

Bill as Introduced

HB 322 - AS INTRODUCED

2017 SESSION

17-0502
01/09

HOUSE BILL

322

AN ACT adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

SPONSORS: Rep. Fothergill, Coos 1; Rep. S. Schmidt, Carr. 6; Rep. Campion, Graf. 12; Rep. J. MacKay, Merr. 14; Rep. P. Schmidt, Straf. 19; Sen. Woodburn, Dist 1; Sen. Feltes, Dist 15; Sen. Reagan, Dist 17

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill declares that certain licensing boards for health care providers may adopt rules to require completion of a certain survey as part of the license renewal process.

This bill is a result of the commission established in 2016, 252.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Seventeen

AN ACT adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

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

1 1 New Section; Board of Dental Examiners; Rulemaking. Amend RSA 317-A by inserting after
2 section 12 the following new section:

3 317-A:12-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
4 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
5 provided by the office of rural health, department of health and human services, for the purpose of
6 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
7 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
8 written notice of his or her opportunity to opt-out from participation in the survey.

9 2 New Section; Pharmacy Board; Rulemaking. Amend RSA 318 by inserting after section 5-a
10 the following new section:

11 318:5-b Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA 541-
12 A, requiring, as part of the license renewal process, completion by licensees of a survey provided by
13 the office of rural health, department of health and human services, for the purpose of collecting
14 data regarding the New Hampshire primary care workforce, pursuant to the commission
15 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
16 written notice of his or her opportunity to opt-out from participation in the survey.

17 3 New Section; Board of Nursing; Rulemaking. Amend RSA 326-B by inserting after section 9
18 the following new section:

19 326-B:9-a Completion of Survey; Rulemaking.

20 I. The board may adopt rules, pursuant to RSA 541-A, for APRNs only requiring, as part of
21 the license renewal process, completion by licensees of a survey provided by the office of rural
22 health, department of health and human services, for the purpose of collecting data regarding the
23 New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T.
24 Any rules adopted under this section shall provide the licensee with written notice of his or her
25 opportunity to opt-out from participation in the survey.

26 II. The board may adopt rules, pursuant to RSA 541-A, for RNs and LPNs only requiring,
27 as part of the license renewal process, completion by licensees of a survey provided by the National
28 Council of State Boards of Nursing regarding minimum data sets. Any rules adopted under this
29 section shall provide the licensee with written notice of his or her opportunity to opt-out from
30 participation in the survey.

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1 4 New Section; Board of Medicine; Physician Assistants. Amend RSA 328-D by inserting after
2 section 10 the following new section:

3 328-D:10-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
4 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
5 provided by the office of rural health, department of health and human services, for the purpose of
6 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
7 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
8 written notice of his or her opportunity to opt-out from participation in the survey.

9 5 New Section; Allied Health Professionals; Rulemaking. Amend RSA 328-F by inserting after
10 section 11 the following new section:

11 328-F:11-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
12 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
13 provided by the office of rural health, department of health and human services, for the purpose of
14 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
15 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
16 written notice of his or her opportunity to opt-out from participation in the survey.

17 6 New Section; Board of Medicine; Rulemaking. Amend RSA 329 by inserting after section 9-e
18 the following new section:

19 329:9-f Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA 541-
20 A, requiring, as part of the license renewal process, completion by licensees of a survey provided by
21 the office of rural health, department of health and human services, for the purpose of collecting
22 data regarding the New Hampshire primary care workforce, pursuant to the commission
23 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
24 written notice of his or her opportunity to opt-out from participation in the survey.

25 7 New Section; Board of Psychologists; Rulemaking. Amend RSA 329-B by inserting after
26 section 10 the following new section:

27 329-B:10-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
28 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
29 provided by the office of rural health, department of health and human services, for the purpose of
30 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
31 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
32 written notice of his or her opportunity to opt-out from participation in the survey.

33 8 New Section; Board of Mental Health Practice; Rulemaking. Amend RSA 330-A by inserting
34 after section 10 the following new section:

35 330-A:10-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
36 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
37 provided by the office of rural health, department of health and human services, for the purpose of
38 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission

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1 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
2 written notice of his or her opportunity to opt-out from participation in the survey.

3 9 New Section; Board of Licensing for Alcohol and Other Drug Use Professionals; Rulemaking.
4 Amend RSA 330-C by inserting after section 9 the following new section:

5 330-C:9-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
6 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
7 provided by the office of rural health, department of health and human services, for the purpose of
8 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
9 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
10 written notice of his or her opportunity to opt-out from participation in the survey.

11 10 Effective Date. This act shall take effect upon its passage.

HB 322 - AS AMENDED BY THE SENATE

05/11/2017 1623s

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HOUSE BILL **322**

AN ACT adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

SPONSORS: Rep. Fothergill, Coos 1; Rep. S. Schmidt, Carr. 6; Rep. Campion, Graf. 12; Rep. J. MacKay, Merr. 14; Rep. P. Schmidt, Straf. 19; Sen. Woodburn, Dist 1; Sen. Feltes, Dist 15; Sen. Reagan, Dist 17

COMMITTEE: Executive Departments and Administration

AMENDED ANALYSIS

This bill declares that certain licensing boards for health care providers may adopt rules to require completion of a certain survey as part of the license renewal process.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Seventeen

AN ACT adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

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

1 1 Department of Health and Human Services; State Office of Rural Health. Amend RSA 126-
2 A:5, XVIII(c) to read as follows:

3 (c) The commissioner shall submit an annual report beginning on November 1, 2009 to
4 the speaker of the house of representatives, the senate president, [~~and~~] the governor, *the oversight*
5 *committee on health and human services established under RSA 126-A:13, the chairs of the*
6 *house and senate executive departments and administration committees, the chairs of the*
7 *house and senate committees having jurisdiction over health and human services, and the*
8 *commission on primary care workforce issues established under RSA 126-T:1, on the health*
9 status of rural residents incorporating current data from the bureau of health statistics and data
10 management and the SORH.

11 2 New Paragraph; Department of Health and Human Services; State Office of Rural Health;
12 Survey. Amend RSA 126-A:5 by inserting after paragraph XVIII the following new paragraph:

13 XVIII-a.(a) The state office of rural health (SORH) established in paragraph XVIII may
14 receive and collect data regarding surveys completed by participating licensees pursuant to RSA
15 317-A:12-a, RSA 318:5-b, RSA 326-B:9-a, RSA 328-D:10-a, RSA 328-F:11-a, RSA 329:9-f, RSA 329-
16 B:10-a, RSA 330-A:10-a, and RSA 330-C:9-a.

17 (b) The data collected shall be reviewed, evaluated, and analyzed by the SORH to
18 provide policy decision makers and the commission on primary care workforce issues established
19 under RSA 126-T:1, with critical information to develop and plan for New Hampshire's primary
20 workforce current and future needs and to identify innovative ways for expanding primary care
21 capacity and resources.

22 (c) Any personally identifiable information contained within the surveys collected by
23 the SORH shall remain confidential and are exempt from disclosure pursuant to RSA 91-A. Any
24 request for information maintained by and in the custody of the SORH under this paragraph shall
25 require the redaction of any and all personally identifiable information by the SORH prior to the
26 release of such information; provided, that the SORH shall be authorized to provide required data
27 to the Health Resources and Services Administration (HRSA) pursuant to federal regulation and or
28 directives governing receipt of federal resources by the SORH.

29 (d) The SORH shall be authorized to provide aggregate data and interval reports and
30 such information shall be made available and published on the department of health and human

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1 services' Internet website. For purposes of quality assurance and validation of data including
2 participation rates for survey completion, the SORH shall be authorized to provide the licensing
3 boards identified in subparagraph (a) as follows:

4 (1) A list of National Provider Identification numbers of those licensees who have
5 completed or appropriately opted-out of the survey; and

6 (2) Aggregate data results as it pertains to non-personal information listed on the
7 survey.

8 (e) On or before November 1, 2017, and annually thereafter, the SORH shall make a
9 written report to the speaker of the house of representatives, the senate president, the governor, the
10 oversight committee on health and human services established under RSA 126-A:13, the chairs of
11 the house and senate executive departments and administration committees, the chairs of the house
12 and senate policy committee having jurisdiction over health and human services, and the
13 commission on primary care workforce issues established by RSA 126-T:1. The report shall include,
14 but not be limited to, aggregate data and information on current and projected primary workforce
15 needs and the participation rate on surveys completed pursuant to this paragraph. This report
16 shall be incorporated into the report required pursuant to RSA 126-A:5, XVIII(c).

17 (f) The commissioner may adopt rules, pursuant to RSA 541-A, relative to the
18 administration of this paragraph.

19 3 New Section; Board of Dental Examiners; Rulemaking. Amend RSA 317-A by inserting after
20 section 12 the following new section:

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28 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
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CHAPTER 131
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Be it Enacted by the Senate and House of Representatives in General Court convened:

1 131:1 Department of Health and Human Services; State Office of Rural Health. Amend RSA
2 126-A:5, XVIII(c) to read as follows:

3 (c) The commissioner shall submit an annual report beginning on November 1, 2009 to
4 the speaker of the house of representatives, the senate president, [~~and~~] the governor, *the oversight*
5 *committee on health and human services established under RSA 126-A:13, the chairs of the*
6 *house and senate executive departments and administration committees, the chairs of the*
7 *house and senate committees having jurisdiction over health and human services, and the*
8 *commission on primary care workforce issues established under RSA 126-T:1, on the health*
9 status of rural residents incorporating current data from the bureau of health statistics and data
10 management and the SORH.

11 131:2 New Paragraph; Department of Health and Human Services; State Office of Rural
12 Health; Survey. Amend RSA 126-A:5 by inserting after paragraph XVIII the following new
13 paragraph:

14 XVIII-a.(a) The state office of rural health (SORH) established in paragraph XVIII may
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16 317-A:12-a, RSA 318:5-b, RSA 326-B:9-a, RSA 328-D:10-a, RSA 328-F:11-a, RSA 329:9-f, RSA 329-
17 B:10-a, RSA 330-A:10-a, and RSA 330-C:9-a.

18 (b) The data collected shall be reviewed, evaluated, and analyzed by the SORH to
19 provide policy decision makers and the commission on primary care workforce issues established
20 under RSA 126-T:1, with critical information to develop and plan for New Hampshire's primary
21 workforce current and future needs and to identify innovative ways for expanding primary care
22 capacity and resources.

23 (c) Any personally identifiable information contained within the surveys collected by
24 the SORH shall remain confidential and are exempt from disclosure pursuant to RSA 91-A. Any
25 request for information maintained by and in the custody of the SORH under this paragraph shall
26 require the redaction of any and all personally identifiable information by the SORH prior to the
27 release of such information; provided, that the SORH shall be authorized to provide required data
28 to the Health Resources and Services Administration (HRSA) pursuant to federal regulation and or
29 directives governing receipt of federal resources by the SORH.

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1 (d) The SORH shall be authorized to provide aggregate data and interval reports and
2 such information shall be made available and published on the department of health and human
3 services' Internet website. For purposes of quality assurance and validation of data including
4 participation rates for survey completion, the SORH shall be authorized to provide the licensing
5 boards identified in subparagraph (a) as follows:

6 (1) A list of National Provider Identification numbers of those licensees who have
7 completed or appropriately opted-out of the survey; and

8 (2) Aggregate data results as it pertains to non-personal information listed on the
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13 the house and senate executive departments and administration committees, the chairs of the house
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17 needs and the participation rate on surveys completed pursuant to this paragraph. This report
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20 administration of this paragraph.

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36 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
37 written notice of his or her opportunity to opt-out from participation in the survey. Participation in

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1 the survey under this section shall not be a condition of licensure.

2 131:5 New Section; Board of Nursing; Rulemaking. Amend RSA 326-B by inserting after
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36 131:8 New Section; Board of Medicine; Rulemaking. Amend RSA 329 by inserting after section
37 9-e the following new section:

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23 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
24 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
25 the survey under this section shall not be a condition of licensure.

26 131:11 New Section; Board of Licensing for Alcohol and Other Drug Use Professionals;
27 Rulemaking. Amend RSA 330-C by inserting after section 9 the following new section:

28 330-C:9-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
29 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
30 provided by the office of rural health, department of health and human services, for the purpose of
31 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
32 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
33 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
34 the survey under this section shall not be a condition of licensure.

131:12 Effective Date. This act shall take effect upon its passage.

Approved: June 16, 2017
Effective Date: June 16, 2017

Amendments



Amendment to HB 322

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Department of Health and Human Services; State Office of Rural Health. Amend RSA 126-
4 A:5, XVIII(c) to read as follows:

5 (c) The commissioner shall submit an annual report beginning on November 1, 2009 to
6 the speaker of the house of representatives, the senate president, [~~and~~] the governor, *the oversight*
7 *committee on health and human services established under RSA 126-A:13, the chairs of the*
8 *house and senate executive departments and administration committees, the chairs of the*
9 *house and senate committees having jurisdiction over health and human services, and the*
10 *commission on primary care workforce issues established under RSA 126-T:1, on the health*
11 *status of rural residents incorporating current data from the bureau of health statistics and data*
12 *management and the SORH.*

13 2 New Paragraph; Department of Health and Human Services; State Office of Rural Health;
14 Survey. Amend RSA 126-A:5 by inserting after paragraph XVIII the following new paragraph:

15 XVIII-a.(a) The state office of rural health (SORH) established in paragraph XVIII may
16 receive and collect data regarding surveys completed by participating licensees pursuant to RSA
17 317-A:12-a, RSA 318:5-b, RSA 326-B:9-a, RSA 328-D:10-a, RSA 328-F:11-a, RSA 329:9-f, RSA 329-
18 B:10-a, RSA 330-A:10-a, and RSA 330-C:9-a.

19 (b) The data collected shall be reviewed, evaluated, and analyzed by the SORH to
20 provide policy decision makers and the commission on primary care workforce issues established
21 under RSA 126-T:1, with critical information to develop and plan for New Hampshire's primary
22 workforce current and future needs and to identify innovative ways for expanding primary care
23 capacity and resources.

24 (c) Any personally identifiable information contained within the surveys collected by
25 the SORH shall remain confidential and are exempt from disclosure pursuant to RSA 91-A. Any
26 request for information maintained by and in the custody of the SORH under this paragraph shall
27 require the redaction of any and all personally identifiable information by the SORH prior to the
28 release of such information; provided, that the SORH shall be authorized to provide required data
29 to the Health Resources and Services Administration (HRSA) pursuant to federal regulation and or
30 directives governing receipt of federal resources by the SORH.

31 (d) The SORH shall be authorized to provide aggregate data and interval reports and
32 such information shall be made available and published on the department of health and human



1 services' Internet website. For purposes of quality assurance and validation of data including
2 participation rates for survey completion, the SORH shall be authorized to provide the licensing
3 boards identified in subparagraph (a) as follows:

4 (1) A list of National Provider Identification numbers of those licensees who have
5 completed or appropriately opted-out of the survey; and

6 (2) Aggregate data results as it pertains to non-personal information listed on the
7 survey.

8 (e) On or before November 1, 2017, and annually thereafter, the SORH shall make a
9 written report to the speaker of the house of representatives, the senate president, the governor, the
10 oversight committee on health and human services established under RSA 126-A:13, the chairs of
11 the house and senate executive departments and administration committees, the chairs of the house
12 and senate policy committee having jurisdiction over health and human services, and the
13 commission on primary care workforce issues established by RSA 126-T:1. The report shall include,
14 but not be limited to, aggregate data and information on current and projected primary workforce
15 needs and the participation rate on surveys completed pursuant to this paragraph. This report
16 shall be incorporated into the report required pursuant to RSA 126-A:5, XVIII(c).

17 (f) The commissioner may adopt rules, pursuant to RSA 541-A, relative to the
18 administration of this paragraph.

19 3 New Section; Board of Dental Examiners; Rulemaking. Amend RSA 317-A by inserting after
20 section 12 the following new section:

21 317-A:12-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
22 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
23 provided by the office of rural health, department of health and human services, for the purpose of
24 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
25 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
26 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
27 the survey under this section shall not be a condition of licensure.

28 4 New Section; Pharmacy Board; Rulemaking. Amend RSA 318 by inserting after section 5-a
29 the following new section:

30 318:5-b Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA 541-
31 A, requiring, as part of the license renewal process, completion by licensees of a survey provided by
32 the office of rural health, department of health and human services, for the purpose of collecting
33 data regarding the New Hampshire primary care workforce, pursuant to the commission
34 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
35 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
36 the survey under this section shall not be a condition of licensure.

37 5 New Section; Board of Nursing; Rulemaking. Amend RSA 326-B by inserting after section 9



1 the following new section:

2 326-B:9-a Completion of Survey; Rulemaking.

3 I. The board may adopt rules, pursuant to RSA 541-A, for APRNs only requiring, as part of
4 the license renewal process, completion by licensees of a survey provided by the office of rural
5 health, department of health and human services, for the purpose of collecting data regarding the
6 New Hampshire primary care workforce, pursuant to the commission established in RSA 126-T.
7 Any rules adopted under this section shall provide the licensee with written notice of his or her
8 opportunity to opt-out from participation in the survey. Participation in the survey under this
9 paragraph shall not be a condition of licensure.

10 II. The board may adopt rules, pursuant to RSA 541-A, for RNs and LPNs only requiring,
11 as part of the license renewal process, completion by licensees of a survey provided by the National
12 Council of State Boards of Nursing regarding minimum data sets. Any rules adopted under this
13 section shall provide the licensee with written notice of his or her opportunity to opt-out from
14 participation in the survey. Participation in the survey under this paragraph shall not be a
15 condition of licensure.

16 6 New Section; Board of Medicine; Physician Assistants. Amend RSA 328-D by inserting after
17 section 10 the following new section:

18 328-D:10-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
19 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
20 provided by the office of rural health, department of health and human services, for the purpose of
21 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
22 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
23 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
24 the survey under this section shall not be a condition of licensure.

25 7 New Section; Allied Health Professionals; Rulemaking. Amend RSA 328-F by inserting after
26 section 11 the following new section:

27 328-F:11-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
28 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
29 provided by the office of rural health, department of health and human services, for the purpose of
30 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
31 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
32 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
33 the survey under this section shall not be a condition of licensure.

34 8 New Section; Board of Medicine; Rulemaking. Amend RSA 329 by inserting after section 9-e
35 the following new section:

36 329:9-f Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA 541-
37 A, requiring, as part of the license renewal process, completion by licensees of a survey provided by



1 the office of rural health, department of health and human services, for the purpose of collecting
2 data regarding the New Hampshire primary care workforce, pursuant to the commission
3 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
4 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
5 the survey under this section shall not be a condition of licensure.

6 9 New Section; Board of Psychologists; Rulemaking. Amend RSA 329-B by inserting after
7 section 10 the following new section:

8 329-B:10-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
9 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
10 provided by the office of rural health, department of health and human services, for the purpose of
11 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
12 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
13 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
14 the survey under this section shall not be a condition of licensure.

15 10 New Section; Board of Mental Health Practice; Rulemaking. Amend RSA 330-A by inserting
16 after section 10 the following new section:

17 330-A:10-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
18 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
19 provided by the office of rural health, department of health and human services, for the purpose of
20 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
21 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
22 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
23 the survey under this section shall not be a condition of licensure.

24 11 New Section; Board of Licensing for Alcohol and Other Drug Use Professionals; Rulemaking.
25 Amend RSA 330-C by inserting after section 9 the following new section:

26 330-C:9-a Completion of Survey; Rulemaking. The board may adopt rules, pursuant to RSA
27 541-A, requiring, as part of the license renewal process, completion by licensees of a survey
28 provided by the office of rural health, department of health and human services, for the purpose of
29 collecting data regarding the New Hampshire primary care workforce, pursuant to the commission
30 established in RSA 126-T. Any rules adopted under this section shall provide the licensee with
31 written notice of his or her opportunity to opt-out from participation in the survey. Participation in
32 the survey under this section shall not be a condition of licensure.

33 12 Effective Date. This act shall take effect upon its passage.



2017-1623s

AMENDED ANALYSIS

This bill declares that certain licensing boards for health care providers may adopt rules to require completion of a certain survey as part of the license renewal process.

Committee Minutes

SENATE CALENDAR NOTICE
Executive Departments and Administration

- ✓ Sen Sharon Carson, Chair
- ✓ Sen John Reagan, Vice Chair
- ✓ Sen William Gannon, Member
- ✓ Sen Donna Soucy, Member
- Sen Jeff Woodburn, Member

*9:05 AM
- in 9 AM
open 9:30 AM
close 10:00 AM*

Date: April 13, 2017

HEARINGS

Wednesday

04/26/2017

(Day)

(Date)

Executive Departments and Administration

LOB 101

9:00 a.m.

(Name of Committee)

(Place)

(Time)

- | | | |
|------------|---------------|---|
| 9:00 a.m. | HB 171 | prohibiting the state or its political subdivisions from assisting a federal agency in the collection of electronic data without a warrant. |
| 9:30 a.m. | HB 322 | adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers. |
| 9:45 a.m. | HB 373 | relative to rulemaking on forms for allied health professionals and relative to information on court cases concerning the validity of administrative rules. |
| 10:00 a.m. | HB 209 | relative to the adoption of Atlantic standard time. |
| 10:15 a.m. | HB 323 | relative to standards for revaluations established by the assessing standards board. |

EXECUTIVE SESSION MAY FOLLOW

Sponsors:
HB 171

Rep. Kurk
HB 322
Rep. Fothergill
Rep. P. Schmidt
HB 373
Rep. McGuire
HB 209
Rep. Murphy
HB 323
Rep. Abrami
Rep. D. Thomas

Rep. McGuire

Rep. S. Schmidt
Sen. Woodburn

Rep. McGuire

Rep. Vose
Sen. D'Allesandro

Sen. Daniels

Rep. Campion
Sen. Feltes

Rep. Azarian

Sen. Avar

Rep. J. MacKay
Sen. Reagan

Rep. Lovejoy

Deb Chroniak 271-1403

Sharon M Carson
Chairman

Senate Executive Departments and Administration Committee

Deb Chroniak 271-1403

HB 322, adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

Hearing Date: April 26, 2017

Time Opened: 9:30 a.m.

Time Closed: 10:06 a.m.

Members of the Committee Present: Senators Carson, Reagan, Gannon, Soucy and Woodburn

Members of the Committee Absent: None

Bill Analysis: This bill declares that certain licensing boards for health care providers may adopt rules to require completion of a certain survey as part of the license renewal process.

This bill is a result of the commission established in 2016, 252.

Sponsors:

Rep. Fothergill

Rep. S. Schmidt

Rep. Campion

Rep. J. MacKay

Rep. P. Schmidt

Sen. Woodburn

Sen. Feltes

Sen. Reagan

Who supports the bill: Representative Fothergill, Coos 1; Representative Carol McGuire, Merrimack 29; Representative Polly Campion, Grafton 12; Representative Dianne Schuett, Merrimack 20; Senator Jeff Woodburn, Paula Minnehan, Vice President, Government Relations, New Hampshire Hospital Association; Danielle Weiss, Program Manager, Health Professions Data Center, Department of Health and Human Services; Laurie Harding, Lebanon, New Hampshire, Grafton County, Commission on Primary Care Workforce; Joan Widmer, New Hampshire Nurses Association; Joseph Shoemaker, Director, Division of Health Professions, Office of Professional Licensure and Certification; Tina Kelly, Allied Health Boards, Holly Stevens, New Futures; Courtney Tanner, New Hampshire Providers Association; Lynn Stanley, New Hampshire National Association of Social Workers; Valerie Acres, New Hampshire Medical Society; Mary Bidgood Wilson, New Hampshire Nurse Practitioner Association; Kim Reeve, Esquire, Bi-State Primary Care Association; Krista Morris, Legislative Liaison, Division of Public Health, Health and Human Services Department; John Williams, Health and Human Services Department

Who opposes the bill: No one

Who is neutral to the bill: No one

Summary of testimony presented in support:

Representative John Fothergill

- Allows various boards to require a survey be completed at time of licensing renewal, providing an opt-out for individual providers.
- In the fall of 2016, a workforce commission began via SB 439.
- SB 161 passed House HHS and sets up a commission to assess workforce data. Need for data is important and is lacking.
- Supply and demand issue, there is a reasonable amount of data on demand, but not on the supply-side.
- There is agreement that data is needed, but the question is how to get it, and who is responsible.
- The most effective way is through the licensing process.
- Sharing of information in the medical community is not fluent.
- As a physician he would fill out a survey once every two years, data goes to one place, and data is available to everyone.
- Do providers have a duty to do this? According to the Code of Ethics for the AMA and Nursing Association, providers have an ethical responsibility to their patients, but they also have an ethical obligation to community to assure there is access to care, to assist in workforce development and provide a safe and acceptable work environment.
- Access to care needs to be addressed and providing an acceptable work environment needs to be addressed. Provider burnout is one of the biggest issues facing this profession.
- By having this survey completed, allows to fulfilling this obligation in assisting in addressing those issues.
- This survey would only add more questions.

Senator Reagan asked how successful has the data survey been in other states?

Representative Fothergill said this is mandatory in many states, i.e., California, Florida, Massachusetts, Minnesota, Missouri, New Mexico, New York, North Carolina, Oregon, South Carolina, Texas, Vermont, Virginia, and West Virginia.

Representative Carol McGuire

- HB 332 provides an explicit opt-out for people who are receiving license request. If you opt-out it is legal, but most do not opt-out. They need to know, for example, if a registered nurse is working as a nurse or as an administrator.
- This gives the boards the authority to place this in rules, and all boards have agreed. **Senator Soucy** asked if there was one final collection point for this data. Representative McGuire stated all data will go to the Department of Health and Human Services, where they are expected to use an on-line survey. **Senator Reagan** asked if the regulated communities had any objections to the data collection. Representative McGuire stated no.

Laurie Harding (in support) (testimony provided)

- Chairs the New Hampshire Commission on Primary Care Workforce,

established in 2010 for the state to understand primary care workforce shortages.

- Primary care umbrella includes family physicians, practicing internists, pediatricians, obstetricians, general surgeons, dentists, etc.
- Behavioral health providers have been a recent add-on to address shortages.
- Been working on adequate workforce data over the last several years, but without data there is no way to tell how many physicians, nurses, physical therapists are working in any one area of the state or out-of-state.
- In order to collect accurate data it was determined to attach this to the licensing.
- This in enabling legislation and does not require the boards to implement this until they are ready to implement. The opt-out language was placed in the legislation because people felt strongly it needed to be an option. Opting out will not interfere with someone getting their license.
- The legislation will affect nine different boards.
- Three commissions have made this data collection their number one recommendation.
- They have worked with boards to keep them engaged.
- JLCAR was familiar with the opt-out language.

Senator Carson said the survey was asking for personal information, was there a way to redact this information will be collecting all of this information and if information were to go out, it would be in the aggregated format. Reports will be generated from this information to better understand the primary care workforce.

Danielle Weiss (in support) (testimony provided)

- Need data for planning purposes and to answer questions on workforce shortages.
- Accurate data is crucial.
- Minimum data sets were created by national boards, councils, and associations.
- Each provider survey would be built, tested and approved by appropriate stakeholders prior to implementation.
- Surveys will be developed, disseminated, managed and results analyzed by their office with minimal administrative obligation on the licensing boards and no financial cost to them.
- Complete workforce data is not currently collected.
- An opt-out option will be in the board's rules.

Christa Morris (in support)

- Willing to work with committee with any issues they have with bill.

Joseph Shoemaker (in support)

- They have worked closely with Ms. Harding.
- Their office does not have any concerns and supports the bill as written.
- His office gets calls for this information, which information they do not have.
- Boards feel a responsibility to assure adequate coverage state-wide and this bill supports that effort to assure there is adequate coverage.
- They have had success with Board of Nursing with a high level of participation.

Paula Minnehan (in support) (testimony provided)

- Important piece of legislation.
 - Realize there is a health care workforce shortage, but do not have the necessary data to determine the appropriate types of clinicians needed and in what parts of the state the need is.
 - Enables boards to adopt rules allowing for the collection and there is an opt-out. This makes the bill fair and balanced.
- Senator Reagan** asked what is the incentive for people to complete the survey. Ms. Minnehan said she does not think those making out the survey would find it burdensome and it would not take long to complete.
- The data information for hospitals is very important.
 - In order to get support from the federal government and grant funding, they need to provide accurate data to them.

Valarie Acres (in support) (testimony provided)

- Public health is important to their members.
- Working on building that up going forward.
- Doctors are very engaged in this bill.
- Data driven society.
- Need good data for systems to work from.
- Decisions are easier when good data exists.
- 2016 survey is five 5 pages and does not take long to complete.
- The survey will become electronic next year, which will make it much more convenient.
- There has been universal and immediate support for this bill.
- Not mandatory on the boards or the participants.
- More participation in surveys when it is an opt-out option versus an opt-in.
- There are incentives for people to participate because the data is important. Physicians want to know this data.

John Williams (in support)

- Suggesting a friendly amendment to make clear participation in this shall not be a condition of licensure. All are in agreement of this change from the bill sponsor to the Office of Professional Licensure and Certification.
- Changes will occur on Page 1, lines 8, 16, 25 and 30, the following sentence would be added: "Under no circumstances shall participation with the survey be a condition of licensure". This sentence would also be added on Page 2, lines 8, 16, 24 and 32; and, on Page 3, lines 2 and 10.

Summary of testimony presented in opposition: No one

Future Action: Pending

dac

Date Hearing Report completed: May 1, 2017
[file: HB 322-F report]

Speakers

SENATE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE

Date: April 26, 2017

Time: 9:30 a.m. Public Hearing on HB 322

HB 322 – An Act adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

Please check box(es) that apply:

SPEAKING	FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daryl W Perry	Liberty Lobby LLC
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Christopher Waid	THINK PENGUIN inc
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEN JEFF WOODBURN	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will Anderson	Concord self
<input checked="" type="checkbox"/>	###	<input checked="" type="checkbox"/>	Paula Minnehan	NH Hospital Association
<input checked="" type="checkbox"/>	###	<input checked="" type="checkbox"/>	Rep Carol McGuire	Merr 29
<input checked="" type="checkbox"/>	###	<input checked="" type="checkbox"/>	Danielle Weiss	DHHS
<i>it needed</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rep Polly ^{CAMPION} Cannon	Brafton 12
<input checked="" type="checkbox"/>	###	<input checked="" type="checkbox"/>	Louise Harding	LEBONON, Grafton city ^{NH Commission on Prig}
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jean Widmer	New Hampshire Nurses Assoc
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	REP DIANNE SCHUETT	MERR 20
<input checked="" type="checkbox"/>	###	<input checked="" type="checkbox"/>	Rep Fothergill	Car 9
<input checked="" type="checkbox"/>	###	<input checked="" type="checkbox"/>	Joe Stormaker	OPLC
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tina Kelley	Allied Health Professions
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Holly Stevens	New Futures
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Courtney Tanner	NH Providers Association
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lynn Stanley	NH National Assoc. of Social Workers
<input checked="" type="checkbox"/>	###	<input checked="" type="checkbox"/>	Valerie Acres	NH Medical Society

SENATE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE

Date: April 26, 2017 Time: 9:30 a.m. Public Hearing on HB 322

HB 322 - An Act adding rulemaking authority to require completion of a certian survey as part of the license renewal process for health care providers.

Please check box(es) that apply:

Table with 3 columns: SPEAKING FAVOR, OPPOSED, NAME (Please print), REPRESENTING. Includes entries for Mary Bidgood Wilson, Kim Reeve, Esq, and John Williams.

Testimony

#1

Good morning Madam chairperson + honorable members of
the Committee

Thank you for the opportunity to introduce (S32)
An Act relative to healthcare workforce data collection

For the Record may I'm John Fothergill

Representing a number of Communities in Northern Coos

This legislation allows the various Boards to receive a survey
to be completed at the time of license renewal
and does provide an opt-out for business providers

Last Fall a workforce commission set up by SR439 and
the Governor's Commission on Health Care + Community Support workforce
issues independently addressing issues of workforce development
and access to care

SB161 recently passed the House's H+HS committee and sets up
another commission to assess workforce data

while there were many recommendations coming out of Last
Fall Commission.

Both noted the need for better data regarding the
present workforce

If we Approaches the Access to care + workforce
as a Supply + Demand problem

It's apparent we have reasonable data related to Demand
but very little data related to Supply

For Example

The Board of Medicine

Can tell you how many individuals have a License in NH

But cannot tell you

How many are active vs retired

working in NH or not

working full time vs part time

practicing - 1st care or Specialty care

- in a hospital or a CHC

- adult medicine vs Pediatric

I Believe there is good agreement we need
more + better data

How do we get it + who is responsible

By far the most effective + efficient way to collect this data is thru the Licensing process

Are there other ways to obtain the data

We have considered going thru the hospitals, various clinics & professional associations but this would be far less efficient or effective

As a physician filling out a survey once every 2 yrs makes the most sense - All data goes to one place, I fill out 1 form and data is available

If data is collected by more than 1 organization it's very likely I will fill out multiple forms + sharing info is unlikely -

For example -

Does a provider have a duty

According to AMA ethics policy providers have an ethical obligation to their patients but also to their community to assure access to care to assist in workforce development and to provide a safe and acceptable work environment

Provider's answers to the survey helps fulfill this obligation

tying it to the license renewal allows for the most effective & efficient process

The situation now is every 2 years providers complete a questionnaire in order to renew their license and we want to add some questions

I have the questions here and can review if wanted

to summarize

there is consensus that information is needed and the pathway proposed is reasonable and the most effective way to obtain it

thank you for your consideration

STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6935



BOARD OF MEDICINE
121 South Fruit Street, Suite 301
Concord, NH 03301-2412

#2

RENEWAL APPLICATION

Renewal Fee: \$350.00

For expiration on:

For Office Use Only:
Date Pd: _____ Check # _____

If you **DO NOT** wish to renew your license, check here.

If you choose not to renew, your license will be placed on inactive status. To reactivate the license, you will be required to file a reinstatement application.

The following information represents the information on file for you with the Board of Medicine. **Please make any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board of any change in business or home address within 30 days of the change.**

Specialty: _____

Currently Board Certified? (Y/N) _____

(If yes, provide proof of board certification.)

Please list ABMS Board Specialty: _____

Currently licensed in the states of: (2 letter state abbrev.) _____

You must provide both home and business street address. P.O. Boxes are not acceptable without a street address provided. Please mark the box next to the address you would prefer to list as your mailing address.

License #: _____

File #: _____

Please provide current Email, Fax and Phone Numbers below:

Hospital Affiliations: *****Please list city and state where hospital is located.**

(RENEWAL APPLICATION CONTINUED ON REVERSE SIDE)

The Board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory. **Last four (4) of your Social Security Number:** _____

****Please answer each of the following questions. Affirmative answers to any question between 1 and 10 requires a complete written explanation of the circumstances, including any required documents. DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.**

In the past 24 months OR since you last reported to the Board of Medicine if greater than 24 months:

	YES	NO
1. With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your license, or entered into any agreement with a licensing body for any reason, including but not limited to rehabilitation?	_____	_____
2. Have you been denied a license to practice medicine, or have you surrendered a license due to an investigation or disciplinary action, in any state other than New Hampshire?	_____	_____
3. Have you been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your U.S. Drug Enforcement Agency ("DEA") certificate?	_____	_____
4. Have you been treated, other than through the N.H. Professionals Health Program, for abuse or misuse of any chemical substance, including alcohol?	_____	_____
5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	_____	_____
6. Have you been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court?	_____	_____
7. Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	_____	_____
8. Have you been the subject of an investigation or disciplinary proceeding regarding the practice of medicine? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.	_____	_____
9. Have any hospital privileges been suspended, limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?	_____	_____
10. Have any medical malpractice claims been made against you? See attached reporting form.	_____	_____
11. Are you practicing in any other location other than the principal business address listed on the front of this renewal? If so, please attach a list with all additional business address(es) and business phone number(s).	_____	_____
12. Have you registered with the Controlled Drug Health and Safety Program (also known as the N.H. Prescription Drug Monitoring Program)?	_____	_____
13. Do you have a DEA license number? If so, please provide the state of issuance and the expiration date. State of Issue: _____ Expiration Date: _____	_____	_____

****Pursuant to RSA 125:25-c, I, please attach a list of ALL diagnostic and therapeutic services in which you have an ownership interest.**

I HEREBY CERTIFY UNDER PENALTY OF UNSWORN FALSIFICATION THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. I acknowledge that I am governed by the Medical Practice Act (RSA 329), the New Hampshire Code of Administrative Rules (Med 100-500), and the American Medical Association's Code of Medical Ethics. I have familiarized myself with these documents and acknowledge that deviation from the standards set therein may subject me to disciplinary action by the N.H. Board of Medicine.

Signature of Licensee (Signature Stamp Not Accepted)

Date



NH DIVISION OF
Public Health Services
improving health, preventing disease, reducing costs for all
Department of Health and Human Services



New Hampshire

Physician Licensure Survey

Physician Name: _____

Phone#: _____ Email: _____

1. Please enter the NH License Number assigned to you: _____

2. Sex: Male Female 3. YOB: _____

4. 10-digit NPI # _____ No NPI #

Note: If you do not know your NPI number, please visit
<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do> to locate it.

5. Are you Hispanic/Latino?

Yes No

6. Race: (Select all that apply)

White; Black or African American; Hispanic/Latino only; Amer. Indian or Alaska Native; Asian (Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other _____); Native Hawaiian or Other Pacific Islander (Guamanian or Chamorro, Samoan, Native Hawaiian, Other _____)

7. Do you speak another language other than English in your clinical practice?

Yes No

7a. If yes, what language(s)? (Select all that apply)

French, Spanish, Portuguese, Chinese, German, Greek, Hindi, Italian, Russian, Arabic, American Sign Language, Other _____

8. Which best describes your current practice status in NH? (Select one)

Note: Remainder of survey pertains only to providers engaged in full/part time clinical practice in NH

- Full/Part time clinical practice at one or more locations in NH
- Clinical work as a Locum Tenens at one location for one year or longer
- If you did not check one of the two boxes above, please check appropriate box below and skip remainder of survey*
- Clinical work as a Locum Tenens for less than one year at one location
- Medical Administrative/Legal services ONLY
- Clinical teaching/Clinical research ONLY
- Other work using medical license/training (Select this option if you work less than 2 scheduled hours per week/8 hours per month practicing clinical medicine in NH.)
- No clinical or medical related work within NH
- Not currently working; If checked: Unemployed/Looking On extended leave Other
- Retired

9. Please indicate where you graduated from medical school (name of school, state):

10. Year you graduated from medical school: _____

11. Additional training information:

Note: Your principal specialty is the specialty you currently spend the most time practicing.

	Completed Accredited Residency Program/Fellowship?	Board Certified?
Principal Specialty	<input type="checkbox"/> No <input type="checkbox"/> Yes; State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Specialty <i>(If applicable)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes; State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tertiary Specialty <i>(If applicable)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes; State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Are you a foreign citizen currently in the US on a work Visa?

Yes No

13. Are you currently obligated under the J-1 Visa Waiver Program to work at your clinical practice(s) in NH?

Yes No

14. Are you currently an obligated provider under the National Health Service Corps program (scholarship or loan repayment) or the NH State Loan Repayment Program?

Note: These are programs that cover medical education costs or offer loan repayment in return for working in a federally designated shortage area for a specified period of time.

Yes No

15. Did you live or work in NH prior to receiving your NH license?

Yes No

16. Do you expect that you will be practicing medicine in NH 5 years from now?

- Yes, at about the same level I'm currently working
- Yes, but I expect to increase my hours
- Yes, but I expect to reduce my hours
- No, but I expect to be practicing in another state
- No, I do not plan to practice medicine 5 years from now

17. How many total hours per week do you practice medicine across all service locations (i.e. locations with scheduled services of at least 2+ hours per week)?

_____ (hours per week)

NH PRACTICE SITE QUESTIONS

The following questions should be completed for each location at which you routinely practice medicine (i.e. at least 2+ hours of scheduled services per week). Note: If you provide telemedicine only at a practice location, please enter TELEMEDICINE as the name of the site. Before completing, copy pages 3-5 for each site at which you practice.

18. Practice Name: _____

Practice Phone: (____) _____ - _____ Extension: _____

Practice Physical Street Address: _____

Practice City: _____ Zip: _____

Practice Mailing Address (if different): _____

Mailing Address City: _____ Mailing Address Zip: _____

19. Please identify (with an "x") the specialty(ies) that best define your practice, at this site:
Specialty #1(Principal); Specialty #2 (Secondary); Specialty #3 (Tertiary)

Note: Your principal specialty is the specialty that you spend the most time practicing at this site.

Area of Practice	Principal (select one)	Secondary (select one, if applicable)	Tertiary (select one, if applicable)
Adolescent Medicine			
Anesthesiology			
Allergy and Immunology			
Cardiology			
Child Psychiatry			
Critical Care Medicine			
Dermatology			
Endocrinology			
Emergency Medicine			
Family Medicine/General Practice			
Gastroenterology			
Geriatric Medicine			
Gynecologic Oncology			
Gynecology Only			
Hematology & Oncology			
Hospital Medicine (Hospitalist)			
Infectious Diseases			
Internal Medicine (General)			
Nephrology			
Neurology			
Obstetrics and Gynecology			
Occupational Medicine			
Ophthalmology			
Otolaryngology			
Pathology			
Pediatrics (General)			
Pediatric Subspecialties			
Physical Med. & Rehab.			

Preventive Medicine/Public Health			
Psychiatry			
Pulmonology			
Radiation Oncology			
Radiology			
Rheumatology			
Surgery (General)			
Surgery – Subspecialties			
Colon and Rectal			
Neurological			
Orthopedic			
Other Surgical Specialties			
Plastic			
Thoracic			
Vascular			
Other			

20. **Approximately** how many hours per week do you typically spend providing clinical services at this location? The hours should **not** include time spent admitting, discharging, performing daily rounds on hospitalized patients, on-call, or on corporate/management activities **unless you are a Hospitalist**.
 _____ hours/week

21. Check the appropriate box below which best describes your work setting at this location:

- Hospital/Surgical Center services only (hospitalist, pathology, radiology, ER, surgical center, etc.) *(skip the rest of the survey)*
- Extended/Institutional care only (nursing home/SNF, residential treatment, etc.) *(skip the rest of the survey)*
- Substance abuse treatment centers *(skip the rest of the survey)*
- State/federal prison clinic *(skip the rest of the survey)*
- City/County correctional facility *(skip the rest of the survey)*
- Rehabilitation facility (OT/PT/ST) *(skip the rest of the survey)*
- Corporate/Educational Institution or Veterans Administration(VA) *(skip the rest of the survey)*
- A non-traditional setting (e.g. home care, mobile services, etc.) *(skip the rest of the survey)*
- Other **NON-outpatient** setting *(skip the rest of the survey)*
- Outpatient/Office-based setting** (none of the above describes this location)

22. Is this location an outpatient/office facility **owned** by a hospital system?

Note: Private/Stand-alone practices renting space from a hospital should answer 'No.'

- Yes No

23. Does this location participate in any of the following federal programs?

Note: Participation in these programs require formal application and acceptance. Specific definitions apply. Please read the following before indicating participation in any of these programs:

"Federally Qualified Health Center" (FQHC) is an official federally designated status for non-profit organizations receiving ongoing federal grant support under Section 330 of the Public Health Service Act.

"Rural Health Clinic" (RHC) is an official federally designated status granted to specific primary care service delivery locations in rural areas. RHCs receive enhanced Medicaid and Medicare

reimbursement. Do not indicate RHC status if you indicated participation in the FQHC program above.

- No federal program participation at this location
- Federally Qualified Health Center
- Federally certified Rural Health Clinic

24. **Approximately** what percentage of the hours at this address are spent providing each of the following categories of care: (Total must equal 100%)

a. Primary Medical Care _____ %

Note: Primary care includes the initial assessment (first contact) and primary diagnosis of undifferentiated disease, primary treatment of acute conditions, and ongoing management of chronic illness. It also encompasses the performance of health promotion, disease prevention, health maintenance, counseling, and patient education activities, as well as advocating for the patient and coordinating the use of the entire health care system to benefit the patient. Specialties outside of Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, and General Practice are typically not considered to deliver primary medical care.

b. Specialty Care/Procedures _____ %

c. Mental Health/Substance Abuse Care _____ %
(not incidental to primary medical care)

25. Do **you** accept **NH** Medicaid as a form of payment at this location?

- Yes No

26. Is a formal sliding fee discount policy offered at this location?

Note: Sliding fee discount policies (or sliding fee scales) are based upon federal poverty guidelines, and patient eligibility is determined by annual income and family size. These scales are established to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied. This does not include standard, discounted rates for everyone set by the facility or negotiated reductions granted on a case by case basis. There must be a sliding fee schedule posted in the waiting room.

- Yes No

26a. If yes, **approximately** what % of visits do **you** provide on a sliding fee discount basis?

_____ %
(Enter a number between 1 and 100)

27. Are **you** currently accepting new patients at this location?

- Yes No N/A (not a primary location for patient intake)

28. Are there routine (non-urgent) outpatient appointments set at this location?

- Yes No

28a. If yes, **approximately** what is the present wait for a routine appointment for:

- 1) A new patient _____ days (Note: If new patients are not currently accepted, enter NA)
- 2) An established patient _____ days

#3

New Hampshire Commission on The Primary Care Workforce

Testimony on HB 322- Data and Licensing

April 26, 2017

**Submitted by: Laurie Harding, MS, RN - Commission Chair
(lharding0625@gmail.com)**

Madame Chair and members of the Committee,

The NH Commission on the Primary Care Workforce was established in 2010 to better understand our primary care (broadly defined to include family doctors, internists, general surgeons, pediatricians, OB/GYNs, dentists, pharmacists, APRNs, PAs) workforce shortages particularly in the underserved parts of the state. The Commission has been expanded to pay closure attention to our Behavioral Health provider needs. We focus on issues around recruitment and retention of healthcare professionals in NH by facilitating conversations about workforce innovations, loan repayment initiatives, student clinical placements, provider job satisfaction and ways to introduce NH as the best place to practice your healthcare profession. Our role is often that of convener and advocate.

The Commission has been working on the issue of adequate workforce data for several years. Without data we have no information beyond how many licensed providers we have in the state. It makes planning for our futures needs almost impossible. We don't know where people are practicing or if they are even practicing in NH at all or if they are working full time or only 10 hours/week. After much discussion and exploration, it became apparent that one of the ways to collect adequate/accurate workforce data was to do it through the license renewal process.

We discovered the hard way that the licensing boards did not have the legislative authority to require the completion of a workforce survey as part of the licensing process. After conversations with the boards last fall, we decided that the HB 322 would be the most reasonable way to move forward with workforce data.

Collecting reliable workforce data is one of the major recommendations of 3 Commissions and Committees that were set up last summer to better understand the healthcare workforce shortages that we are experiencing all over the state

HB 322 is enabling legislation that does the following:

***provides language that enables the boards (medicine, PAs, , psychologists, PT/OT, Pharmacists, Dentists, APRNs, RNs, Behavioral Health and SUD counselors) to write rules to require the completion of the workforce survey in order to be relicensed. VT has this requirement. I just renewed my VT license and I completed a workforce survey. It took me 5 minutes.**

***HB 322 also gives the boards the ability to write rules that provide for an opt out for those that feel strongly about not completing the survey.**

In preparation for moving this bill forward, we had a meeting with those boards that were interested/concerned. They have all had an opportunity to see the bill in its final form and have been notified of the hearings.

I appreciate the opportunity to speak to you today. I would be glad to have further conversations about this bill.

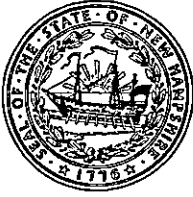
Just a few thoughts about data:

***In God we trust. All others must bring data. W.E. Deming**

***The goal is to turn data into information, and information into insight. Carly Fiorina**

***You can have data without information, but you cannot have information without data. Daniel K. Moran**

***Things get done only if the data we gather can inform and inspire those in a position to make a difference. M. Schmoker**



Jeffrey A. Meyers
Commissioner

Lisa Morris
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-5934 1-800-852-3345 Ext. 5934
Fax: 603-271-4506 TDD Access: 1-800-735-2964



April 26, 2017

Need for Health Workforce Data Collection in NH

Numerous national and state level reports have documented the need for comprehensive and consistent healthcare workforce data at a granular level. This data is necessary to adequately predict both current and future workforce supply and demand, and will serve to ensure the transformation of health care is more efficient, lowers costs, and leads to safer care and improved patient outcomes.

In-order to understand key practice and capacity health workforce data, data collection via provider surveying is essential. Data will be used for healthcare access planning and workforce assessment and will ultimately lead to federal shortage designations, which brings providers to underserved areas of the state; strengthened recruitment/retention initiatives including scholarships, repayment, and waiver programs; the expansion of existing educational programs and employment training programs; and stronger emergency preparedness. Understanding workforce shortages helps us to best allocate funding for workforce purposes and to prioritize resources.

Essential workforce data is not currently collected by the health professions licensing boards; therefore, the state cannot speak to key capacity indicators such as the number of specialists currently practicing, where they're practicing (location and number of practices), and the number of clinical hours practiced.

The limited workforce data that is collected may misrepresent healthcare capacity, and inhibit meaningful use. The results from a comparative analysis between the Board of Medicine's licensing list and the NH Division of Public Health Service's 2015 Physician Licensure Survey found the following inconsistencies:

- Practice status
 - >25% of physicians categorized as inactive on the licensing list were actively practicing medicine in NH
 - >10% categorized as active on the licensing list were not actively practicing medicine in NH
- Practice locations
 - The NH Board of Medicine only collects one practice location, which minimizes the availability of healthcare services
 - Survey results showed there were 27% more practices than physicians
- Specialty

- The NH Board of Medicine only collects one practice specialty, which minimizes the availability of medical specialists
- Survey results showed ~20% of physicians who practice at 2 or more sites had more than one primary specialty

Without a survey requirement or the ability to integrate questions into an online license renewal process for all health professions licensing boards, the response rate would not yield enough data to utilize for workforce planning and assessment. Many health professions licensing boards are still on paper; they do not process license renewals online. In order for the Health Professions Data Center to assume all administrative responsibility and data processing, it is essential that the separate survey be required so providers have reason to complete it along with other renewal components. In 2015, when it was communicated that physician survey completion would be a required component of license renewal, the overall response rate was >80 percent. However, when the survey was released as voluntary with no obligation to complete it, the overall response rate was approximately 7 percent.

Current Health Professional Shortage Areas are in jeopardy of losing their federal designation if the Division of Public Health Services cannot validate providers in the new federal Shortage Designation Management System. The system uses the Centers for Medicare and Medicaid Services database to upload providers in the system by National Provider Identifier (NPI) and assigns all one FTE (i.e. 40-hour work week). While in theory, once assigned to providers, the NPI should follow providers – by being used for billing purposes - and be an indicator of practice, it does not. The NPI is not consistently updated and may not capture practice work since residency. Many providers use organizational NPIs instead individual for billing purposes. Many physicians do not practice 40+ hours per week. Over 61% of physicians who completed the 2015 survey indicated they practice 39 hours or less. However, because NH does not collect the NPI of physicians, and perhaps other providers, we cannot validate, or remove, providers that are not actually practicing or modify the FTE of those practicing less than 40 hours. Therefore, workforce capacity will be overestimated and federal designation status removed for areas that experience a shortage of providers.

Administration

The surveys will be developed, disseminated, managed, and results analyzed by the NH Division of Public Health Services; minimal administrative obligation will fall on the licensing boards.

Survey Design/Features

The National Center for Workforce Analysis' Minimum Data Sets will be used as templates to build our provider surveys. The Minimum Data Sets were created by national boards, councils, and associations to provide basic, uniform, and consistent information on the health workforce so states could collect essential data for statewide healthcare workforce assessment, Shortage Designation assignment, and to anticipate health workforce shortages. The NH Physician Survey was developed using the Minimum Data Set and with collaboration by the NH Medical Society, the NH Board of Medicine, DHHS' Office of Health Equity, the NH Recruitment Center, and the Legislative Commission on Primary Care Workforce Issues.

The electronic survey was designed to be user-friendly and has sophisticated logic (i.e. branching, looping, piping, extraction) embedded to ensure only questions relevant to the provider taking the survey will be presented. Question fields can be pre-populated with previously entered responses from the last survey completed to simplify each iteration of survey completion by only asking physicians to confirm that certain answers are correct (but also allowing for answer modification). Other features include

- Ability to review the survey before getting started
- An emailed a copy of the questions and entered answers after survey completion
- System auto-saves each answer and allows users to time out and return later to finish
- Compatible with all systems and mobile devices

Surveys will takes anywhere from 3 minutes to 15 minutes to complete (7 on average), depending on specialty practiced and number of practice sites.

Data Protection/Confidentiality

The NH Division of Public Health Services contracted with Qualtrics to collect and store provider survey data. Data collected is stored in accredited Qualtrics data centers, which uses encryption for all transmitted data, high-end firewall systems, and regular scanning to ensure vulnerabilities are found and patched. Qualtrics is Federal Information Processing Standard (FIPS) 200 compliant, which ensures protection of participants' personal information by emphasizing more security during the development, implementation, and operation of information systems. Furthermore, customer data is stored in a server located in the US, not in the "cloud."

Collected data can only be accessed by Danielle Weiss, the system administrator of the Health Professions Data Center in the Division of Public Health Services. Apart from the Health Resources and Services Administration's Shortage Designation and Management System, which NPI data is uploaded to, and which our Office is required to utilize for Shortage Designation determinations as grantees, data will only be released in aggregate, de-identified form.

A report of the 2015 Physician Survey Data results can be found at:

<https://www.dhhs.nh.gov/dphs/bchs/rhpc/documents/md-surveydata2015.pdf>

Sincerely,

Alisa Druzba, Administrator
Rural Health & Primary Care

Danielle Weiss, Program Manager
Health Professions Data Center
Rural Health & Primary Care

#5

New Hampshire
MEDICAL SOCIETY

April 26, 2017

Outline for testimony in support of HB 322, adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers

Senate Executive Departments and Administration Committee hearing

NHMS supports HB 322

Importance of public health

- The *mission of New Hampshire Medical Society* is to bring together physicians to advocate for the well being of our patients, for our profession and *for the betterment of the public health.*
- Discussing ways to re-energize the public health part of our mission statement in a more organized way and there seems to be a lot of interest, as evidenced by the number and level of interest in public health legislation on our list this year.

Data-driven society

- More and more we are data driven. We hear it in terms like “evidence-based,” “outcomes measures,” and the like. We see it in the increasing number of bills seeking better integration and interoperability of data systems within the state. But *integration and interoperability of systems is meaningless without good data in the system in the first place.*
- Legislature and other policymakers don’t always – and, I understand, can’t always – wait for perfectly designed studies all of the time; however the *decisions are always easier to make and often better when good data exists.*

2016 survey

- Current survey is short; only five pages mainly of check boxes and single word answers and many physicians would stop in the middle of page 4 based on responses.
- Next year, it will be electronic which will be even more convenient.

NHMS discussions

- We have discussed this at many levels at NHMS and, while not every physician is a member and not every member was part of those conversations, there has been immediate and universal support for this.
- Keep in mind that doctors don't operate in a vacuum. I believe our members would speak up if they were expressing personal support but felt like an outlier among their colleagues.

Not mandatory

- This is not mandatory on the Board of Medicine or physicians. Bill says Board "may" adopt rules and "shall" provide the licensee with written notice of his or her opportunity to opt out from participation. *We feel written notice of the opt-out option is sufficient but if you want even stronger language, you could add this to each section: Under no circumstances shall participation in the survey be considered a condition of licensure.*
- If they Board decides to move forward, it would be done through rules which is an open process and offers licensees a chance to weigh in regarding participation and content.

Conclusion

- In closing, NH Medical Society believes this form is a *simple request that will help inform decisions that are crucial to meeting the workforce demands* of an aging population, a growing number of people seeking treatment for drug and alcohol abuse, and a crisis in the delivery of mental health services throughout our state, including and perhaps especially in rural areas.

Note regarding participation rates and incentives to participate –

I am told that the 7% response rate was during a time when participation in the survey was opt-in. It is well-accepted that participation rates of opt-in surveys are lower than those of with an opt-out option. *Making it opt-out, but not mandatory, and linking it with the licensure process will improve response rates.*

Also, Rep. Fothergill noted two important incentives for participation: better care for patients through *improved access to care and better work environments.*

Finally, *physicians want and will benefit from this data* as it will help us target and distribute care in an efficient way going forward, especially during the workforce shortage. This is really important data and most physicians realize that.



SENATE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE

April 26, 2017

HB 322

An act adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

Testimony

Good morning, Madam Chair and members of the committee. My name is Paula Minnehan, VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all of our specialty hospitals.

The New Hampshire Hospital Association supports HB 322.

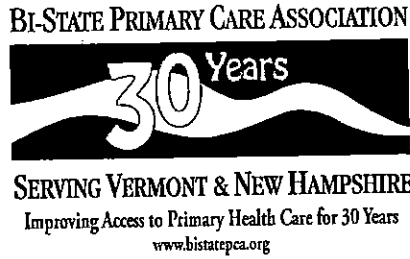
HB 322 is an important piece of legislation to assist in addressing our health care workforce shortage. What we do know is there is a health care professions workforce shortage. However, we do not have the necessary data to determine the appropriate types of clinicians needed and in what parts of the state is the need is greatest. HB 322 enables the specific boards listed in the bill to consider adopting rules to allow for the collection of the additional data during the license renewal process. In addition, the rules will provide for an opt-out provision if the licensee chooses to not complete the survey.

We hope that the committee is supportive of this important initiative and votes HB 322 Ought to Pass.

Thank you for the opportunity to provide our comments. I'd be happy to answer any questions you may have.

#7

525 Clinton Street
Bow, NH 03304
Voice: 603-228-2830
Fax: 603-228-2464



61 Elm Street
Montpelier, VT 05602
Voice: 802-229-0002
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April 26, 2017

Honorable Sharon Carson, Chair
Senate Executive Departments and Administration
Legislative Office Building, Room 101
Concord, New Hampshire 03301

RE: HB 322 adding rulemaking authority to require completion of a survey as part of the license renewal process for health care providers

Dear Chairwoman Carson and committee members:

Bi-State is a non-profit organization that advocates for access to primary and preventive care for all. We represent New Hampshire's 15 Community Health Centers and other community-based providers statewide. Bi-State supports HB 322 because it would provide the Health Professions Data Center the ability to track workforce shortages and provide information to inform critical policy decisions that affect provider recruitment and retention throughout the state.

During the last legislative session, the legislature passed Senate Bill 439 establishing a commission to study the shortage of nurses and other skilled health care workers, the committee submitted its final report on November 1, 2016 with recommendations on recruitment and retention related initiatives including data collection on the state's current workforce shortages. HB 322 endeavors to address one of the commission's recommendations: to better collect capacity data from all practicing licensed healthcare providers. The bill will allow the Division of Public Health Services, Rural Health and Primary Care Section of the Department of Health and Human Services to collect key practice and capacity data from all practicing, licensed health care providers by requiring the completion of a survey as part of the license renewal process. The collection of this data through licensure renewal is a best practice used in many other states. This data collection will help identify New Hampshire specific workforce issues. The data will give policymakers and stakeholders information needed to make local, regional, and statewide resource decisions relative to healthcare workforce policy, new program start-ups, recruitment and retention programs and workforce investment.

Bi-State operates the state's only not-for-profit Recruitment Center, which recruits primary care providers including physicians, nurse practitioners, physician assistants, behavioral health providers, and dentists. According to current data Bi-State has on file, there are approximately 134 vacancies in medical, oral and behavioral health care. We estimate the number of vacancies across the health care system in New Hampshire is probably much higher because Bi-State does not have data on all provider vacancies throughout the State. This bill will help the Recruitment Center, its partners and other key stakeholders to address the health care workforce shortage facing the Granite State. When this type of data is not available, New Hampshire is less competitive in applying for workforce development grants because we cannot articulate our workforce needs with certainty.

Please contact Kim Reeve, Esquire, kreeve@bistatepca.org with any questions.

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Wednesday, May 3, 2017

THE COMMITTEE ON Executive Departments and Administration

to which was referred **HB 322**

AN ACT

adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 1623s

Senator John Reagan
For the Committee

This bill states that certain licensing boards for health care providers may adopt rules to require completion of a survey as part of the license renewal process, which will assist in addressing health care workforce shortage. The bill, as amended, clarifies the participation in the survey shall not be a condition of licensure, and states an annual report shall be submitted incorporating such data collected.

Deb Chroniak 271-1403

New Hampshire General Court - Bill Status System

Docket of HB322

Docket Abbreviations

Bill Title: adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.

Official Docket of HB322:

Date	Body	Description
1/6/2017	H	Introduced 01/05/2017 and referred to Executive Departments and Administration HJ 3 P. 8
2/1/2017	H	==CANCELLED== Public Hearing: 02/15/2017 01:00 PM LOB 306
2/8/2017	H	==CANCELLED== Public Hearing: 02/21/2017 01:00 PM LOB 306
2/15/2017	H	==RESCHEDULED== Public Hearing: 02/22/2017 11:30 AM LOB 305-307
2/22/2017	H	Subcommittee Work Session: 02/28/2017 09:00 AM LOB 302
2/22/2017	H	Executive Session: 03/01/2017 11:00 AM LOB 306
3/2/2017	H	Committee Report: Ought to Pass for 03/08/2017 (Vote 15-5; RC)
3/8/2017	H	Ought to Pass: MA VV 03/08/2017 HJ 9 P. 111
3/14/2017	S	Introduced 03/09/2017 and Referred to Executive Departments and Administration; SJ 9
4/13/2017	S	Hearing: 04/26/2017, Room 101, LOB, 09:30 am; SC 19
5/4/2017	S	Committee Report: Ought to Pass with Amendment #2017-1623s , 05/11/2017; Vote 5-0; CC; SC 22
5/11/2017	S	Committee Amendment #2017-1623s , AA, VV; 05/11/2017; SJ 16
5/11/2017	S	Ought to Pass with Amendment 2017-1623s, MA, VV; OT3rdg; 05/11/2017; SJ 16
5/18/2017	H	House Concurs with Senate Amendment 1623s (Rep. McGuire): MA VV 05/18/2017
6/1/2017	S	Enrolled (In recess 05/31/2017); SJ 19
6/1/2017	H	Enrolled 06/01/2017
6/19/2017	H	Signed by Governor Sununu 06/16/2017; Chapter 131; Eff. 6/16/2017

NH House

NH Senate

Other Referrals

COMMITTEE REPORT FILE INVENTORY

HB 322 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
- PREPARED TESTIMONY AND OTHER SUBMISSIONS HANDED IN AT THE PUBLIC HEARING
#1 - #7
- SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- AMENDMENT # 16235 _____ - AMENDMENT # _____
_____ - AMENDMENT # _____ _____ - 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):

PLEASE INCLUDE THE COMMITTEE OF CONFERENCE REPORT HERE IF IT IS SIGNED BY ALL.

NOTE: IF A BILL HAS BEEN RE-REFERRED, PLEASE MAKE UP A DUPLICATE BILL FILE

DATE DELIVERED TO SENATE CLERK

7-18-17

By:

Heather Broniak
COMMITTEE AIDE