, *or physician assistant* shall provide the
 37 following information for a supplemental death certificate: the deceased's name; the date of death; the

1 time of death; the place of death; the name of the pronouncer; the New Hampshire license number of the
2 pronouncer; the official capacity of the pronouncer; the date pronounced dead; the signature of the
3 pronouncer; the date signed; whether this death was referred to the medical examiner; the cause of death;
4 the performance of autopsy, indicated as yes or no; the availability of autopsy findings prior to
5 determination of cause of death, indicated as yes or no; the manner of death; the time, date, and place of
6 injury; whether or not the injury occurred at work; the description of how the injury occurred; the location
7 specified as street and number or rural route number, city or town, and state; the name of the certifier;
8 the signature and title of the certifier; the New Hampshire license number of the certifier; the date
9 signed; and the name and address of the person who determined the cause of death.

10 7 Initiation of Death Record. Amend RSA 5-C:63, I-VIII to read as follows:

11 I. When a death occurs in a hospital or health care facility and the death is not reported to
12 the medical examiner pursuant to RSA 611-B:12, the person in charge of such facility, or his or her
13 designated representative, shall provide the funeral director, next of kin, or designated agent with: a
14 partially completed death record and the name and address the physician [ø], APRN, *or physician*
15 *assistant* who will be responsible for supplying the cause of death information before the body is
16 removed.

17 II. The funeral director, next of kin, or designated agent shall, pursuant to RSA 290:12,
18 leave with the hospital or health care facility, or with the person from whom the body is received, a
19 receipt showing the name of the decedent, the name and license number of the funeral director, if
20 applicable, the name and address of the person to whom the body is released, and the date and hour
21 of removal from the facility.

22 III. No hospital or other health care facility shall give a partially completed death record
23 which includes medical certification or which is awaiting medical certification to anyone other than a
24 funeral director, next of kin, or designated agent.

25 IV. When a death occurs some place other than an institution, the funeral director, next of
26 kin, or designated agent, who first assumes custody of the dead body, shall initiate the death record
27 if the attending physician [ø], APRN, *or physician assistant* has not done so.

28 V. The funeral director, next of kin, or designated agent shall obtain the information on the
29 deceased for completion of the death record from the next of kin or the best qualified person or source
30 available and shall obtain the medical certification from the attending physician [ø], APRN, *or*
31 *physician assistant* or medical examiner if not already provided.

32 VI. If additional information becomes known regarding the death, an additional death record
33 marked "supplemental" shall be sent to the division and shall include information listed in RSA 5-
34 C:62, VI.

35 VII. Upon receipt and inspection of a paper death certificate the state registrar shall return
36 an incomplete certificate to the appropriate persons for completion or verify that the certificate is
37 complete by signing and dating the certificate.

1 VIII. The reverse side of the death certificate shall contain a notice to the physician [or],
2 APRN, *or physician assistant* regarding the release of a body in accordance with RSA 290:2-a, the
3 necessity of a pronouncement in accordance with RSA 290:1-b and indication of who can provide
4 alternate signatures in the absence of the attending physician [or], APRN, *or physician assistant*,
5 in accordance with RSA 290:1-b. The reverse side of the certificate shall also contain a reference to
6 those categories of death that fall under the jurisdiction of the medical examiner as specified in RSA
7 611-B:11.

8 8 Medical Certification of the Death Record. Amend RSA 5-C:64 to read as follows:

9 5-C:64 Medical Certification of the Death Record.

10 I. Medical certification shall consist of the pronouncement of death and the medical
11 certification of the cause of death.

12 II. The medical certification on the death record shall be completed by the attending
13 physician [or], APRN, *or physician assistant* or certifying physician [or], APRN, *or physician*
14 *assistant* and made available to the funeral director, next of kin, or designated agent as soon as
15 possible but no later than 36 hours after the time of death.

16 III. Medical certification of the death record shall be the direct responsibility of the
17 attending physician [or], APRN, *or physician assistant* unless the death is referred to the medical
18 examiner pursuant to RSA 611-B:12.

19 IV. For cases where a death is not within the jurisdiction of the medical examiner, the
20 attending physician's [or], APRN's, *or physician assistant's* responsibility to complete the death
21 certificate shall be as follows:

22 (a) For deaths occurring in a hospital, the attending physician [or], APRN, *or physician*
23 *assistant* shall be that physician [or], APRN, *or physician assistant* who had been responsible for
24 the treatment of the patient while the deceased had been hospitalized.

25 (b) For deaths occurring in a nursing home or in a similar non-acute care hospital or
26 institution, the attending physician [or], APRN, *or physician assistant* shall be the physician [or],
27 APRN, *or physician assistant* who regularly attends to the medical needs of the nursing home
28 residents or the resident's personal physician [or], APRN, *or physician assistant* if the resident
29 was under the care of such physician or APRN.

30 (c) For deaths occurring at home, the attending physician [or], APRN, *or physician*
31 *assistant* shall be the deceased's own physician [or], APRN, *or physician assistant*.

32 V. In all instances, medical certification shall include the cause of death information and
33 contain the pronouncement of death.

34 VI. In the absence of the deceased's attending physician [or], APRN, *or physician*
35 *assistant* or with the attending physician's [or], APRN's *or physician assistant* approval, the
36 medical certification of a death due to natural causes shall be completed by one of the following
37 individuals: the attending physician's [or], APRN's, *or physician assistant's* associate physician

1 [ø], APRN in medical practice, *or physician assistant*, the chairperson of the applicable clinical
 2 department, the chief medical officer of the hospital, the physician [ø], APRN, *or physician*
 3 *assistant* or designee who performed an autopsy upon the decedent, or the physician [ø], APRN, *or*
 4 *physician assistant* on duty if the death occurred in the hospital emergency room. The person
 5 determining the cause of death shall attest to its accuracy. The person determining the cause of
 6 death shall have viewed the deceased within 24 hours after death.

7 VII. In the absence of the attending physician [ø], APRN, *or physician assistant*, a
 8 physician or a registered nurse in accordance with RSA 290:1-b, shall pronounce that death has
 9 occurred without any reference to the cause of the death by indicating his or her official status as the
 10 pronouncing physician or as pronouncing registered nurse; attesting to the accuracy of the time,
 11 date, and place of death either by signature or by an electronic process as outlined in RSA 290:1; and
 12 providing the name and address of the physician [ø], APRN, *or physician assistant* who will
 13 complete the medical certification.

14 VIII. When the death has not occurred in a hospital and circumstances require the death
 15 certificate to be certified by a medical examiner as provided by RSA 611-B, the following procedure
 16 shall be followed:

17 (a) When the cause of death cannot be determined within 36 hours, the medical
 18 examiner shall indicate the word "pending" in the cause of death section.

19 (b) When the manner of death cannot be determined within 36 hours, the medical
 20 examiner shall be authorized to show "pending investigation" in the manner of death section of the
 21 medical certification.

22 (c) If the procedure in subparagraphs (a) or (b) is followed, then the medical examiner
 23 shall provide to the division updated information on the cause of death and manner of death, as
 24 applicable, within 90 days of the date of death, or as soon as practicable in cases of missing persons,
 25 accidental deaths, or homicides.

26 IX. In cases where an autopsy is to be performed, the cause of death shall not be deferred
 27 pending a full report of microscopic and toxicological studies. Supplemental death certificate
 28 information shall be submitted by the medical examiner to the division as additional information
 29 becomes available and when autopsy results or other investigation indicates a need to correct the
 30 original cause of death information.

31 X. Pursuant to RSA 290:1, the funeral director, next of kin, or designated agent shall ensure
 32 the medical certification has been completed prior to filing the death record with the state registrar.

33 XI. In cases where the result of an autopsy, police investigation, laboratory report, or a
 34 similar source is needed before a final determination of the cause of death can be made, the
 35 attending physician [ø], APRN, *or physician assistant* or the medical examiner shall utilize the
 36 term "pending" for the applicable items on the death record. The physician [ø], APRN, *or*
 37 *physician assistant* shall file a statement of findings with the division within 90 days of the date of

1 death, or as soon as practicable. The findings shall be in writing and submitted to the division on a
2 supplemental death certificate information form supplied by the division or on the physician's [☒],
3 APRN's, *or physician assistant's* letterhead and include information necessary for the completion
4 of a supplemental death certificate.

5 XII. The division shall follow up with the certifying physician [☒], APRN, *or physician*
6 *assistant* or the medical examiner on any death record where cause of death was shown as
7 "pending". The division shall attempt to obtain the missing information by initiating a written query
8 to the certifying physician [☒], APRN, *or physician assistant* or the medical examiner 90 days
9 from the date of death to determine current status of the investigation and shall initiate monthly
10 contact thereafter until the final determination of death has been made.

11 XIII. When an autopsy finding differs from the original cause of death reported on the death
12 record, the attending physician [☒], APRN, *or physician assistant* who was responsible for the original
13 death record shall send the division a supplemental death certificate information form to reflect the
14 revised cause of death. The supplemental report shall be made part of the existing death record, and the
15 division shall amend the death record with the cause of death as reported on the autopsy.

16 XIV. If there is any question on the part of the physician [☒], APRN, *or physician*
17 *assistant* as to whether he or she qualifies as the attending physician [☒], APRN, *or physician*
18 *assistant* under RSA 290:1, a determination shall be made by the medical examiner.

19 XV. If it is not possible to determine who is the attending physician [☒], APRN, *or*
20 *physician assistant* for purposes of preparing the death certificate, the matter shall be brought to
21 the attention of the state registrar who shall make a request to the state medical examiner, or
22 designee, to determine who the attending physician [☒], APRN, *or physician assistant* is upon
23 review of the facts submitted.

24 9 Responsibility of Funeral Director, Next of Kin, or Designated Agent. Amend RSA 5-C:66, I
25 and II to read as follows:

26 I. When a funeral director, next of kin, or designated agent is requested to take custody of a
27 body, he or she shall first ascertain whether a pronouncing physician, pronouncing registered nurse,
28 APRN, *physician assistant*, or a medical examiner has established the cause of death and released
29 the body for final disposition.

30 II. If a physician [☒], APRN, *or physician assistant* was present at or immediately after
31 the death, the funeral director, next of kin, or designated agent shall obtain medical certification for
32 the death record in accordance with RSA 5-C:64.

33 10 Reporting Fetal Deaths. Amend RSA 5-C:74, I to read as follows:

34 I. A copy of the fetal death report prepared pursuant to RSA 290:1-a and RSA 5-C:75, shall
35 be forwarded to the division by either the person in charge of the hospital or institution where the
36 fetal death occurred, or the physician [☒], APRN, *or physician assistant* in attendance at or after
37 delivery when a fetal death occurs outside a hospital or institution.

1 11 Delayed Registration of Death. Amend RSA 5-C:80, III and IV to read as follows:

2 III. For those certificates filed 6 months or more after the date of death, the physician,
3 APRN, *physician assistant*, or medical examiner and the funeral director shall submit an affidavit
4 stating the reason why the death certificate was not filed in a timely manner.

5 IV. In the absence of the attending physician [☒], APRN, *physician assistant*, or medical
6 examiner and the funeral director, the certificate shall be filed by the next of kin or designated agent
7 of the decedent. The certificate shall be accompanied by a notarized affidavit of the person initiating
8 the filing, swearing to the accuracy of the information and explaining the reasons why the certificate
9 has not been filed previously. Two additional notarized or certified documents that identify the
10 decedent, the decedent's date and place of death, and the circumstances surrounding the decedent's
11 death shall also be attached to the certificate. A summary statement of the evidence submitted in
12 support of the delayed registration shall be prepared by the clerk of the town or city of death
13 occurrence on the certificate, and the certificate shall be marked "delayed." When all of the evidence
14 has been gathered, the clerk of the town or city of death occurrence shall forward the application for
15 a delayed death certificate and all supporting documentation to the state registrar.

16 12 Queries. Amend RSA 5-C:81, II to read as follows:

17 II. Queries to obtain missing information or to clarify submitted information shall be made
18 by the division to the attending or certifying physician [☒], APRN, *or physician assistant*
19 concerning the cause of death and related information, and to the funeral director, next of kin, or
20 designated agent concerning all other information.

21 13 Amendments and Corrections to a Death Record. Amend RSA 5-C:94, II-IV to read as follows:

22 II. The certifying physician [☒], APRN, *or physician assistant* shall initiate corrections
23 concerning the cause of death, in writing, to the division, by signing and completing the
24 supplemental death certificate as described in RSA 5-C:62.

25 III. The correction authorization from the physician [☒], APRN, *or physician assistant*
26 shall be retained by the division in accordance with the retention schedule for a death record as
27 established by this chapter. The death record shall be amended and noted as being amended.

28 IV. In the case where the division queries the physician [☒], APRN, *or physician assistant*
29 concerning the cause of death, the physician [☒], APRN, *or physician assistant's* shall send notice
30 of the change in the cause of death directly to the division.

31 V. The physician's [☒], APRN's, *or physician assistant's* information concerning a change
32 in the cause of death shall be retained by the division in accordance with the retention schedule for a
33 death record established by this chapter. The death record shall be amended and noted as being
34 amended.

35 14 Retention Schedule. Amend RSA 5-C:96, I(b) to read as follows:

36 (b) All death records, including changes affecting medical certification, submitted by the
37 physician [☒], APRN, *or physician assistant* to either the clerk of the town or city or the division.

1 15 Death Records. Amend RSA 290:1 to read as follows:

2 290:1 Death Records. Whenever a person shall die, the physician [øx], advanced practice
3 registered nurse, *or physician assistant* attending at the last sickness shall complete and deliver
4 to the funeral director, next-of-kin as defined in RSA 290:16, IV, or designated agent under RSA
5 290:17 or shall complete electronically and forward immediately to the division of vital records
6 administration, a death record, duly signed, setting forth, as far as may be, the facts required by the
7 department of state, division of vital records administration pursuant to RSA 5-C:63. The cause or
8 causes of death shall be printed or typed on all records required to be furnished under this section.
9 The funeral director, next-of-kin, or designated agent shall transmit electronically the record of
10 death to the division of vital records administration and the certifying physician [øx], advanced
11 practice registered nurse, *or physician assistant* shall then electronically complete the cause of
12 death information into the transmitted record.

13 16 Fetal Death Records. Amend RSA 290:1-a to read as follows:

14 290:1-a Fetal Death Records. Whenever a fetal death shall occur, the attending physician
15 [øx], advanced practice registered nurse, *or physician assistant* shall fill out a fetal death record.
16 This will be solely a statistical report.

17 17 Emergency Treatment. Amend the introductory paragraph and paragraph I of RSA 135:21-b
18 to read as follows:

19 A physician licensed in the state, a psychiatric mental health advanced practice registered nurse,
20 *a physician assistant licensed in this state* or a person acting under such physician's [øx],
21 advanced practice registered nurse's, *or physician assistant's* direction may administer a
22 recognized and approved form of medical or psychiatric treatment which the physician [øx], the
23 psychiatric mental health advanced practice registered nurse, *or physician assistant* reasonably
24 believes will tend to promote the physical and mental health of a patient of the New Hampshire
25 hospital, Laconia developmental services, Glenclyff home, any community mental health or
26 developmental services program or treatment facility receiving state grants under RSA 171-A, or any
27 other treatment facility designated as a receiving facility under RSA 135-C, when:

28 I. The physician [øx], psychiatric mental health advanced practice registered nurse, *or*
29 *physician assistant* reasonably believes that a medical or psychiatric emergency exists; and

30 18 New Paragraph; Definition Added; Physician Assistant. Amend RSA 135-C:2 by inserting
31 after paragraph XI the following new paragraph:

32 XI-a. "Physician assistant" means a person licensed as a physician assistant under RSA 328-D.

33 19 Involuntary Emergency Admission; Physician Assistants. Amend RSA 135-C:28 to read as
34 follows:

35 135-C:28 Involuntary Emergency Admission Examination.

36 I. The involuntary emergency admission of a person shall be to the state mental health
37 services system under the supervision of the commissioner. The admission may be ordered upon

1 the certificate of a physician [øx], APRN, as defined in RSA 135-C:2, II-a, *or physician*
2 *assistant, as defined in RSA 135-C:2, XI-a* who is approved by either a designated receiving
3 facility or a community mental health program approved by the commissioner, provided that
4 within 3 days of the completion of the petition the physician [øx], APRN, *or physician*
5 *assistant* has conducted, or has caused to be conducted, a physical examination if indicated and
6 circumstances permit, and a mental examination. The physician [øx], APRN, *or physician*
7 *assistant* must find that the person to be admitted meets the criteria of RSA 135-C:27. The
8 certificate shall state the time and, in detail, the nature of the examinations conducted. The
9 certificate shall also state a specific act or actions the physician [øx], APRN, *or physician*
10 *assistant* has actually observed or which have been reported to him or her by the petitioner or a
11 reliable witness who shall be identified in the certificate, and which in the physician's [øx],
12 APRN's, *or physician assistant's* opinion satisfy the criteria set forth in RSA 135-C:27. The
13 physician [øx], APRN, *or physician assistant* shall identify in the certificate the facility in the
14 state mental health services system to which the person shall be admitted. The admission shall
15 be made to the facility which can best provide the degree of security and treatment required by
16 the person and shall be consistent with the placement principles set forth in RSA 135-C:15. As
17 used in RSA 135-C:27-33, "petitioner" means any individual, including a physician [øx], APRN,
18 *or physician assistant* completing a certificate, who has requested that a physician [øx],
19 APRN, *or physician assistant* conduct or who has conducted an examination for purposes of
20 involuntary emergency admission. Every certificate shall be accompanied by a written petition
21 signed by a petitioner.

22 II. Upon request for involuntary emergency admission by a petitioner, if the person sought
23 to be admitted refuses to consent to a mental examination, a petitioner or a law enforcement officer
24 may sign a complaint which shall be sworn to before a justice of the peace. The complaint shall be
25 submitted to the justice of the peace with the petition. The petition shall state in detail the acts or
26 actions of the person sought to be admitted which the petitioner has personally observed or which
27 have been personally reported to the petitioner and in his or her opinion require a compulsory
28 mental examination. If the justice of the peace finds that a compulsory mental examination is
29 necessary, the justice may order the examination.

30 III. When a peace officer observes a person engaging in behavior which gives the peace
31 officer reasonable suspicion to believe that the person may be suffering from a mental illness and
32 probable cause to believe that unless the person is placed in protective custody the person poses
33 an immediate danger of bodily injury to himself or others, the police officer may place the person
34 in protective custody. Any person taken into protective custody under this paragraph shall be
35 transported directly to an emergency room of a licensed general hospital or to another site
36 designated by the community mental health program serving the area, for the purpose of
37 determining if an involuntary emergency admission shall be ordered in accordance with RSA

1 135-C:28, I. The period of protective custody shall end when a physician [øx], APRN, *or*
 2 *physician assistant* makes a determination as to whether involuntary emergency admission
 3 shall be ordered or at the end of 6 hours, whichever event occurs first.

4 20 Involuntary Admission; Annulment of Certain Records. Amend RSA 135-C:31-a, I to read as
 5 follows:

6 I. If the district court finds that the petitioner has failed to meet the burden specified in RSA
 7 135-C:31, I, all court documents pertaining to the petition, including the physician's [øx], APRN's, *or*
 8 *physician assistant's* certificate, and the complaint shall be sealed and the involuntary emergency
 9 admission shall be annulled.

10 21 Involuntary Admission; Physician Assistants. Amend RSA 135-C:32 to read as follows:

11 135-C:32 Ten-Day Limitation; Petition for Involuntary Admission. No person shall be admitted
 12 for an involuntary emergency admission under RSA 135-C:27-33 for longer than a 10-day period, not
 13 including Saturdays and Sundays, unless a subsequent petition for involuntary emergency
 14 admission which contains allegations of specific acts or actions which occurred subsequent to the
 15 initial involuntary emergency admission is completed and the admission is ordered by a physician
 16 [øx], A.P.R.N., as defined in RSA 135-C:2, II-a, *or physician assistant, as defined in RSA 135-*
 17 *C:2, XI-a* in accordance with RSA 135-C:28, or unless a petition requesting a judicial hearing on the
 18 issue of involuntary admission under RSA 135-C:34-54 has been filed with the appropriate probate
 19 court within the involuntary admission period. Upon the filing of the petition with the probate court,
 20 the period of involuntary emergency admission may be extended until the issuance of the order of the
 21 probate court pursuant to RSA 135-C:45.

22 22 Revocation of Conditional Discharge. Amend RSA 135-C:51, I-IV to read as follows:

23 I. If a psychiatrist [øx], APRN, as defined in RSA 135-C:2, II-a, *or physician assistant, as*
 24 *defined in RSA 135-C:2, XI-a* at a community mental health program providing continuing
 25 treatment on an outpatient basis to a person conditionally discharged pursuant to RSA 135-C:50,
 26 reasonably believes that:

27 (a) The person has violated a condition of the discharge; or

28 (b) A condition or circumstance exists which may create a potentially serious likelihood
 29 of danger to the person or to others, the psychiatrist [øx], APRN, *or physician assistant* may
 30 conduct or cause to be conducted by a treatment team member or an emergency service staff
 31 member, an examination of the person to determine if the conditional discharge should be revoked.
 32 Before an examination may be conducted, a written notice identifying the belief, and the reasons
 33 therefor, that a violation of the conditional discharge has occurred or other circumstances or
 34 condition exists which may create a potentially serious likelihood of danger to the person or to others
 35 shall be offered to and explained to the person if it can be done safely without significant possibility
 36 of bodily harm. If this cannot be done safely, a description of the circumstances indicating such risk
 37 shall be placed in the file.

1 II. A reasonable effort shall be made to find the person, in order to offer and explain the
2 notice required under paragraph I if it can be done safely without significant possibility of bodily
3 harm. If this cannot be done safely, a description of the circumstances indicating such risk shall be
4 placed in the file. If the person cannot be located or consent to an examination cannot be obtained,
5 the psychiatrist or other representative of the community mental health program may sign a
6 complaint. Upon issuance of such a complaint, any law enforcement officer shall take custody of the
7 person and immediately deliver him or her to the place specified in the complaint.

8 III. If the psychiatrist [øx], APRN, *or physician assistant* following the examination the
9 psychiatrist [øx], APRN, *or physician assistant* conducted or caused to be conducted of the person,
10 finds that the person either has violated a condition of the discharge or is in such a mental condition
11 as a result of mental illness as to create a potentially serious likelihood of danger to himself or
12 herself or to others, he or she may temporarily revoke the conditional discharge. If the conditional
13 discharge is temporarily revoked, the psychiatrist, [øx], APRN, *or physician assistant*, or designee,
14 shall prepare, offer to and explain to the person a written notice, if it can be done safely without
15 significant possibility of bodily harm, giving the reasons for the revocation and to identify the
16 receiving facility to which the person is to be delivered. If this cannot be done safely, a description of
17 the circumstances indicating such risk shall be placed in the file.

18 IV. A law enforcement officer shall take custody of the person whose conditional discharge
19 was temporarily revoked under paragraph III and deliver him or her, together with a copy of the
20 notice and the reasons for the temporary revocation, to the receiving facility identified by the
21 psychiatrist [øx], APRN, *or physician assistant* where he or she shall be personally examined by
22 the administrator of the facility or designee and the reasons for temporary revocation of the
23 discharge shall be reviewed. Following such examination and review, if the administrator of the
24 facility or designee finds that the person conditionally discharged has violated a condition of the
25 discharge or is in such a mental condition as a result of mental illness as to create a potentially
26 serious likelihood of danger to himself or herself or to others, he or she may revoke absolutely the
27 conditional discharge. The administrator of the facility, or designee, shall prepare, offer to and
28 explain to the person, if it can be done safely without significant possibility of bodily harm, a written
29 notice of the reasons for the absolute revocation. If this cannot be done safely, a description of the
30 circumstances indicating such risk shall be placed in the file. The person whose conditional
31 discharge has been absolutely revoked shall be subject to the terms and conditions of the order of
32 involuntary admission made pursuant to RSA 135-C:34-54 from which conditional discharge was
33 granted as if the conditional discharge had not been granted.

34 23 Effective Date. This act shall take effect January 1, 2016.

LBAO
15-0146
01/09/15

HB 422-FN - FISCAL NOTE

AN ACT relative to the signing authority of physician assistants.

FISCAL IMPACT:

The Legislative Budget Assistant has determined that this legislation, as introduced, has a total fiscal impact of less than \$10,000 in each of the fiscal years 2015 through 2019.

Amendments

Rep. Sherman, Rock. 24
February 18, 2015
2015-0470h
01/09



Amendment to HB 422-FN

- 1 Amend the title of the bill by replacing it with the following:
- 2
- 3 AN ACT relative to certification of death certificates by physician assistants.
- 4
- 5 Amend the bill by deleting sections 17-22 and renumbering the original section 23 to read as 17.

NOT adopted



Amendment to HB 422-FN
- Page 2 -

2015-0470h

AMENDED ANALYSIS

This bill allows physician assistants to certify death certificates.

Amendment to HB 422-FN

1 Amend the title of the bill by replacing it with the following:

2

3 AN ACT relative to certification of death certificates by physician assistants.

4

5 Amend RSA 5-C:62, III(c) as inserted by section 5 of the bill by replacing it with the following:

6

7 (c) The official capacity of the registered nurse or physician, which shall be:
8 attending/associate physician or APRN **or physician assistant**; non-attending physician or APRN
9 **or physician assistant**; pronouncing registered nurse; medical examiner/deputy medical examiner;
10 temporary/assistant medical examiner; or assistant deputy medical examiner, non-physician.

11

12 Amend RSA 5-C:64I V(b) as inserted by section 8 of the bill by replacing it with the following:

13

14 (b) For deaths occurring in a nursing home or in a similar non-acute care hospital or
15 institution, the attending physician [ø], APRN, **or physician assistant** shall be the physician [or],
16 APRN, **or physician assistant** who regularly attends to the medical needs of the nursing home
17 residents or the resident's personal physician [ø], APRN, **or physician assistant** if the resident
18 was under the care of such physician [ø], APRN, **or physician assistant**.

19

20 Amend the bill by replacing section 13 with the following:

21

22 13 Amendments and Corrections to a Death Record. Amend RSA 5-C:94, II-V to read as follows:

23

24 II. The certifying physician [ø], APRN, **or physician assistant** shall initiate corrections
25 concerning the cause of death, in writing, to the division, by signing and completing the
26 supplemental death certificate as described in RSA 5-C:62.

27

28 III. The correction authorization from the physician [ø], APRN, **or physician assistant**
29 shall be retained by the division in accordance with the retention schedule for a death record as
30 established by this chapter. The death record shall be amended and noted as being amended.

30

31 IV. In the case where the division queries the physician [ø], APRN, **or physician**
assistant concerning the cause of death, the physician [ø], APRN, **or physician assistant** shall

Amendment to HB 422-FN

- Page 2 -

1 send notice of the change in the cause of death directly to the division.

2 V. The physician's [or], APRN's, *or physician assistant's* information concerning a change
3 in the cause of death shall be retained by the division in accordance with the retention schedule for a
4 death record established by this chapter. The death record shall be amended and noted as being
5 amended.

6

7 Amend the bill by deleting sections 17-22 and renumbering the original section 23 to read as 17.

2015-0671h

AMENDED ANALYSIS

This bill allows physician assistants to certify death certificates.



Amendment to HB 422-FN

1 Amend the title of the bill by replacing it with the following:

2

3 AN ACT relative to certification of death certificates by physician assistants.

4

5 Amend RSA 5-C:62, III(c) as inserted by section 5 of the bill by replacing it with the following:

6

7 (c) The official capacity of the registered nurse or physician, which shall be:
8 attending/associate physician or APRN *or physician assistant*; non-attending physician or APRN
9 *or physician assistant*; pronouncing registered nurse; medical examiner/deputy medical examiner;
10 temporary/assistant medical examiner; or assistant deputy medical examiner, non-physician.

11

12 Amend RSA 5-C:64I V(b) as inserted by section 8 of the bill by replacing it with the following:

13

14 (b) For deaths occurring in a nursing home or in a similar non-acute care hospital or
15 institution, the attending physician [✗], APRN, *or physician assistant* shall be the physician [or],
16 APRN, *or physician assistant* who regularly attends to the medical needs of the nursing home
17 residents or the resident's personal physician [✗], APRN, *or physician assistant* if the resident
18 was under the care of such physician [✗], APRN, *or physician assistant*.

19

20 Amend the bill by replacing section 13 with the following:

21

22 13 Amendments and Corrections to a Death Record. Amend RSA 5-C:94, II-V to read as follows:

23

24 II. The certifying physician [✗], APRN, *or physician assistant* shall initiate corrections
25 concerning the cause of death, in writing, to the division, by signing and completing the
26 supplemental death certificate as described in RSA 5-C:62.

27

28 III. The correction authorization from the physician [✗], APRN, *or physician assistant*
29 shall be retained by the division in accordance with the retention schedule for a death record as
30 established by this chapter. The death record shall be amended and noted as being amended.

30

31 IV. In the case where the division queries the physician [✗], APRN, *or physician*
assistant concerning the cause of death, the physician [✗], APRN, *or physician assistant* shall



1 send notice of the change in the cause of death directly to the division.

2 V. The physician's [or], APRN's, *or physician assistant's* information concerning a change
3 in the cause of death shall be retained by the division in accordance with the retention schedule for a
4 death record established by this chapter. The death record shall be amended and noted as being
5 amended.

6

7 Amend the bill by deleting sections 17-22 and renumbering the original section 23 to read as 17.



2015-0671h

AMENDED ANALYSIS

This bill allows physician assistants to certify death certificates.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 422-FN

BILL TITLE: relative to the signing authority of physician assistants.

DATE: February 12, 2015

LOB ROOM: 205 **Time Public Hearing Called to Order:** 10:00 a.m.

Time Adjourned: 10:30 a.m.

(please circle if present)

Committee Members: Reps. Kotowski, LeBrun, Emerson, McMahon, Martel, Nelson, S. Schmidt, Stepanek, Guthrie, J. Ward, Donovan, Fothergill, MacKay, B. French, DeLoe, Sherman, Ticehurst, Weber, Freitas, P. Gordon and Snow.

Bill Sponsors: Rep. Sherman, Rock 24; Rep. McMahon, Rock 7; Rep. Sytek, Rock 8; Rep. P. Schmidt, Straf 19; Rep. MacKay, Merr 14; Sen. Carson, Dist 14; Sen. Pierce, Dist 5; Sen. Lasky, Dist 13; Sen. Fuller Clark, Dist 21

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

(1.) Rep. Sherman - Introduced bill

- Seeks significant authority to sign death certificates and add psychiatric admissions. Physicians Assistants are overseen by MD.
- Small correction needed and will be addressed.

(2.) PA at times may be alone in emergency room. If no MD in hospital (and this would

- be an emergency placement in mental hospital). The PA and a mental health worker could sign for placement.

(3.) Rebecca Neal, MD - Opposed to bill. NH Psychiatric Society concerned with Page

- 8 Line 17. PA does not have advanced training – psychiatric training. This, especially troublesome dealing with involuntary emergency admissions.
- Q: How many involuntary admissions in a year
- A: There are approximately 2,200, most signed by MD.
- Q: Can you accept any parts of bill?
- A: Favors removing PA from being able to sign for involuntary admissions
- Q: Do you feel that happening?
- A: One person should not be able to make medical and IEP decisions,
- A single person should not be able to make that decision
- Q: A placement requires an ok from Concord? (NH Hospital)
- A: Yes

Respectfully submitted,

Bill Nelson
Rep. Bill Nelson, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 422-FN

BILL TITLE: relative to the signing authority of physician assistants.

DATE: 2/12/15

LOB ROOM: 205 Time Public Hearing Called to Order: 10:00

Time Adjourned: 10:30

(please circle if present)

Committee Members: (Reps. Kotowski, LeBrun, Emerson, McMahon, Martel, Nelson, S. Schmidt, Stepanek, Guthrie, J. Ward, Donovan, Fothergill, MacKay, B. French, Oeloge, Sherman, Ticehurst, Weber, Freitas, P. Gordon and Snow) No

Bill Sponsors: Rep. Sherman, Rock 24; Rep. McMahon, Rock 7; Rep. Sytek, Rock 8; Rep. P. Schmidt, Straf 19; Rep. MacKay, Merr 14; Sen. Carson, Dist 14; Sen. Pierce, Dist 5; Sen. Lasky, Dist 13; Sen. Fuller Clark, Dist 21

TESTIMONY

1/2

* Use asterisk if written testimony and/or amendments are submitted.

Introduced by Rep. Sherman

① seeks signatory Authority To sign death certificates and psychiatric admissions. Physicians assistants are overseen by MD. Small corrections are needed + will be addressed

② PA AT times, may be alone in emergency room. If no MD in hospital (and this would be ~~an~~ an emergency placement in mental hospital) - the PA and a mental health worker could sign for placement

Rebecca Neal MD - opposed to bill - NA psychiatric society concerned with age & line 17, PA does not have advanced training ~~in~~ psychiatric training. This especially troublesome dealing with involuntary emergency ~~placement~~ admissions.

Q How many involuntary admissions in a yr

A There are approx 2,200, most signed by MD.

Q can you accept any parts of bill

A Favor removing PA from being able to sign for involuntary admissions

Q do you feel that having

A One person should not ^{be able to} make medical + IEP decisions

A single person should not be able to make that decision

Q ~~is~~ A placement requires ~~the~~ OK from Concord? (NA Hospital)

A Yes

Blue sheet

~~PRO~~
PRO

CON

Sen Carson

Janet Monahan NH Med Society

Sen Fuller K Clark

Sen Lasky

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 422-FN

BILL TITLE: relative to the signing authority of physician assistants.

DATE: March 3, 2015

LOB ROOM: 205

Amendments:

Sponsor: Rep. Thomas Sherman OLS Document #: 2015 0671h

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Amendment

Motions: (OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. Thomas Sherman

Seconded by Rep. John Fothergill

Vote: 17-0 (Please attach record of roll call vote.)

Motions: OTP, (OTP/A), ITL, Retained (Please circle one.)

Moved by Rep. Mary Freitas

Seconded by Rep. Susan Emerson


Vote: 17-0 (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 17-0 YES

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,


Rep. Bill Nelson, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 422-FN

BILL TITLE: relative to the signing authority of physician assistants.

DATE: 3/3/15

LOB ROOM: 205

Amendments:

Sponsor: Rep. Sherman

OLS Document #: 2015-0671h

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Motions: ~~OTP~~ ^{amendment} OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. Sherman

Seconded by Rep. Fothergill

Vote: (Please attach record of roll call vote.)

Motions: ~~OTP~~ ~~OTP/A~~ ITL, Retained (Please circle one.)

Moved by Rep. Freitas

Seconded by Rep. Emerson

Vote: (Please attach record of roll call vote.) 17 yes - 0

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.) ^{yes} 17-0

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Bill Nelson, Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/8/2015 1:44:45 PM
Roll Call Committee Registers
Report

2015 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 422-FIN Title: Relative to the signing authority of physician assistants

PH Date: 02/12/2015 Exec Session Date: 03/03/2015

Motion: OTB - Amendment Amendment #: 2015-0671 h

MEMBER	YEAS	NAYS
Kotowski, Frank R., Chairman	✓	
LeBrun, Donald L., V Chairman	✓	
Emerson, Susan	✓	
McMahon, Charles E.	—	—
Martel, Andre A.	—	—
Nelson, Bill G., Clerk	✓	
Schmidt, Stephen J.	✓	
Stepanek, Stephen B.	—	—
Guthrie, Joseph A.	✓	
Ward, Joanne A.	✓	
Donovan, Daniel A	—	—
Fothergill, John	✓	
Mackay, James R.	✓	
French, Barbara C	✓	
Deloge, Helen M.	✓	
Sherman, Thomas M.	✓	
Ticehurst, Susan J.	✓	
Weber, Lucy M.	✓	
Freitas, Mary C.	✓	
Gordon, Pamela S.	✓	
Snow, Kendall A.	✓	
TOTAL VOTE:	17	0



2015 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 422-FN Title: Relative To The signing authority of
physician assistants

PH Date: 2 / 12 / 15 Exec Session Date: 3 / 3 / 15

Motion: OTPA amended Amendment #: 2015-0671 h

MEMBER	YEAS	NAYS
Kotowski, Frank R., Chairman	✓	
LeBrun, Donald L., V Chairman	✓	
Emerson, Susan	✓	
McMahon, Charles E.		—
Martel, Andre A.		—
Nelson, Bill G., Clerk	✓	
Schmidt, Stephen J.	✓	
Stepanek, Stephen B.		—
Guthrie, Joseph A.	✓	
Ward, Joanne A.	✓	
Donovan, Daniel A		—
Fothergill, John	✓	
MacKay, James R.	✓	
French, Barbara C	✓	
Deloge, Helen M.	✓	
Sherman, Thomas M.	✓	
Ticehurst, Susan J.	✓	
Weber, Lucy M.	✓	
Freitas, Mary C.	✓	
Gordon, Pamela S.	✓	
Snow, Kendall A.	✓	
TOTAL VOTE:	17	0

Committee Report

CONSENT CALENDAR

March 4, 2015

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS to which was referred HB422-FN, AN ACT relative to the signing authority of physician assistants. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Mary C. Freitas

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS
Bill Number:	HB422-FN
Title:	relative to the signing authority of physician assistants.
Date:	March 4, 2015
Consent Calendar:	YES
Recommendation:	OUGHT TO PASS WITH AMENDMENT

STATEMENT OF INTENT

This bill authorizes physician assistants to certify death certificates. Other states have this in place at this time. An amendment removed the section in the original bill which would have allowed physicians assistants to authorize involuntary commitment and involuntary admission to state institutions.

Vote 17-0.

Rep. Mary C. Freitas
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

HB422-FN, relative to the signing authority of physician assistants. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Mary C. Freitas for **HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS**. This bill authorizes physician assistants to certify death certificates. Other states have this in place at this time. An amendment removed the section in the original bill which would have allowed physicians assistants to authorize involuntary commitment and involuntary admission to state institutions.
Vote 17-0.

HB 422-FN relative to the signing authority of physician assistants.

This bill authorizes physician assistants to certify death certificates. Other states have this in place at this time. An amendment removed the section in the original bill which would have allowed physicians assistants to authorize involuntary commitment and involuntary admission to state institutions.

Rep. Mary Freitas

For the Committee

17-0 - OTP/A <2015-0671h> - CC

COMMITTEE REPORT

COMMITTEE: Health, Human Services and Elderly Affairs

BILL NUMBER: HB 422-FN

TITLE: Relative to the signing authority of physician assistants.

DATE: 3/3/15 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd year of biennium)

Amendment No.
2015-0671 H

STATEMENT OF INTENT:

This bill ~~was~~ authorizes physician assistants to certify death certificates. Other states have this in place at this time. An amendment removed the section in the original bill which would have allowed ^{physician assistants to authorize} ~~authorization~~ involuntary commitment and involuntary admission to state institutions.

OK
TRK

COMMITTEE VOTE: 17-0

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep. Mary Freitas
For the Committee