

Bill as  
Introduced

**HB 422-FN - AS AMENDED BY THE HOUSE**

11Mar2015... 0671h

2015 SESSION

15-0146

01/10

**HOUSE BILL 422-FN**

AN ACT relative to certification of death certificates by 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

**AMENDED ANALYSIS**

This bill allows physician assistants to certify death certificates.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

11Mar2015... 0671h

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**STATE OF NEW HAMPSHIRE**

*In the Year of Our Lord Two Thousand Fifteen*

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

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

1 New Paragraph; Vital Records; Definition Added. Amend RSA 5-C:1 by inserting after

paragraph XXIX the following new paragraph:

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

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

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

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

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

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

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

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

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

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

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

(d) The date pronounced.

(e) Certification that the above information provided is true, which shall include but not be limited to the pronouncing person's signature; the name and title of the individual who pronounced death; the New Hampshire license number of the physician [or], APRN, if applicable or, **physician assistant, if applicable**; whether the death was referred to the

medical examiner; and the name and address of the physician [☐], APRN, *or physician assistant* responsible for determining the cause of death. The individuals listed above shall provide or verify for the death record whether or not the death was referred to the medical examiner.

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

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

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

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

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

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

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

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

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

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

VI. The attending or certifying physician [or], APRN, *or physician assistant* shall provide the following information for a supplemental death certificate: the deceased's name; the date of death; the time of death; the place of death; the name of the pronouncer; the New Hampshire license number of the pronouncer; the official capacity of the pronouncer; the date pronounced dead; the signature of the pronouncer; the date signed; whether this death was referred to the medical examiner; the cause of death; the performance of autopsy, indicated as yes or no; the availability of autopsy findings prior to determination of cause of death, indicated as yes or no; the manner of death; the time, date, and place of injury; whether or not the injury occurred at work; the description of how the injury occurred; the location specified as street and number or rural route number, city or town, and state; the name of the certifier; the signature and title of the certifier; the New Hampshire license number of the certifier; the date signed; and the name and address of the person who determined the cause of death.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

contain the pronouncement of death.

VI. In the absence of the deceased's attending physician [or], APRN, *or physician assistant* or with the attending physician's [or], APRN's *or physician assistant* approval, the medical certification of a death due to natural causes shall be completed by one of the following individuals: the attending physician's [or], APRN's, *or physician assistant's* associate physician [or], APRN in medical practice, *or physician assistant*, the chairperson of the applicable clinical department, the chief medical officer of the hospital, the physician [or], APRN, *or physician assistant* or designee who performed an autopsy upon the decedent, or the physician [or], APRN, *or physician assistant* on duty if the death occurred in the hospital emergency room. The person determining the cause of death shall attest to its accuracy. The person determining the cause of death shall have viewed the deceased within 24 hours after death.

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

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

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

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

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

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

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

XI. In cases where the result of an autopsy, police investigation, laboratory report, or a similar source is needed before a final determination of the cause of death can be made, the attending physician [or], APRN, *or physician assistant* or the medical examiner shall utilize the term "pending" for the applicable items on the death record. The physician [or], APRN, *or physician assistant* shall file a statement of findings with the division within 90 days of the date of death, or as soon as practicable. The findings shall be in writing and submitted to the division on a supplemental death certificate information form supplied by the division or on the physician's [or], APRN's, *or physician assistant's* letterhead and include information necessary for the completion of a supplemental death certificate.

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

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

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

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

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

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

II. If a physician [or], APRN, *or physician assistant* was present at or immediately after the death, the funeral director, next of kin, or designated agent shall obtain medical



certification for the death record in accordance with RSA 5-C:64.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LBAO

15-0146 Amended 03/13/15

### HB 422-FN FISCAL NOTE

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

**FISCAL IMPACT:**

The Legislative Budget Assistant has determined that this legislation, **as amended by the House (Amendment #2015-0671h)**, has a total fiscal impact of less than \$10,000 in each of the fiscal years 2015 through 2019.

LBAO  
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CHAPTER 140

HB 422-FN – FINAL VERSION

11Mar2015... 0671h

6May2015... 1633EBA

2015 SESSION

15-0146

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HOUSE BILL ***422-FN***

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STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Fifteen*

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

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

140:1 New Paragraph; Vital Records; Definition Added. Amend RSA 5-C:1 by inserting after paragraph XXIX the following new paragraph:

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

140:2 Vital Records; Definitions. Amend RSA 5-C:1, III-V to read as follows:

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

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

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

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140:4 Death Registration Forms. Amend RSA 5-C:62, II(e) to read as follows:

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

140:5 Death Registration Forms. Amend RSA 5-C:62, III(c)-(e) to read as follows:

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

(d) The date pronounced.

(e) Certification that the above information provided is true, which shall include but not be limited to the pronouncing person's signature; the name and title of the individual who pronounced death; the New Hampshire license number of the physician [or], APRN, if applicable, *or*

*physician assistant, if applicable*; whether the death was referred to the medical examiner; and the name and address of the physician [or], APRN, *or physician assistant* responsible for determining the cause of death. The individuals listed above shall provide or verify for the death record whether or not the death was referred to the medical examiner.

140:6 Death Registration Forms. Amend RSA 5-C:62, IV-VI to read as follows:

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

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

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

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

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

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

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

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

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

VI. The attending or certifying physician [or], APRN, *or physician assistant* shall provide the following information for a supplemental death certificate: the deceased's name; the date of death; the time of death; the place of death; the name of the pronouncer; the New Hampshire license number of the pronouncer; the official capacity of the pronouncer; the date pronounced dead; the signature of the pronouncer; the date signed; whether this death was referred to the medical examiner; the cause of death; the performance of autopsy, indicated as yes or no; the availability of autopsy findings prior to determination of cause of death, indicated as yes or no; the manner of death; the time, date, and place of injury; whether or not the injury occurred at work; the description of how the injury occurred; the location specified as street and number or rural route number, city or town, and state; the name of the certifier; the signature and title of the certifier; the New Hampshire license number of the certifier; the date signed; and the name and address of the person who determined the cause of death.

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

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

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

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V. The funeral director, next of kin, or designated agent shall obtain the information on the deceased for completion of the death record from the next of kin or the best qualified person or source available and shall obtain the medical certification from the attending



physician [or], APRN, *or physician assistant* or medical examiner if not already provided.

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

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

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

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

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

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

**physician assistant** if the resident was under the care of such physician [or], APRN, **or physician assistant**.

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

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

VI. In the absence of the deceased's attending physician [or], APRN, **or physician assistant** or with the attending physician's [or], APRN's, **or physician assistant's** approval, the medical certification of a death due to natural causes shall be completed by one of the following individuals: the attending physician's [or], APRN's, **or physician assistant's** associate physician [or], APRN in medical practice, **or physician assistant**, the chairperson of the applicable clinical department, the chief medical officer of the hospital, the physician [or], APRN, **or physician assistant** or designee who performed an autopsy upon the decedent, or the physician [or], APRN, **or physician assistant** on duty if the death occurred in the hospital emergency room. The person determining the cause of death shall attest to its accuracy. The person determining the cause of death shall have viewed the deceased within 24 hours after death.

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

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

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

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

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

IX. In cases where an autopsy is to be performed, the cause of death shall not be deferred pending a full report of microscopic and toxicological studies. Supplemental death

certificate information shall be submitted by the medical examiner to the division as additional information becomes available and when autopsy results or other investigation indicates a need to correct the original cause of death information.

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

XI. In cases where the result of an autopsy, police investigation, laboratory report, or a similar source is needed before a final determination of the cause of death can be made, the attending physician [or], APRN, *or physician assistant* or the medical examiner shall utilize the term "pending" for the applicable items on the death record. The physician [or], APRN, *or physician assistant* shall file a statement of findings with the division within 90 days of the date of death, or as soon as practicable. The findings shall be in writing and submitted to the division on a supplemental death certificate information form supplied by the division or on the physician's [or], APRN's, *or physician assistant's* letterhead and include information necessary for the completion of a supplemental death certificate.

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

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

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

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

140:9 Responsibility of Funeral Director, Next of Kin, or Designated Agent. Amend RSA 5-C:66, I and II to read as follows:

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

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

140:10 Reporting Fetal Deaths. Amend RSA 5-C:74, I to read as follows:

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

140:11 Delayed Registration of Death. Amend RSA 5-C:80, III and IV to read as follows:

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

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

140:12 Queries. Amend RSA 5-C:81, II to read as follows:

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

140:13 Amendments and Corrections to a Death Record. Amend RSA 5-C:94, II-V to read as follows: II. The certifying physician [or], APRN, **or physician assistant** shall initiate corrections concerning the cause of death, in writing, to the division, by signing and completing the supplemental death certificate as described in RSA 5-C:62.

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

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

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

140:14 Retention Schedule. Amend RSA 5-C:96, I(b) to read as follows:

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

140:15 Death Records. Amend RSA 290:1 to read as follows:

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

140:16 Fetal Death Records. Amend RSA 290:1-a to read as follows:

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

140:17 Effective Date. This act shall take effect January 1, 2016.

Approved: June 12, 2015

Effective Date: January 1, 2016

# Amendments

Rep. Sherman, Rock. 24  
March 3, 2015  
2015-0671h  
01/09

Amendment to HB 422-FN

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

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

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

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

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

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

Amend the bill by replacing section 13 with the following:

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

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

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

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

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

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.

# Committee Minutes

**SENATE CALENDAR NOTICE**  
**HEALTH AND HUMAN SERVICES**

Senator Andy Sanborn Chairman  
Senator Molly Kelly V Chairman  
Senator Kevin Avard  
Senator Sharon Carson  
Senator Martha Fuller Clark

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 7, 2015**

**HEARINGS**

**Tuesday**

**4/14/2015**

**HEALTH AND HUMAN SERVICES**

**LOB 101**

**1:00 PM**

(Name of Committee)

(Place)

(Time)

**EXECUTIVE SESSION MAY FOLLOW**

1:00 PM	HB422-FN	(New Title) relative to certification of death certificates by physician assistants.
1:20 PM	HB498	relative to notification of radon and arsenic testing.
1:40 PM	HB564-FN	relative to prior authorization for certain prescription drugs.
2:00 PM	HB483	relative to the commission on primary care workforce issues.

**Sponsors:**

**HB422-FN**

Rep. Thomas Sherman  
Rep. Peter Schmidt  
Sen. Martha Fuller Clark

Sen. Sharon Carson  
Rep. James MacKay

Rep. Charles McMahon  
Sen. David Pierce

Rep. John Sytek  
Sen. Bette Lasky

**HB498**

Rep. John Hunt

Sen. Sam Cataldo

**HB564-FN**

Rep. Thomas Sherman

Sen. Dan Feltes

Rep. Kendall Snow

Sen. Nancy Stiles

**HB483**

Rep. Thomas Sherman  
Rep. James MacKay

Rep. Tara Sad  
Sen. Nancy Stiles

Sen. John Reagan

Rep. Charles McMahon

# SENATE HEALTH AND HUMAN SERVICES COMMITTEE

## Katherine Bourque, Legislative Aide

**HB 422-FN – relative to certification of death certificates by physician assistants.**

Hearing Date: 04/14/2015

Time Opened: 1:04 PM

Time Closed: 1:12 PM

**Members of the Committee Present:** Senators Sanborn, Avard, Kelly, and Fuller Clark.

**Members of the Committee Absent:** Senator Carson.

**Bill Analysis:** This bill allows physician assistants to certify death certificates.

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

**Who supports the bill:** Senator Pierce, Senator Carson, Janet Monahan (NH Medical Society), Susan Finerty (NH Society of Physician Assistants), Senator Lasky, Beth Sargent (NH Funeral Home Directors Association), Senator Fuller Clark, Rep. Sherman, Rep. LeBrun.

**Who opposes the bill:** No one.

### **Summary of testimony presented in support:**

#### Rep. Sherman (Prime Sponsor)

- Rep. Sherman explained that this bill evolved out of the expanding role of physician assistants and the fact that they are currently not able to certify death certificates.
- The original bill had an additional component of allowing such individuals to be able to commit patients to a mental health facility. It became clear in the House that this component was not yet ready for legislation. The amendment in the House eliminated this portion of the bill.

#### Susan Finerty (NH Society of Physician Assistants)

- Many physician assistants practice in hospitals and emergency departments where patients are pronounced dead. The ability for them to sign death certificates in these locations is very helpful.
- Additionally, they often cover overnight shifts where physicians aren't readily available to certify a death certificate.

Beth Sargent (NH Funeral Home Directors Association)

- The Association supports adding physician assistants to those healthcare professionals who may certify death certificates.
- This would help to expedite certification and ultimate filing of death certificates.
- Additionally, the inability for these individuals to sign death certificates has caused hold-ups in scheduling services, final disposition, and has created additional stress to families of the deceased.

**Summary of testimony presented in opposition:** N/A.

**Fiscal Note:** Please see FN dated 03/13/2015.

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

# Speakers









# Testimony

HOUSE BILL 422

(New Title) Relative to certification of death certificates by physician assistants.

Testimony before Senate Health and Human Services Committee

April 14, 2015

by

Peter Morin

Executive Director, NH Funeral Directors and Embalmers Association  
NH Licensed Funeral Director & Embalmer # 927

Dear Senator Sanborn, Chair, and Members of the Committee:

My name is Peter Morin, and I am the Executive Director of the NH Funeral Directors and Embalmers Association (NHFDA), and I am a NH Funeral Director & Embalmer # 927. The NHFDA members represent approximately 95% of the funeral homes in NH.

I am here this afternoon to offer testimony on behalf of the NHFDA in support of HB 422. This bill will allow physician assistants to certify death certificates.

The NHFDA supports adding physician assistants to those healthcare professionals that may certify death certificates along with physicians and ARNPs. This will be of tremendous benefit to help expedite the certification and ultimate filing of death certificates.

The addition of physician assistants to the qualified healthcare professionals that are death certificate certifiers will help avoid delays in the completion and timely filing of death certificates by funeral directors. This delay in the past has caused holdups in scheduling services, final disposition and, has consequently, created additional stress to the families of the deceased.

The NHFDA supports HB 422 and respectfully asks the Committee to recommend Ought To Pass.

Thank you for your consideration.

# Voting Sheets

# Senate Health and Human Services Committee EXECUTIVE SESSION

Bill # HB422

Hearing date: 04/14

Executive session date: 04/14

Motion of: OTP

VOTE: 4-0

<b>Made by</b>	Sanborn <input type="checkbox"/>	<b>Seconded</b>	Sanborn <input type="checkbox"/>	<b>Reported</b>	Sanborn <input type="checkbox"/>
<b>Senator:</b>	Kelly <input type="checkbox"/>	<b>by Senator:</b>	Kelly <input type="checkbox"/>	<b>by Senator:</b>	Kelly <input type="checkbox"/>
	Avard <input checked="" type="checkbox"/>		Avard <input type="checkbox"/>		Avard <input checked="" type="checkbox"/>
	Carson <input type="checkbox"/>		Carson <input type="checkbox"/>		Carson <input type="checkbox"/>
	Fuller Clark <input type="checkbox"/>		Fuller Clark <input checked="" type="checkbox"/>		Fuller Clark <input type="checkbox"/>

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

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

<b>Made by</b>	Sanborn <input type="checkbox"/>	<b>Seconded</b>	Sanborn <input type="checkbox"/>	<b>Reported</b>	Sanborn <input type="checkbox"/>
<b>Senator:</b>	Kelly <input type="checkbox"/>	<b>by Senator:</b>	Kelly <input type="checkbox"/>	<b>by Senator:</b>	Kelly <input type="checkbox"/>
	Avard <input type="checkbox"/>		Avard <input type="checkbox"/>		Avard <input type="checkbox"/>
	Carson <input type="checkbox"/>		Carson <input type="checkbox"/>		Carson <input type="checkbox"/>
	Fuller Clark <input type="checkbox"/>		Fuller Clark <input type="checkbox"/>		Fuller Clark <input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Sanborn, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Kelly, Vice-Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Carson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Fuller Clark	<input 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: 04/14/2015

THE COMMITTEE ON Health and Human Services

to which was referred House Bill 422-FN

AN ACT (New Title) relative to certification of death certificates by  
physician assistants.

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

**OUGHT TO PASS**

BY A VOTE OF: 4-0

Senator Kevin A. Avar  
For the Committee

Katherine Bourque 271-3093

## New Hampshire General Court - Bill Status System

**Docket of HB422**

Docket Abbreviations

**Bill Title:** (New Title) relative to certification of death certificates by physician assistants.*Official Docket of HB422:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
1/8/2015	H	<b>Introduced</b> and Referred to Health, Human Services and Elderly Affairs; <b>HJ 12</b> , PG. 222
1/28/2015	H	Public Hearing: 2/5/2015 10:00 AM LOB 205
1/29/2015	H	===CANCELLED=== Public Hearing: 2/5/2015 10:00 AM LOB 205
2/3/2015	H	Public Hearing: 2/12/2015 10:00 AM LOB 206-208
2/4/2015	H	==RESCHEDULED== Public Hearing: 2/12/2015 10:00 AM LOB 205
2/26/2015	H	Executive Session: 3/3/2015 LOB 205
3/5/2015	H	Committee Report: Ought to Pass with Amendment <b>#2015-0671h</b> (NT) for Mar 11 (Vote 17-0; CC); <b>HC19</b> , PG. 402
3/11/2015	H	Amendment #0671h: AA VV; <b>HJ 24</b> , PG. 791-792
3/11/2015	H	<b>Ought to Pass with Amendment #0671h</b> : MA VV; <b>HJ 24</b> , PG. 791-792
3/19/2015	S	Introduced and Referred to Health and Human Services; <b>SJ 10</b>
4/7/2015	S	Hearing: 4/14/15, Room 101, LOB, 1:00 p.m.; <b>SC17</b>
4/15/2015	S	=== CANCELLED SESSION === Committee Report: Ought to Pass, 4/23/15; <b>SC18</b>
4/17/2015	S	=== RESCHEDULED === Committee Report: Ought to Pass, 4/30/15; <b>SC19</b>
4/30/2015	S	<b>Ought to Pass</b> : MA, VV; OT3rdg; <b>SJ 12</b>
5/14/2015	S	Enrolled Bill Amendment #1633e Adopted, VV, (In recess of 5/14/2015); <b>SJ 15</b>
5/19/2015	H	Enrolled Bill Amendment <b>#2015-1633EBA</b> : AA VV (in recess of 5/6/2015); <b>HJ 41</b> , PG. 1780
5/21/2015	S	Enrolled (In recess 5/21/2015); <b>SJ 16</b>
5/21/2015	H	Enrolled (in recess of 5/6/2015); <b>HJ 41</b> , PG. 1782
6/16/2015	H	Signed by the Governor on 6/12/2015; Chapter 140; Effective Date 1/1/2016

NH House

NH Senate



# Other Referrals

# COMMITTEE REPORT FILE INVENTORY

HB 922 ORIGINAL REFERRAL \_\_\_\_\_ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE 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
- HEARING REPORT
- HANDOUTS FROM THE PUBLIC HEARING
- PREPARED TESTIMONY AND OTHER SUBMISSIONS
- SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- AMENDMENT # 0671h \_\_\_\_\_ - AMENDMENT # \_\_\_\_\_  
 - AMENDMENT # 1633e \_\_\_\_\_ - AMENDMENT # \_\_\_\_\_

ALL AVAILABLE VERSIONS OF THE BILL:

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

OTHER (Anything else deemed important but not listed above, such as amended fiscal notes): Amended FN, exc. sheet

DATE DELIVERED TO SENATE CLERK \_\_\_\_\_

  
BY COMMITTEE AIDE

May 7, 2015  
2015-1633-EBA  
06/09

Enrolled Bill Amendment to HB 422-FN

The Committee on Enrolled Bills to which was referred HB 422-FN

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

Having considered the same, report the same with the following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

\_\_\_\_\_

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Explanation to Enrolled Bill Amendment to HB 422-FN

This enrolled bill amendment makes 2 grammatical corrections.

Enrolled Bill Amendment to HB 422-FN

Amend RSA 5-C:62, III(e) as inserted by section 5 of the bill by replacing line 3 with the following:  
pronounced death; the New Hampshire license number of the physician [or], APRN, if applicable, *or*

Amend RSA 5-C:64, VI as inserted by section 8 of the bill by replacing line 2 with the following:  
*assistant* or with the attending physician's [or], APRN's, *or physician assistant's* approval, the