LEGISLATIVE COMMITTEE MINUTES

SB598

Bill as Introduced

SB 598 - AS INTRODUCED

2020 SESSION

20-2740
01/10

SENATE BILL ***598***

AN ACT adding physician assistants to the law governing advance directives.

SPONSORS: Sen. Sherman, Dist 24; Sen. Bradley, Dist 3; Sen. Gray, Dist 6; Rep. Salloway, Straf. 5; Rep. Marsh, Carr. 8; Rep. Schapiro, Ches. 16; Rep. Ticehurst, Carr. 3; Rep. Guthrie, Rock. 13

COMMITTEE: Health and Human Services

ANALYSIS

This bill adds physician assistants to the law governing advance directives.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

20-2740
01/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT adding physician assistants to the law governing advance directives.

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

1 Advance Directives; Purpose and Policy. Amend RSA 137-J:1 to read as follows:

I. The state of New Hampshire recognizes that a person has a right, founded in the autonomy and sanctity of the person, to control the decisions relating to the rendering of his or her own medical care. In order that the rights of persons may be respected even after such persons lack the capacity to make health care decisions for themselves, and to encourage communication between patients and their attending physicians, ***PAs,*** or APRNs, the general court declares that the laws of this state shall recognize the right of a competent person to make a written directive:

(a) Delegating to an agent the authority to make health care decisions on the person's behalf, in the event such person is unable to make those decisions for himself or herself, either due to permanent or temporary lack of capacity to make health care decisions;

(b) Instructing his or her attending physician, ***PA,*** or APRN to provide, withhold, or withdraw life-sustaining treatment, in the event such person is near death or is permanently unconscious.

2 Advance Directives; Definitions. Amend RSA 137-J:2, IV to read as follows:

IV. "Attending physician, ***PA,*** or APRN" means the physician, ***physician assistant,*** or advanced practice registered nurse, selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient. If more than one physician, ***physician assistant,*** or advanced practice registered nurse shares that responsibility, any one of those physicians, ***physician assistants,*** or advanced practice registered nurses may act as the attending physician, ***PA,*** or APRN under the provisions of this chapter.

3 Advance Directives; Definitions.. Amend RSA 137-J:2, XIII-XXII-a to read as follows:

XIII. "Life-sustaining treatment" means any medical procedures or interventions which utilize mechanical or other medically administered means to sustain, restore, or supplant a vital function which, in the written judgment of the attending physician, ***PA,*** or APRN, would serve only to artificially postpone the moment of death, and where the person is near death or is permanently unconscious. "Life-sustaining treatment" includes, but is not limited to, the following: medically administered nutrition and hydration, mechanical respiration, kidney dialysis, or the use of other external mechanical or technological devices. Life sustaining treatment may include drugs to maintain blood pressure, blood transfusions, and antibiotics. "Life-sustaining treatment" shall not include the administration of medication, natural ingestion of food or fluids by eating and drinking,

or the performance of any medical procedure deemed necessary to provide comfort or to alleviate pain.

XIV. "Living will" means a directive which, when duly executed, contains the express direction that no life-sustaining treatment be given when the person executing said directive has been diagnosed and certified in writing by the attending physician, ***PA,*** or APRN to be near death or permanently unconscious, without hope of recovery from such condition and is unable to actively participate in the decision-making process.

XV. "Medically administered nutrition and hydration" means invasive procedures such as, but not limited to the following: Nasogastric tubes; gastrostomy tubes; intravenous feeding or hydration; and hyperalimentation. It shall not include the natural ingestion of food or fluids by eating and drinking.

XVI. "Near death" means an incurable condition caused by injury, disease, or illness which is such that death is imminent and the application of life-sustaining treatment would, to a reasonable degree of medical certainty, as determined by 2 physicians, ***or a physician and a PA,*** or a physician and an APRN, only postpone the moment of death.

XVII. "Permanently unconscious" means a lasting condition, indefinitely without improvement, in which thought, awareness of self and environment, and other indicators of consciousness are absent as determined by an appropriate neurological assessment by a physician in consultation with the attending physician or an appropriate neurological assessment by a physician in consultation with an APRN ***or PA.***

XVIII. "Physician" means a medical doctor licensed in good standing to practice in the state of New Hampshire pursuant to RSA 329.

XVIII-a. "Physician assistant" or "PA" means a physician assistant licensed in good standing to practice in the state of New Hampshire pursuant to RSA 328-D.

XIX. "Principal" means a person 18 years of age or older who has executed an advance directive pursuant to the provisions of this chapter.

XX. "Qualified patient" means a patient who has executed an advance directive in accordance with this chapter and who has been certified in writing by the attending physician or APRN to lack the capacity to make health care decisions.

XXI. "Reasonable degree of medical certainty" means a medical judgment that is made by a physician, ***PA,*** or APRN who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

XXII. "Residential care provider" means a "facility" as defined in RSA 161-F:11, IV, a "nursing home" as defined in RSA 151-A:1, IV, or any individual or facility licensed, certified, or otherwise authorized or permitted by law to operate, for profit or otherwise, a residential care facility for adults, including but not limited to those operating pursuant to RSA 420-D.

XXII-a. "Surrogate decision-maker" or "surrogate" means an adult individual who has health care decision-making capacity, is available upon reasonable inquiry, is willing to make health care decisions on behalf of a patient who lacks health care decision-making capacity, and is identified by the attending physician, ***PA,*** or APRN in accordance with the provisions of this chapter as the person who is to make those decisions in accordance with the provisions of this chapter.

4 Advance Directives; Scope and Duration of Agent's Authority. Amend RSA 137-J:5, II-V to read as follows:

II. An agent's or surrogate's authority under an advance directive shall be in effect only when the principal lacks capacity to make health care decisions, as certified in writing by the principal's attending physician, ***PA,*** or APRN, and filed with the name of the agent or surrogate in the principal's medical record. When and if the principal regains capacity to make health care decisions, such event shall be certified in writing by the principal's attending physician, ***PA,*** or APRN, noted in the principal's medical record, the agent's or surrogate's authority shall terminate, and the authority to make health care decisions shall revert to the principal.

III. If the principal has no attending physician, ***PA,*** or APRN for reasons based on the principal's religious or moral beliefs as specified in his or her advance directive, the advance directive may include a provision that a person designated by the principal in the advance directive may certify in writing, acknowledged before a notary or justice of the peace, as to the lack of decisional capacity of the principal. The person so designated by the principal shall not be the agent, or a person ineligible to be the agent.

IV. The principal's attending physician, ***PA,*** or APRN shall make reasonable efforts to inform the principal of any proposed treatment, or of any proposal to withdraw or withhold treatment. Notwithstanding that an advance directive or a surrogacy is in effect and irrespective of the principal's lack of capacity to make health care decisions at the time, treatment may not be given to or withheld from the principal over the principal's objection unless the principal's advance directive includes the following statement initialed by the principal, "Even if I am incapacitated and I object to treatment, treatment may be given to me against my objection."

V. Nothing in this chapter shall be construed to give an agent or surrogate authority to:

(a) Consent to voluntary admission to any state institution;

(b) Consent to a voluntary sterilization;

(c) Consent to withholding life-sustaining treatment from a pregnant principal, unless, to a reasonable degree of medical certainty, as certified on the principal's medical record by the attending physician, ***PA,*** or APRN and an obstetrician who has examined the principal, such treatment or procedures will not maintain the principal in such a way as to permit the continuing development and live birth of the fetus or will be physically harmful to the principal or prolong severe pain which cannot be alleviated by medication; or

(d) Consent to psychosurgery, electro-convulsive shock therapy, sterilization, or an experimental treatment of any kind.

5 Advance Directives; Requirement to Act in accordance With Principal's Wishes and Best Interests. Amend RSA 137-J:6 to read as follows:

137-J:6 Requirement to Act in Accordance With Principal's Wishes and Best Interests. After consultation with the attending physician, ***PA,*** or APRN and other health care providers, the agent or surrogate shall make health care decisions in accordance with the agent's or surrogate's knowledge of the principal's wishes and religious or moral beliefs, as stated orally or otherwise communicated by the principal, or, if the principal's wishes are unknown, in accordance with the agent's or surrogate's assessment of the principal's best interests and in accordance with accepted medical practice.

6 Advance Directives; Physician, ***PA,*** APRN, and Provider's Responsibilities. Amend RSA 137-J:7, I-II to read as follows:

I. A qualified patient's attending physician, ***PA,*** or APRN, or a qualified patient's health care provider or residential care provider, and employees thereof, having knowledge of the qualified patient's advance directive shall be bound to follow, as applicable, the dictates of the qualified patient's living will and/or the directives of a qualified patient's designated agent to the extent they are consistent with this chapter and the advance directive, and to the extent they are within the bounds of responsible medical practice.

(a) An attending physician, ***PA,*** or APRN, or other health care provider or residential care provider, who is requested to do so by the principal shall make the principal's advance directive or a copy of such document a part of the principal's medical record.

(b) Any person having in his or her possession a duly executed advance directive or a revocation thereof, if it becomes known to that person that the principal executing the same is in such circumstances that the terms of the advance directive might become applicable (such as when the principal becomes a "qualified patient"), shall forthwith deliver an original or copy of the same to the health care provider or residential care provider with which the principal is a patient.

(c) The principal's attending physician, ***PA,*** or APRN, or any other physician, ***PA,*** or APRN, who is aware of the principal's execution of an advance directive shall, without delay, take the necessary steps to provide for written verification of the principal's lack of capacity to make health care decisions (in other words, to certify that the principal is a "qualified patient"), and/or the principal's near death or permanently unconscious condition, as defined in this chapter and as appropriate to the principal's medical condition, so that the attending physician, ***PA,*** or APRN and the principal's agent may be authorized to act pursuant to this chapter.

(d) If a physician, ***PA,*** or an APRN, because of his or her personal beliefs or conscience, is unable to comply with the terms of the advance directive or surrogate's decision, he or she shall immediately inform the qualified patient, the qualified patient's family, or the qualified patient's

agent. The qualified patient, or the qualified patient's agent or family, may then request that the case be referred to another physician, ***PA,*** or APRN.

II. An attending physician, ***PA,*** or APRN who, because of personal beliefs or conscience, is unable to comply with the advance directive or the surrogate's decision pursuant to this chapter shall, without delay, make the necessary arrangements to effect the transfer of a qualified patient and the appropriate medical records that document the qualified patient's lack of capacity to make health care decisions to another physician, ***PA,*** or APRN who has been chosen by the qualified patient, by the qualified patient's agent or surrogate, or by the qualified patient's family, provided, that pending the completion of the transfer, the attending physician, ***PA,*** or APRN shall not deny health care treatment, nutrition, or hydration which denial would, within a reasonable degree of medical certainty, result in or hasten the qualified patient's death against the express will of the qualified patient, the advance directive, or the agent or surrogate.

7 Advance Directives; Withholding or Withdrawal of Life-Sustaining Treatment. Amend RSA 137-J:10, I(a) and (b) to read as follows:

(a) The principal's attending physician, ***PA,*** or APRN shall certify in writing that the principal lacks the capacity to make health care decisions.

(b) Two physicians or a physician and an APRN ***or PA*** shall certify in writing that the principal is near death or is permanently unconscious.

8 Advance Directives; Withholding or Withdrawal of Life-Sustaining Treatment. Amend RSA 137-J:10, IV(a) to read as follows:

(a) The consent to withhold or withdraw life-sustaining treatment from a pregnant principal, unless, to a reasonable degree of medical certainty, as certified on the principal's medical record by the attending physician, ***PA,*** or APRN and an obstetrician who has examined the principal, such treatment or procedures will not maintain the principal in such a way as to permit the continuing development and live birth of the fetus or will be physically harmful to the principal or prolong severe pain which cannot be alleviated by medication.

9 Advance Directives; Withholding or Withdrawal of Life-Sustaining Treatment. Amend RSA 137-J:10, VII to read as follows:

VII. Nothing in this chapter shall be construed to create a presumption that in the absence of an advance directive, a person wants life-sustaining treatment to be either taken or withdrawn. This chapter shall also not be construed to supplant any existing rights and responsibilities under the law of this state governing the conduct of physicians, ***PAs,*** or APRNs in consultation with patients or their families or legal guardians in the absence of an advance directive.

10 Advance Directives; Execution and Witnesses. Amend RSA 137-J:14 to read as follows:

137-J:14 Execution and Witnesses.

I. The advance directive shall be signed by the principal in the presence of either of the following:

(a) Two or more subscribing witnesses, neither of whom shall, at the time of execution, be the agent, the principal's spouse or heir at law, or a person entitled to any part of the estate of the principal upon death of the principal under a will, trust, or other testamentary instrument or deed in existence or by operation of law, or attending physician, ***PA,*** or APRN, or person acting under the direction or control of the attending physician, ***PA,*** or APRN. No more than one such witness may be the principal's health or residential care provider or such provider's employee. The witnesses shall affirm that the principal appeared to be of sound mind and free from duress at the time the advance directive was signed and that the principal affirmed that he or she was aware of the nature of the document and signed it freely and voluntarily; or

(b) A notary public or justice of the peace, who shall acknowledge the principal's signature pursuant to the provisions of RSA 456 or RSA 456-A.

II. If the principal is physically unable to sign, the advance directive may be signed by the principal's name written by some other person in the principal's presence and at the principal's express direction.

III. A principal's decision to exclude or strike references to ***PAs or*** APRNs and the powers granted to ***PAs or*** APRNs in his or her advance directive shall be honored.

11 Advance Directives; Revocation. Amend RSA 137-J:15, II to read as follows:

II. A principal's health or residential care provider who is informed of or provided with a revocation of an advance directive or surrogacy shall immediately record the revocation, and the time and date when he or she received the revocation, in the principal's medical record and notify the agent, the attending physician, ***PA,*** or APRN, and staff responsible for the principal's care of the revocation. An agent or surrogate who becomes aware of such revocation shall inform the principal's health or residential care provider of such revocation. Revocation shall become effective upon communication to the attending physician, ***PA,*** or APRN.

12 Advance Directives; Durable Power of Attorney; Disclosure Statement. Amend RSA 137-J:19 to read as follows:

137-J:19 Durable Power of Attorney; Disclosure Statement. The disclosure statement which must accompany a durable power of attorney for health care shall be in substantially the following form:

INFORMATION CONCERNING THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING IT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except if you say otherwise in the directive, this directive gives the person you name as your health care agent the power to make any and all health care decisions for you when you lack the capacity to make health care decisions for yourself (in other words, you no longer have the ability to understand and appreciate generally the nature and consequences of a health care decision, including the significant benefits and harms of and reasonable alternatives to any proposed health care). "Health

care" means any treatment, service or procedure to maintain, diagnose or treat your physical or mental condition. Your health care agent, therefore, will have the power to make a wide range of health care decisions for you. Your health care agent may consent (in other words, give permission), refuse to consent, or withdraw consent to medical treatment, and may make decisions about withdrawing or withholding life-sustaining treatment. Your health care agent cannot consent to or direct any of the following: commitment to a state institution, sterilization, or termination of treatment if you are pregnant and if the withdrawal of that treatment is deemed likely to terminate the pregnancy, unless the treatment will be physically harmful to you or prolong severe pain which cannot be alleviated by medication.

You may state in this directive any treatment you do not want, or any treatment you want to be sure you receive. Your health care agent's power will begin when your doctor certifies that you lack the capacity to make health care decisions (in other words, that you are not able to make health care decisions). If for moral or religious reasons you do not want to be treated by a doctor or to be examined by a doctor to certify that you lack capacity, you must say so in the directive and you must name someone who can certify your lack of capacity. That person cannot be your health care agent or alternate health care agent or any person who is not eligible to be your health care agent. You may attach additional pages to the document if you need more space to complete your statement.

Under no conditions will your health care agent be able to direct the withholding of food and drink that you are able to eat and drink normally.

Your agent shall be directed by your written instructions in this document when making decisions on your behalf, and as further guided by your medical condition or prognosis. Unless you state otherwise in the directive, your agent will have the same power to make decisions about your health care as you would have made, if those decisions by your health care agent are made consistent with state law.

It is important that you discuss this directive with your doctor or other health care providers before you sign it, to make sure that you understand the nature and range of decisions which could be made for you by your health care agent. If you do not have a health care provider, you should talk with someone else who is knowledgeable about these issues and can answer your questions. Check with your community hospital or hospice for trained staff. You do not need a lawyer's assistance to complete this directive, but if there is anything in this directive that you do not understand, you should ask a lawyer to explain it to you.

The person you choose as your health care agent should be someone you know and trust, and he or she must be at least 18 years old. If you choose your health or residential care provider (such as your doctor, advanced practice registered nurse, or an employee of a hospital, nursing home, home health agency, or residential care home, other than a relative), that person will have to choose between acting as your health care agent or as your health or residential care provider, because the law does not allow a person to do both at the same time.

You should consider choosing an alternate health care agent, in case your health care agent is unwilling, unable, unavailable or not eligible to act as your health care agent. Any alternate health care agent you choose will then have the same authority to make health care decisions for you.

You should tell the person you choose that you want him or her to be your health care agent. You should talk about this directive with your health care agent and your doctor or advanced practice registered nurse and give each one a signed copy. You should write on the directive itself the people and institutions who will have signed copies. Your health care agent will not be liable for health care decisions made in good faith on your behalf.

EVEN AFTER YOU HAVE SIGNED THIS DIRECTIVE, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF AS LONG AS YOU ARE ABLE TO DO SO, AND TREATMENT CANNOT BE GIVEN TO YOU OR STOPPED OVER YOUR CLEAR OBJECTION.

You have the right to revoke the power given to your health care agent by telling him or her, or by telling your health care provider, orally or in writing, that you no longer want that person to be your health care agent.

YOU HAVE THE RIGHT TO EXCLUDE OR STRIKE REFERENCES TO APRNS IN YOUR ADVANCE DIRECTIVE AND IF YOU DO SO, YOUR ADVANCE DIRECTIVE SHALL STILL BE VALID AND ENFORCEABLE.

Once this directive is executed it cannot be changed or modified. If you want to make changes, you must make an entirely new directive.

THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR JUSTICE OF THE PEACE OR TWO (2) OR MORE QUALIFIED WITNESSES, WHO MUST BOTH BE PRESENT WHEN YOU SIGN AND WHO WILL ACKNOWLEDGE YOUR SIGNATURE ON THE DOCUMENT. THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

___The person you have designated as your health care agent;

___Your spouse or heir at law;

___Your attending physician, ***PA,*** or APRN, or person acting under the direction or control of the attending physician, ***PA,*** or APRN;

ONLY ONE OF THE TWO WITNESSES MAY BE YOUR HEALTH OR RESIDENTIAL CARE PROVIDER OR ONE OF YOUR PROVIDER'S EMPLOYEES.

13 Advance Directives; Durable Power of Attorney and Living Will. Amend RSA 137-J:20, II to read as follows:

II. LIVING WILL

Declaration made this ___ day of _____, 20___.

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness and I am certified to be near death or in a permanently unconscious condition by 2 physicians or a physician and an APRN ***or PA***, and 2 physicians or a physician and an APRN ***or PA*** have determined that my death is imminent whether or not life-sustaining treatment is utilized and where the application of life-sustaining treatment would serve only to artificially prolong the dying process, or that I will remain in a permanently unconscious condition, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, the natural ingestion of food or fluids by eating and drinking, or the performance of any medical procedure deemed necessary to provide me with comfort care. I realize that situations could arise in which the only way to allow me to die would be to discontinue medically administered nutrition and hydration.

(Initial below if it is your choice)

In carrying out any instruction I have given under this section, I authorize that even if all other forms of life-sustaining treatment have been withdrawn, medically administered nutrition and hydration continue to be given to me. _____

In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this declaration shall be honored by my family and health care providers as the final expression of my right to refuse medical or surgical treatment and accept the consequences of such refusal.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signed this ___ day of _____, 2___.

Principal's Signature: _____

[If you are physically unable to sign, this directive may be signed by someone else writing your name, in your presence and at your express direction.]

THIS LIVING WILL DIRECTIVE MUST BE SIGNED BY TWO WITNESSES OR A NOTARY PUBLIC OR A JUSTICE OF THE PEACE.

We declare that the principal appears to be of sound mind and free from duress at the time the living will is signed and that the principal affirms that he or she is aware of the nature of the directive and is signing it freely and voluntarily.

Witness: _____ Address: _____

Witness: _____ Address: _____

STATE OF NEW HAMPSHIRE

COUNTY OF _____

The foregoing living will was acknowledged before me this ___ day of _____, 20___, by _____ (the "Principal"). _____

Notary Public/Justice of the Peace

My commission expires:

14 Advance Directives; Civil Action. Amend RSA 137-J:22, II to read as follows:

II. A copy of any such action shall be given in hand to the principal's attending physician, ***PA,*** or APRN and, as applicable, to the principal's health care provider or residential care provider. To the extent they are not irreversibly implemented, health care decisions made by a challenged agent shall not thereafter be implemented without an order of the probate court or a withdrawal or dismissal of the court action; provided, that this paragraph shall not be construed to authorize any violation of RSA 137-J:7, II or III.

15 Advance Directives; Presumed Consent to Cardiopulmonary Resuscitation; Health Care Providers and Residential Care Providers Not Required to Expand to Provide Cardiopulmonary Resuscitation. Amend RSA 137-J:25, I(c) to read as follows:

(c) A person who lacks capacity to make health care decisions is near death and admitted to a health care facility, and the person's agent is not available and the facility has made diligent efforts to contact the agent without success, or the person's agent is not legally capable of making health care decisions for the person, and the attending physician, ***PA,*** or APRN and a physician knowledgeable about the patient's condition, have determined that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards and would cause unnecessary harm to the person, and the attending physician, ***PA,*** or APRN has completed a do not resuscitate order; or

16 Advance Directives; Issuance of a Do Not Resuscitate Order; Order to be Written by the Attending Physician or APRN. Amend RSA 137-J:26 to read as follows:

137-J:26 Issuance of a Do Not Resuscitate Order; Order to be Written by the Attending Physician, ***PA,*** or APRN.

I. An attending physician, ***PA,*** or APRN may issue a do not resuscitate order for a person if the person, or the person's agent, has consented to the order. A do not resuscitate order shall be issued in writing in the form as described in this section for a person not present or residing in a health care facility. For persons present in health care facilities, a do not resuscitate order shall be issued in accordance with the policies and procedures of the health care facility and in accordance with the provisions of this chapter.

II. A person may request that his or her attending physician, ***PA,*** or APRN issue a do not resuscitate order for the person.

III. An agent may consent to a do not resuscitate order for a person who lacks the capacity to make health care decisions if the advance directive signed by the principal grants such authority. A do not resuscitate order written by the attending physician or APRN for such a person with the consent of the agent is valid and shall be respected by health care providers and residential care providers.

IV. If an agent is not reasonably available and the facility has made diligent efforts to contact the agent without success, or the agent is not legally capable of making a decision regarding

a do not resuscitate order, an attending physician, ***PA,*** or APRN may issue a do not resuscitate order for a person who lacks capacity to make health care decisions, who is near death, and who is admitted to a health care facility if a second physician who has personally examined the person concurs in the opinion of the attending physician, ***PA,*** or APRN that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards and would cause unnecessary harm to the person.

V. For persons not present or residing in a health care facility, the do not resuscitate order shall be noted on a medical orders form or in substantially the following form on a card suitable for carrying on the person:

Do Not Resuscitate Order

As attending physician, ***PA,*** or APRN of _____ and as a licensed physician, ***physician assistant*** or advanced practice registered nurse, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.

This order has been discussed with _____ (or, if applicable, with his/ her agent,) _____, who has given consent as evidenced by his/her signature below.

Attending physician, ***PA,*** or APRN Name

Attending physician, ***PA,*** or APRN Signature

Address

Person Signature

Address

Agent Signature (if applicable)

_____

Address _____

VI. For persons residing in a health care facility, the do not resuscitate order shall be reflected in at least one of the following forms:

(a) Forms required by the policies and procedures of the health care facility in compliance with this chapter;

(b) The do not resuscitate card as set forth in paragraph V; or

(c) The medical orders form in compliance with this chapter.

17 Advance Directives; Compliance With a Do Not Resuscitate Order. Amend RSA 137-J:27, I(a)-(c) to read as follows:

(a) A do not resuscitate order completed by the attending physician, ***PA,*** or APRN on a form as specified in RSA 137-J:26;

(b) A do not resuscitate order for a person present or residing in a health care facility issued in accordance with the health care facility's policies and procedures in compliance with the chapter; or

(c) A medical orders form on which the attending physician, ***PA,*** or APRN has documented a do not resuscitate order in compliance with this chapter.

18 Advance Directives; Protection of Persons Carrying Out in Good Faith a Do Not Resuscitate Order; Notification of Agent by Attending Physician or APRN Refusing to Comply With Do Not Resuscitate Order; Revocation of Do Not Resuscitate Order. Amend RSA 137-J:28 and 137-J:29 to read as follows:

137-J:28 Protection of Persons Carrying Out in Good Faith a Do Not Resuscitate Order; Notification of Agent by Attending Physician, ***PA,*** or APRN Refusing to Comply With Do Not Resuscitate Order.

I. No health care provider or residential care provider, or any other person acting for the provider or under the provider's control, shall be subjected to criminal or civil liability, or be deemed to have engaged in unprofessional conduct, for carrying out in good faith a do not resuscitate order authorized by this chapter on behalf of a person as instructed by the person, or the person's agent, or for those actions taken in compliance with the standards and procedures set forth in this chapter.

II. No health care provider or residential care provider, or any other person acting for the provider or under the provider's control, or other individual who witnesses a cardiac or respiratory arrest shall be subjected to criminal or civil liability for providing cardiopulmonary resuscitation to a person for whom a do not resuscitate order has been issued; provided, that such provider or individual:

(a) Reasonably and in good faith is unaware of the issuance of a do not resuscitate order; or

(b) Reasonably and in good faith believed that consent to the do not resuscitate order has been revoked or canceled.

III.(a) Any attending physician, ***PA,*** or APRN who, because of personal beliefs or conscience, refuses to issue a do not resuscitate order at a person's request or to comply with a do not resuscitate order issued pursuant to this chapter shall take reasonable steps to advise promptly the person or agent of the person that such attending physician or APRN is unwilling to effectuate the order. The attending physician, ***PA,*** or APRN shall thereafter at the election of the person or agent permit the person or agent to obtain another attending physician, ***PA,*** or APRN.

(b) If a physician, ***PA,*** or APRN, because of his or her personal beliefs or conscience, is unable to comply with the terms of a do not resuscitate order, he or she shall immediately inform the person, the person's agent, or the person's family. The person, the person's agent, or the person's family may then request that the case be referred to another physician, ***PA,*** or APRN, as set forth in RSA 137-J:7, II and III.

137-J:29 Revocation of Do Not Resuscitate Order.

I. At any time a person in a health care facility may revoke his or her previous request for or consent to a do not resuscitate order by making either a written, oral, or other act of communication to the attending physician, ***PA,*** or APRN or other professional staff of the health care facility.

II. At any time a person residing at home may revoke his or her do not resuscitate order by destroying such order and removing do not resuscitate identification on his or her person. The person is responsible for notifying his or her attending physician, ***PA,*** or APRN of the revocation.

III. At any time an agent may revoke his or her consent to a do not resuscitate order for a person who lacks capacity to make health care decisions who is admitted to a health care facility by notifying the attending physician, ***PA,*** or APRN or other professional staff of the health care facility of the revocation of consent in writing, or by orally notifying the attending physician, ***PA,*** or APRN in the presence of a witness 18 years of age or older.

IV. At any time an agent may revoke his or her consent for a person who lacks capacity to make health care decisions who is residing at home by destroying such order and removing do not resuscitate identification from the person. The agent is responsible for notifying the person's attending physician, ***PA,*** or APRN of the revocation.

V. The attending physician, ***PA,*** or APRN who is informed of or provided with a revocation of consent pursuant to this section shall immediately cancel the do not resuscitate order if the person is in a health care facility and notify the professional staff of the health care facility responsible for the person's care of the revocation and cancellation. Any professional staff of the health care facility who is informed of or provided with a revocation of consent pursuant to this section shall immediately notify the attending physician, ***PA,*** or APRN of such revocation.

VI. Only a physician, ***physician assistant,*** or advanced practice registered nurse may cancel the issuance of a do not resuscitate order.

19 Advance Directives; Do Not Resusitate Identification. Amend RSA 137-J:33 to read as follows:

137-J:33 Do Not Resuscitate Identification. Do not resuscitate identification as set forth in this chapter may consist of either a medical condition bracelet or necklace with the inscription of the person's name, date of birth in numerical form and "NH Do Not Resuscitate" or "NH DNR" on it. Such identification shall be issued only upon presentation of a properly executed do not resuscitate order form as set forth in RSA 137-J:26, a medical orders form in which a physician, ***physician assistant,*** or advanced practice registered nurse has documented a do not resuscitate order, or a do not resuscitate order properly executed in accordance with a health care facility' s written policy and procedure.

20 Advance Directives; Surrogate Decision-making. Amend RSA 137-J:35 to read as follows:

137-J:35 Surrogate Decision-making.

I. When a patient lacks capacity to make health care decisions, the physician, ***PA,*** or APRN shall make a reasonable inquiry pursuant to 137-J:7 as to whether the patient has a valid advance

directive and, to the extent that the patient has designated an agent, whether such agent is available, willing and able to act. When no health care agent is authorized and available, the health care provider shall make a reasonable inquiry as to the availability of possible surrogates listed under this paragraph. A surrogate decision-maker may make medical decisions on behalf of a patient without court order or judicial involvement in the following order of priority:

(a) The patient's spouse, or civil union partner or common law spouse as defined by RSA 457:39, unless there is a divorce proceeding, separation agreement, or restraining order limiting that person's relationship with the patient.

(b) Any adult son or daughter of the patient.

(c) Either parent of the patient.

(d) Any adult brother or sister of the patient.

(e) Any adult grandchild of the patient.

(f) Any grandparent of the patient.

(g) Any adult aunt, uncle, niece, or nephew of the patient.

(h) A close friend of the patient.

(i) The agent with financial power of attorney or a conservator appointed in accordance with RSA 464-A.

(j) The guardian of the patient's estate.

II. The physician, ***PA,*** or APRN may identify a surrogate from the list in paragraph I if the physician, ***PA,*** or APRN determines he or she is able and willing to act, and determines after reasonable inquiry that neither a legal guardian, health care agent under a durable power of attorney for health care, nor a surrogate of higher priority is available and able and willing to act. The surrogate decision-maker, as identified by the attending physician, ***PA,*** or APRN, may make health care decisions for the patient. The surrogacy provisions of this chapter shall take effect when the decision-maker names are recorded in the medical record. The physician, ***PA,*** or APRN shall have the right to rely on any of the above surrogates if the physician, ***PA,*** or APRN believes after reasonable inquiry that neither a health care agent under a durable power of attorney for health care or a surrogate of higher priority is available or able and willing to act.

21 Advance Directives; Determining Priority Among Multiple Surrogates. Amend RSA 137-J:36, I to read as follows:

I. Where there are multiple surrogate decision-makers at the same priority level in the hierarchy, it shall be the responsibility of those surrogates to make reasonable efforts to reach a consensus as to their decision on behalf of the patient regarding any health care decision. If 2 or more surrogates who are in the same category and have equal priority indicate to the attending physician, ***PA,*** or APRN that they disagree about the health care decision at issue, a majority of the available persons in that category shall control, unless the minority or any other interested party initiates guardianship proceedings in accordance with RSA 464-A. There shall not be a recognized

surrogate when a guardianship proceeding has been initiated and a decision is pending. The person initiating the petition for guardianship shall immediately provide written notice of the initiation of the guardianship proceeding to the health care facility where the patient is being treated. This process shall not preempt the care of the patient. No health care provider or other person shall be required to seek appointment of a guardian.

22 Advance Directives; Limitations of Surrogacy. Amend RSA 137-J:37, II-IV to read as follows:

II. No physician, ***PA,*** or APRN shall be required to identify a surrogate, and may, in the event a surrogate has been identified, revoke the surrogacy if the surrogate is unwilling or unable to act.

III. A physician, ***PA,*** or APRN may, but shall not be required to, initiate guardianship proceedings or encourage a family member or friend to seek guardianship in the event a patient is determined to lack capacity to make health care decisions and no guardian, agent under a health care power of attorney, or surrogate has been appointed or named.

IV. Nothing in this chapter shall be construed to require a physician or APRN to treat a patient who the physician, ***PA,*** or APRN reasonably believes lacks health care decision-making capacity and for whom no guardian, agent, or surrogate has been appointed.

23 Effective Date. This act shall take effect January 1, 2021.

SB 598 - AS AMENDED BY THE SENATE

03/05/2020 0813s

2020 SESSION

20-2740
01/10

SENATE BILL ***598***

AN ACT adding physician assistants to the law governing advance directives.

SPONSORS: Sen. Sherman, Dist 24; Sen. Bradley, Dist 3; Sen. Gray, Dist 6; Rep. Salloway, Straf. 5; Rep. Marsh, Carr. 8; Rep. Schapiro, Ches. 16; Rep. Ticehurst, Carr. 3; Rep. Guthrie, Rock. 13

COMMITTEE: Health and Human Services

ANALYSIS

This bill adds physician assistants to the law governing advance directives.

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

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT adding physician assistants to the law governing advance directives.

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

1 Advance Directives; Purpose and Policy. Amend RSA 137-J:1 to read as follows:

I. The state of New Hampshire recognizes that a person has a right, founded in the autonomy and sanctity of the person, to control the decisions relating to the rendering of his or her own medical care. In order that the rights of persons may be respected even after such persons lack the capacity to make health care decisions for themselves, and to encourage communication between patients and their attending physicians, ***PAs,*** or APRNs, the general court declares that the laws of this state shall recognize the right of a competent person to make a written directive:

(a) Delegating to an agent the authority to make health care decisions on the person's behalf, in the event such person is unable to make those decisions for himself or herself, either due to permanent or temporary lack of capacity to make health care decisions;

(b) Instructing his or her attending physician, ***PA,*** or APRN to provide, withhold, or withdraw life-sustaining treatment, in the event such person is near death or is permanently unconscious.

2 Advance Directives; Definitions. Amend RSA 137-J:2, IV to read as follows:

IV. "Attending physician, ***PA,*** or APRN" means the physician, ***physician assistant,*** or advanced practice registered nurse, selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient. If more than one physician, ***physician assistant,*** or advanced practice registered nurse shares that responsibility, any one of those physicians, ***physician assistants,*** or advanced practice registered nurses may act as the attending physician, ***PA,*** or APRN under the provisions of this chapter.

3 Advance Directives; Definitions.. Amend RSA 137-J:2, XIII-XXII-a to read as follows:

XIII. "Life-sustaining treatment" means any medical procedures or interventions which utilize mechanical or other medically administered means to sustain, restore, or supplant a vital function which, in the written judgment of the attending physician, ***PA,*** or APRN, would serve only to artificially postpone the moment of death, and where the person is near death or is permanently unconscious. "Life-sustaining treatment" includes, but is not limited to, the following: medically administered nutrition and hydration, mechanical respiration, kidney dialysis, or the use of other external mechanical or technological devices. Life sustaining treatment may include drugs to maintain blood pressure, blood transfusions, and antibiotics. "Life-sustaining treatment" shall not include the administration of medication, natural ingestion of food or fluids by eating and drinking,

or the performance of any medical procedure deemed necessary to provide comfort or to alleviate pain.

XIV. "Living will" means a directive which, when duly executed, contains the express direction that no life-sustaining treatment be given when the person executing said directive has been diagnosed and certified in writing by the attending physician, ***PA,*** or APRN to be near death or permanently unconscious, without hope of recovery from such condition and is unable to actively participate in the decision-making process.

XV. "Medically administered nutrition and hydration" means invasive procedures such as, but not limited to the following: Nasogastric tubes; gastrostomy tubes; intravenous feeding or hydration; and hyperalimentation. It shall not include the natural ingestion of food or fluids by eating and drinking.

XVI. "Near death" means an incurable condition caused by injury, disease, or illness which is such that death is imminent and the application of life-sustaining treatment would, to a reasonable degree of medical certainty, as determined by 2 physicians, ***or a physician and a PA,*** or a physician and an APRN, only postpone the moment of death.

XVII. "Permanently unconscious" means a lasting condition, indefinitely without improvement, in which thought, awareness of self and environment, and other indicators of consciousness are absent as determined by an appropriate neurological assessment by a physician in consultation with the attending physician or an appropriate neurological assessment by a physician in consultation with an APRN ***or PA.***

XVIII. "Physician" means a medical doctor licensed in good standing to practice in the state of New Hampshire pursuant to RSA 329.

XVIII-a. "Physician assistant" or "PA" means a physician assistant licensed in good standing to practice in the state of New Hampshire pursuant to RSA 328-D.

XIX. "Principal" means a person 18 years of age or older who has executed an advance directive pursuant to the provisions of this chapter.

XX. "Qualified patient" means a patient who has executed an advance directive in accordance with this chapter and who has been certified in writing by the attending physician, ***PA,*** or APRN to lack the capacity to make health care decisions.

XXI. "Reasonable degree of medical certainty" means a medical judgment that is made by a physician, ***PA,*** or APRN who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

XXII. "Residential care provider" means a "facility" as defined in RSA 161-F:11, IV, a "nursing home" as defined in RSA 151-A:1, IV, or any individual or facility licensed, certified, or otherwise authorized or permitted by law to operate, for profit or otherwise, a residential care facility for adults, including but not limited to those operating pursuant to RSA 420-D.

XXII-a. "Surrogate decision-maker" or "surrogate" means an adult individual who has health care decision-making capacity, is available upon reasonable inquiry, is willing to make health care decisions on behalf of a patient who lacks health care decision-making capacity, and is identified by the attending physician, ***PA,*** or APRN in accordance with the provisions of this chapter as the person who is to make those decisions in accordance with the provisions of this chapter.

4 Advance Directives; Scope and Duration of Agent's Authority. Amend RSA 137-J:5, II-V to read as follows:

II. An agent's or surrogate's authority under an advance directive shall be in effect only when the principal lacks capacity to make health care decisions, as certified in writing by the principal's attending physician, ***PA,*** or APRN, and filed with the name of the agent or surrogate in the principal's medical record. When and if the principal regains capacity to make health care decisions, such event shall be certified in writing by the principal's attending physician, ***PA,*** or APRN, noted in the principal's medical record, the agent's or surrogate's authority shall terminate, and the authority to make health care decisions shall revert to the principal.

III. If the principal has no attending physician, ***PA,*** or APRN for reasons based on the principal's religious or moral beliefs as specified in his or her advance directive, the advance directive may include a provision that a person designated by the principal in the advance directive may certify in writing, acknowledged before a notary or justice of the peace, as to the lack of decisional capacity of the principal. The person so designated by the principal shall not be the agent, or a person ineligible to be the agent.

IV. The principal's attending physician, ***PA,*** or APRN shall make reasonable efforts to inform the principal of any proposed treatment, or of any proposal to withdraw or withhold treatment. Notwithstanding that an advance directive or a surrogacy is in effect and irrespective of the principal's lack of capacity to make health care decisions at the time, treatment may not be given to or withheld from the principal over the principal's objection unless the principal's advance directive includes the following statement initialed by the principal, "Even if I am incapacitated and I object to treatment, treatment may be given to me against my objection."

V. Nothing in this chapter shall be construed to give an agent or surrogate authority to:

(a) Consent to voluntary admission to any state institution;

(b) Consent to a voluntary sterilization;

(c) Consent to withholding life-sustaining treatment from a pregnant principal, unless, to a reasonable degree of medical certainty, as certified on the principal's medical record by the attending physician, ***PA,*** or APRN and an obstetrician who has examined the principal, such treatment or procedures will not maintain the principal in such a way as to permit the continuing development and live birth of the fetus or will be physically harmful to the principal or prolong severe pain which cannot be alleviated by medication; or

(d) Consent to psychosurgery, electro-convulsive shock therapy, sterilization, or an experimental treatment of any kind.

5 Advance Directives; Requirement to Act in accordance With Principal's Wishes and Best Interests. Amend RSA 137-J:6 to read as follows:

137-J:6 Requirement to Act in Accordance With Principal's Wishes and Best Interests. After consultation with the attending physician, ***PA,*** or APRN and other health care providers, the agent or surrogate shall make health care decisions in accordance with the agent's or surrogate's knowledge of the principal's wishes and religious or moral beliefs, as stated orally or otherwise communicated by the principal, or, if the principal's wishes are unknown, in accordance with the agent's or surrogate's assessment of the principal's best interests and in accordance with accepted medical practice.

6 Advance Directives; Physician, ***PA,*** APRN, and Provider's Responsibilities. Amend RSA 137-J:7, I-II to read as follows:

I. A qualified patient's attending physician, ***PA,*** or APRN, or a qualified patient's health care provider or residential care provider, and employees thereof, having knowledge of the qualified patient's advance directive shall be bound to follow, as applicable, the dictates of the qualified patient's living will and/or the directives of a qualified patient's designated agent to the extent they are consistent with this chapter and the advance directive, and to the extent they are within the bounds of responsible medical practice.

(a) An attending physician, ***PA,*** or APRN, or other health care provider or residential care provider, who is requested to do so by the principal shall make the principal's advance directive or a copy of such document a part of the principal's medical record.

(b) Any person having in his or her possession a duly executed advance directive or a revocation thereof, if it becomes known to that person that the principal executing the same is in such circumstances that the terms of the advance directive might become applicable (such as when the principal becomes a "qualified patient"), shall forthwith deliver an original or copy of the same to the health care provider or residential care provider with which the principal is a patient.

(c) The principal's attending physician, ***PA,*** or APRN, or any other physician, ***PA,*** or APRN, who is aware of the principal's execution of an advance directive shall, without delay, take the necessary steps to provide for written verification of the principal's lack of capacity to make health care decisions (in other words, to certify that the principal is a "qualified patient"), and/or the principal's near death or permanently unconscious condition, as defined in this chapter and as appropriate to the principal's medical condition, so that the attending physician, ***PA,*** or APRN and the principal's agent may be authorized to act pursuant to this chapter.

(d) If a physician, ***PA,*** or an APRN, because of his or her personal beliefs or conscience, is unable to comply with the terms of the advance directive or surrogate's decision, he or she shall immediately inform the qualified patient, the qualified patient's family, or the qualified patient's

agent. The qualified patient, or the qualified patient's agent or family, may then request that the case be referred to another physician, ***PA,*** or APRN.

II. An attending physician, ***PA,*** or APRN who, because of personal beliefs or conscience, is unable to comply with the advance directive or the surrogate's decision pursuant to this chapter shall, without delay, make the necessary arrangements to effect the transfer of a qualified patient and the appropriate medical records that document the qualified patient's lack of capacity to make health care decisions to another physician, ***PA,*** or APRN who has been chosen by the qualified patient, by the qualified patient's agent or surrogate, or by the qualified patient's family, provided, that pending the completion of the transfer, the attending physician, ***PA,*** or APRN shall not deny health care treatment, nutrition, or hydration which denial would, within a reasonable degree of medical certainty, result in or hasten the qualified patient's death against the express will of the qualified patient, the advance directive, or the agent or surrogate.

7 Advance Directives; Withholding or Withdrawal of Life-Sustaining Treatment. Amend RSA 137-J:10, I(a) and (b) to read as follows:

(a) The principal's attending physician, ***PA,*** or APRN shall certify in writing that the principal lacks the capacity to make health care decisions.

(b) Two physicians or a physician and an APRN ***or PA*** shall certify in writing that the principal is near death or is permanently unconscious.

8 Advance Directives; Withholding or Withdrawal of Life-Sustaining Treatment. Amend RSA 137-J:10, IV(a) to read as follows:

(a) The consent to withhold or withdraw life-sustaining treatment from a pregnant principal, unless, to a reasonable degree of medical certainty, as certified on the principal's medical record by the attending physician, ***PA,*** or APRN and an obstetrician who has examined the principal, such treatment or procedures will not maintain the principal in such a way as to permit the continuing development and live birth of the fetus or will be physically harmful to the principal or prolong severe pain which cannot be alleviated by medication.

9 Advance Directives; Withholding or Withdrawal of Life-Sustaining Treatment. Amend RSA 137-J:10, VII to read as follows:

VII. Nothing in this chapter shall be construed to create a presumption that in the absence of an advance directive, a person wants life-sustaining treatment to be either taken or withdrawn. This chapter shall also not be construed to supplant any existing rights and responsibilities under the law of this state governing the conduct of physicians, ***PAs,*** or APRNs in consultation with patients or their families or legal guardians in the absence of an advance directive.

10 Advance Directives; Execution and Witnesses. Amend RSA 137-J:14 to read as follows:

137-J:14 Execution and Witnesses.

I. The advance directive shall be signed by the principal in the presence of either of the following:

(a) Two or more subscribing witnesses, neither of whom shall, at the time of execution, be the agent, the principal's spouse or heir at law, or a person entitled to any part of the estate of the principal upon death of the principal under a will, trust, or other testamentary instrument or deed in existence or by operation of law, or attending physician, ***PA,*** or APRN, or person acting under the direction or control of the attending physician, ***PA,*** or APRN. No more than one such witness may be the principal's health or residential care provider or such provider's employee. The witnesses shall affirm that the principal appeared to be of sound mind and free from duress at the time the advance directive was signed and that the principal affirmed that he or she was aware of the nature of the document and signed it freely and voluntarily; or

(b) A notary public or justice of the peace, who shall acknowledge the principal's signature pursuant to the provisions of RSA 456 or RSA 456-A.

II. If the principal is physically unable to sign, the advance directive may be signed by the principal's name written by some other person in the principal's presence and at the principal's express direction.

III. A principal's decision to exclude or strike references to ***PAs or*** APRNs and the powers granted to ***PAs or*** APRNs in his or her advance directive shall be honored.

11 Advance Directives; Revocation. Amend RSA 137-J:15, II to read as follows:

II. A principal's health or residential care provider who is informed of or provided with a revocation of an advance directive or surrogacy shall immediately record the revocation, and the time and date when he or she received the revocation, in the principal's medical record and notify the agent, the attending physician, ***PA,*** or APRN, and staff responsible for the principal's care of the revocation. An agent or surrogate who becomes aware of such revocation shall inform the principal's health or residential care provider of such revocation. Revocation shall become effective upon communication to the attending physician, ***PA,*** or APRN.

12 Advance Directives; Durable Power of Attorney; Disclosure Statement. Amend RSA 137-J:19 to read as follows:

137-J:19 Durable Power of Attorney; Disclosure Statement. The disclosure statement which must accompany a durable power of attorney for health care shall be in substantially the following form:

INFORMATION CONCERNING THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING IT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except if you say otherwise in the directive, this directive gives the person you name as your health care agent the power to make any and all health care decisions for you when you lack the capacity to make health care decisions for yourself (in other words, you no longer have the ability to understand and appreciate generally the nature and consequences of a health care decision, including the significant benefits and harms of and reasonable alternatives to any proposed health care). "Health

care" means any treatment, service or procedure to maintain, diagnose or treat your physical or mental condition. Your health care agent, therefore, will have the power to make a wide range of health care decisions for you. Your health care agent may consent (in other words, give permission), refuse to consent, or withdraw consent to medical treatment, and may make decisions about withdrawing or withholding life-sustaining treatment. Your health care agent cannot consent to or direct any of the following: commitment to a state institution, sterilization, or termination of treatment if you are pregnant and if the withdrawal of that treatment is deemed likely to terminate the pregnancy, unless the treatment will be physically harmful to you or prolong severe pain which cannot be alleviated by medication.

You may state in this directive any treatment you do not want, or any treatment you want to be sure you receive. Your health care agent's power will begin when your doctor certifies that you lack the capacity to make health care decisions (in other words, that you are not able to make health care decisions). If for moral or religious reasons you do not want to be treated by a doctor or to be examined by a doctor to certify that you lack capacity, you must say so in the directive and you must name someone who can certify your lack of capacity. That person cannot be your health care agent or alternate health care agent or any person who is not eligible to be your health care agent. You may attach additional pages to the document if you need more space to complete your statement.

Under no conditions will your health care agent be able to direct the withholding of food and drink that you are able to eat and drink normally.

Your agent shall be directed by your written instructions in this document when making decisions on your behalf, and as further guided by your medical condition or prognosis. Unless you state otherwise in the directive, your agent will have the same power to make decisions about your health care as you would have made, if those decisions by your health care agent are made consistent with state law.

It is important that you discuss this directive with your doctor or other health care providers before you sign it, to make sure that you understand the nature and range of decisions which could be made for you by your health care agent. If you do not have a health care provider, you should talk with someone else who is knowledgeable about these issues and can answer your questions. Check with your community hospital or hospice for trained staff. You do not need a lawyer's assistance to complete this directive, but if there is anything in this directive that you do not understand, you should ask a lawyer to explain it to you.

The person you choose as your health care agent should be someone you know and trust, and he or she must be at least 18 years old. If you choose your health or residential care provider (such as your doctor, advanced practice registered nurse, or an employee of a hospital, nursing home, home health agency, or residential care home, other than a relative), that person will have to choose between acting as your health care agent or as your health or residential care provider, because the law does not allow a person to do both at the same time.

You should consider choosing an alternate health care agent, in case your health care agent is unwilling, unable, unavailable or not eligible to act as your health care agent. Any alternate health care agent you choose will then have the same authority to make health care decisions for you.

You should tell the person you choose that you want him or her to be your health care agent. You should talk about this directive with your health care agent and your doctor or advanced practice registered nurse and give each one a signed copy. You should write on the directive itself the people and institutions who will have signed copies. Your health care agent will not be liable for health care decisions made in good faith on your behalf.

EVEN AFTER YOU HAVE SIGNED THIS DIRECTIVE, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF AS LONG AS YOU ARE ABLE TO DO SO, AND TREATMENT CANNOT BE GIVEN TO YOU OR STOPPED OVER YOUR CLEAR OBJECTION.

You have the right to revoke the power given to your health care agent by telling him or her, or by telling your health care provider, orally or in writing, that you no longer want that person to be your health care agent.

YOU HAVE THE RIGHT TO EXCLUDE OR STRIKE REFERENCES TO APRNS IN YOUR ADVANCE DIRECTIVE AND IF YOU DO SO, YOUR ADVANCE DIRECTIVE SHALL STILL BE VALID AND ENFORCEABLE.

Once this directive is executed it cannot be changed or modified. If you want to make changes, you must make an entirely new directive.

THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR JUSTICE OF THE PEACE OR TWO (2) OR MORE QUALIFIED WITNESSES, WHO MUST BOTH BE PRESENT WHEN YOU SIGN AND WHO WILL ACKNOWLEDGE YOUR SIGNATURE ON THE DOCUMENT. THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

___The person you have designated as your health care agent;

___Your spouse or heir at law;

___Your attending physician, ***PA,*** or APRN, or person acting under the direction or control of the attending physician, ***PA,*** or APRN;

ONLY ONE OF THE TWO WITNESSES MAY BE YOUR HEALTH OR RESIDENTIAL CARE PROVIDER OR ONE OF YOUR PROVIDER'S EMPLOYEES.

13 Advance Directives; Durable Power of Attorney and Living Will. Amend RSA 137-J:20, II to read as follows:

II. LIVING WILL

Declaration made this ___ day of _____, 20___.

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease, or illness and I am certified to be near death or in a permanently unconscious condition by 2 physicians or a physician and an APRN ***or PA***, and 2 physicians or a physician and an APRN ***or PA*** have determined that my death is imminent whether or not life-sustaining treatment is utilized and where the application of life-sustaining treatment would serve only to artificially prolong the dying process, or that I will remain in a permanently unconscious condition, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, the natural ingestion of food or fluids by eating and drinking, or the performance of any medical procedure deemed necessary to provide me with comfort care. I realize that situations could arise in which the only way to allow me to die would be to discontinue medically administered nutrition and hydration.

(Initial below if it is your choice)

In carrying out any instruction I have given under this section, I authorize that even if all other forms of life-sustaining treatment have been withdrawn, medically administered nutrition and hydration continue to be given to me. _____

In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this declaration shall be honored by my family and health care providers as the final expression of my right to refuse medical or surgical treatment and accept the consequences of such refusal.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signed this ___ day of _____, 2___.

Principal's Signature: _____

[If you are physically unable to sign, this directive may be signed by someone else writing your name, in your presence and at your express direction.]

THIS LIVING WILL DIRECTIVE MUST BE SIGNED BY TWO WITNESSES OR A NOTARY PUBLIC OR A JUSTICE OF THE PEACE.

We declare that the principal appears to be of sound mind and free from duress at the time the living will is signed and that the principal affirms that he or she is aware of the nature of the directive and is signing it freely and voluntarily.

Witness: _____ Address: _____

Witness: _____ Address: _____

STATE OF NEW HAMPSHIRE

COUNTY OF _____

The foregoing living will was acknowledged before me this ___ day of _____, 20___, by _____ (the "Principal"). _____

Notary Public/Justice of the Peace

My commission expires:

14 Advance Directives; Civil Action. Amend RSA 137-J:22, II to read as follows:

II. A copy of any such action shall be given in hand to the principal's attending physician, ***PA,*** or APRN and, as applicable, to the principal's health care provider or residential care provider. To the extent they are not irreversibly implemented, health care decisions made by a challenged agent shall not thereafter be implemented without an order of the probate court or a withdrawal or dismissal of the court action; provided, that this paragraph shall not be construed to authorize any violation of RSA 137-J:7, II or III.

15 Advance Directives; Presumed Consent to Cardiopulmonary Resuscitation; Health Care Providers and Residential Care Providers Not Required to Expand to Provide Cardiopulmonary Resuscitation. Amend RSA 137-J:25, I(c) to read as follows:

(c) A person who lacks capacity to make health care decisions is near death and admitted to a health care facility, and the person's agent is not available and the facility has made diligent efforts to contact the agent without success, or the person's agent is not legally capable of making health care decisions for the person, and the attending physician, ***PA,*** or APRN and a physician knowledgeable about the patient's condition, have determined that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards and would cause unnecessary harm to the person, and the attending physician, ***PA,*** or APRN has completed a do not resuscitate order; or

16 Advance Directives; Issuance of a Do Not Resuscitate Order; Order to be Written by the Attending Physician or APRN. Amend RSA 137-J:26 to read as follows:

137-J:26 Issuance of a Do Not Resuscitate Order; Order to be Written by the Attending Physician, ***PA,*** or APRN.

I. An attending physician, ***PA,*** or APRN may issue a do not resuscitate order for a person if the person, or the person's agent, has consented to the order. A do not resuscitate order shall be issued in writing in the form as described in this section for a person not present or residing in a health care facility. For persons present in health care facilities, a do not resuscitate order shall be issued in accordance with the policies and procedures of the health care facility and in accordance with the provisions of this chapter.

II. A person may request that his or her attending physician, ***PA,*** or APRN issue a do not resuscitate order for the person.

III. An agent may consent to a do not resuscitate order for a person who lacks the capacity to make health care decisions if the advance directive signed by the principal grants such authority. A do not resuscitate order written by the attending physician, ***PA,*** or APRN for such a person with the consent of the agent is valid and shall be respected by health care providers and residential care providers.

IV. If an agent is not reasonably available and the facility has made diligent efforts to contact the agent without success, or the agent is not legally capable of making a decision regarding

a do not resuscitate order, an attending physician, ***PA,*** or APRN may issue a do not resuscitate order for a person who lacks capacity to make health care decisions, who is near death, and who is admitted to a health care facility if a second physician who has personally examined the person concurs in the opinion of the attending physician, ***PA,*** or APRN that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards and would cause unnecessary harm to the person.

V. For persons not present or residing in a health care facility, the do not resuscitate order shall be noted on a medical orders form or in substantially the following form on a card suitable for carrying on the person:

Do Not Resuscitate Order

As attending physician, ***PA,*** or APRN of _____ and as a licensed physician, ***physician assistant*** or advanced practice registered nurse, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.

This order has been discussed with _____ (or, if applicable, with his/ her agent,) _____, who has given consent as evidenced by his/her signature below.

Attending physician, ***PA,*** or APRN Name

Attending physician, ***PA,*** or APRN Signature

Address

Person Signature

Address

Agent Signature (if applicable)

_____

Address _____

VI. For persons residing in a health care facility, the do not resuscitate order shall be reflected in at least one of the following forms:

(a) Forms required by the policies and procedures of the health care facility in compliance with this chapter;

(b) The do not resuscitate card as set forth in paragraph V; or

(c) The medical orders form in compliance with this chapter.

17 Advance Directives; Compliance With a Do Not Resuscitate Order. Amend RSA 137-J:27, I(a)-(c) to read as follows:

(a) A do not resuscitate order completed by the attending physician, ***PA,*** or APRN on a form as specified in RSA 137-J:26;

(b) A do not resuscitate order for a person present or residing in a health care facility issued in accordance with the health care facility's policies and procedures in compliance with the chapter; or

(c) A medical orders form on which the attending physician, ***PA,*** or APRN has documented a do not resuscitate order in compliance with this chapter.

18 Advance Directives; Protection of Persons Carrying Out in Good Faith a Do Not Resuscitate Order; Notification of Agent by Attending Physician or APRN Refusing to Comply With Do Not Resuscitate Order; Revocation of Do Not Resuscitate Order. Amend RSA 137-J:28 and 137-J:29 to read as follows:

137-J:28 Protection of Persons Carrying Out in Good Faith a Do Not Resuscitate Order; Notification of Agent by Attending Physician, ***PA,*** or APRN Refusing to Comply With Do Not Resuscitate Order.

I. No health care provider or residential care provider, or any other person acting for the provider or under the provider's control, shall be subjected to criminal or civil liability, or be deemed to have engaged in unprofessional conduct, for carrying out in good faith a do not resuscitate order authorized by this chapter on behalf of a person as instructed by the person, or the person's agent, or for those actions taken in compliance with the standards and procedures set forth in this chapter.

II. No health care provider or residential care provider, or any other person acting for the provider or under the provider's control, or other individual who witnesses a cardiac or respiratory arrest shall be subjected to criminal or civil liability for providing cardiopulmonary resuscitation to a person for whom a do not resuscitate order has been issued; provided, that such provider or individual:

(a) Reasonably and in good faith is unaware of the issuance of a do not resuscitate order; or

(b) Reasonably and in good faith believed that consent to the do not resuscitate order has been revoked or canceled.

III.(a) Any attending physician, ***PA,*** or APRN who, because of personal beliefs or conscience, refuses to issue a do not resuscitate order at a person's request or to comply with a do not resuscitate order issued pursuant to this chapter shall take reasonable steps to advise promptly the person or agent of the person that such attending physician or APRN is unwilling to effectuate the order. The attending physician, ***PA,*** or APRN shall thereafter at the election of the person or agent permit the person or agent to obtain another attending physician, ***PA,*** or APRN.

(b) If a physician, ***PA,*** or APRN, because of his or her personal beliefs or conscience, is unable to comply with the terms of a do not resuscitate order, he or she shall immediately inform the person, the person's agent, or the person's family. The person, the person's agent, or the person's family may then request that the case be referred to another physician, ***PA,*** or APRN, as set forth in RSA 137-J:7, II and III.

137-J:29 Revocation of Do Not Resuscitate Order.

I. At any time a person in a health care facility may revoke his or her previous request for or consent to a do not resuscitate order by making either a written, oral, or other act of communication to the attending physician, ***PA,*** or APRN or other professional staff of the health care facility.

II. At any time a person residing at home may revoke his or her do not resuscitate order by destroying such order and removing do not resuscitate identification on his or her person. The person is responsible for notifying his or her attending physician, ***PA,*** or APRN of the revocation.

III. At any time an agent may revoke his or her consent to a do not resuscitate order for a person who lacks capacity to make health care decisions who is admitted to a health care facility by notifying the attending physician, ***PA,*** or APRN or other professional staff of the health care facility of the revocation of consent in writing, or by orally notifying the attending physician, ***PA,*** or APRN in the presence of a witness 18 years of age or older.

IV. At any time an agent may revoke his or her consent for a person who lacks capacity to make health care decisions who is residing at home by destroying such order and removing do not resuscitate identification from the person. The agent is responsible for notifying the person's attending physician, ***PA,*** or APRN of the revocation.

V. The attending physician, ***PA,*** or APRN who is informed of or provided with a revocation of consent pursuant to this section shall immediately cancel the do not resuscitate order if the person is in a health care facility and notify the professional staff of the health care facility responsible for the person's care of the revocation and cancellation. Any professional staff of the health care facility who is informed of or provided with a revocation of consent pursuant to this section shall immediately notify the attending physician, ***PA,*** or APRN of such revocation.

VI. Only a physician, ***physician assistant,*** or advanced practice registered nurse may cancel the issuance of a do not resuscitate order.

19 Advance Directives; Do Not Resusitate Identification. Amend RSA 137-J:33 to read as follows:

137-J:33 Do Not Resuscitate Identification. Do not resuscitate identification as set forth in this chapter may consist of either a medical condition bracelet or necklace with the inscription of the person's name, date of birth in numerical form and "NH Do Not Resuscitate" or "NH DNR" on it. Such identification shall be issued only upon presentation of a properly executed do not resuscitate order form as set forth in RSA 137-J:26, a medical orders form in which a physician, ***physician assistant,*** or advanced practice registered nurse has documented a do not resuscitate order, or a do not resuscitate order properly executed in accordance with a health care facility' s written policy and procedure.

20 Advance Directives; Surrogate Decision-making. Amend RSA 137-J:35 to read as follows:

137-J:35 Surrogate Decision-making.

I. When a patient lacks capacity to make health care decisions, the physician, ***PA,*** or APRN shall make a reasonable inquiry pursuant to 137-J:7 as to whether the patient has a valid advance

directive and, to the extent that the patient has designated an agent, whether such agent is available, willing and able to act. When no health care agent is authorized and available, the health care provider shall make a reasonable inquiry as to the availability of possible surrogates listed under this paragraph. A surrogate decision-maker may make medical decisions on behalf of a patient without court order or judicial involvement in the following order of priority:

(a) The patient's spouse, or civil union partner or common law spouse as defined by RSA 457:39, unless there is a divorce proceeding, separation agreement, or restraining order limiting that person's relationship with the patient.

(b) Any adult son or daughter of the patient.

(c) Either parent of the patient.

(d) Any adult brother or sister of the patient.

(e) Any adult grandchild of the patient.

(f) Any grandparent of the patient.

(g) Any adult aunt, uncle, niece, or nephew of the patient.

(h) A close friend of the patient.

(i) The agent with financial power of attorney or a conservator appointed in accordance with RSA 464-A.

(j) The guardian of the patient's estate.

II. The physician, ***PA,*** or APRN may identify a surrogate from the list in paragraph I if the physician, ***PA,*** or APRN determines he or she is able and willing to act, and determines after reasonable inquiry that neither a legal guardian, health care agent under a durable power of attorney for health care, nor a surrogate of higher priority is available and able and willing to act. The surrogate decision-maker, as identified by the attending physician, ***PA,*** or APRN, may make health care decisions for the patient. The surrogacy provisions of this chapter shall take effect when the decision-maker names are recorded in the medical record. The physician, ***PA,*** or APRN shall have the right to rely on any of the above surrogates if the physician, ***PA,*** or APRN believes after reasonable inquiry that neither a health care agent under a durable power of attorney for health care or a surrogate of higher priority is available or able and willing to act.

21 Advance Directives; Determining Priority Among Multiple Surrogates. Amend RSA 137-J:36, I to read as follows:

I. Where there are multiple surrogate decision-makers at the same priority level in the hierarchy, it shall be the responsibility of those surrogates to make reasonable efforts to reach a consensus as to their decision on behalf of the patient regarding any health care decision. If 2 or more surrogates who are in the same category and have equal priority indicate to the attending physician, ***PA,*** or APRN that they disagree about the health care decision at issue, a majority of the available persons in that category shall control, unless the minority or any other interested party initiates guardianship proceedings in accordance with RSA 464-A. There shall not be a recognized

surrogate when a guardianship proceeding has been initiated and a decision is pending. The person initiating the petition for guardianship shall immediately provide written notice of the initiation of the guardianship proceeding to the health care facility where the patient is being treated. This process shall not preempt the care of the patient. No health care provider or other person shall be required to seek appointment of a guardian.

22 Advance Directives; Limitations of Surrogacy. Amend RSA 137-J:37, II-IV to read as follows:

II. No physician, ***PA,*** or APRN shall be required to identify a surrogate, and may, in the event a surrogate has been identified, revoke the surrogacy if the surrogate is unwilling or unable to act.

III. A physician, ***PA,*** or APRN may, but shall not be required to, initiate guardianship proceedings or encourage a family member or friend to seek guardianship in the event a patient is determined to lack capacity to make health care decisions and no guardian, agent under a health care power of attorney, or surrogate has been appointed or named.

IV. Nothing in this chapter shall be construed to require a physician, ***PA,*** or APRN to treat a patient who the physician, ***PA,*** or APRN reasonably believes lacks health care decision-making capacity and for whom no guardian, agent, or surrogate has been appointed.

23 Effective Date. This act shall take effect January 1, 2021.

Amendments

Sen. Sherman, Dist 24
February 6, 2020
2020-0538s
01/10

Amendment to SB 598

Amend RSA 137-J:2, XX as inserted by section 3 of the bill by replacing it with the following:

XX. "Qualified patient" means a patient who has executed an advance directive in accordance with this chapter and who has been certified in writing by the attending physician, ***PA,*** or APRN to lack the capacity to make health care decisions.

Amend RSA 137-J:26, III as inserted by section 16 of the bill by replacing it with the following:

III. An agent may consent to a do not resuscitate order for a person who lacks the capacity to make health care decisions if the advance directive signed by the principal grants such authority. A do not resuscitate order written by the attending physician, ***PA,*** or APRN for such a person with the consent of the agent is valid and shall be respected by health care providers and residential care providers.

Amend RSA 137-J:37, IV as inserted by section 22 of the bill by replacing it with the following:

IV. Nothing in this chapter shall be construed to require a physician, ***PA,*** or APRN to treat a patient who the physician, ***PA,*** or APRN reasonably believes lacks health care decision-making capacity and for whom no guardian, agent, or surrogate has been appointed.

Health and Human Services
February 21, 2020
2020-0813s
01/06

Amendment to SB 598

Amend RSA 137-J:2, XX as inserted by section 3 of the bill by replacing it with the following:

XX. "Qualified patient" means a patient who has executed an advance directive in accordance with this chapter and who has been certified in writing by the attending physician, ***PA,*** or APRN to lack the capacity to make health care decisions.

Amend RSA 137-J:26, III as inserted by section 16 of the bill by replacing it with the following:

III. An agent may consent to a do not resuscitate order for a person who lacks the capacity to make health care decisions if the advance directive signed by the principal grants such authority. A do not resuscitate order written by the attending physician, ***PA,*** or APRN for such a person with the consent of the agent is valid and shall be respected by health care providers and residential care providers.

Amend RSA 137-J:37, IV as inserted by section 22 of the bill by replacing it with the following:

IV. Nothing in this chapter shall be construed to require a physician, ***PA,*** or APRN to treat a patient who the physician, ***PA,*** or APRN reasonably believes lacks health care decision-making capacity and for whom no guardian, agent, or surrogate has been appointed.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Tom Sherman, Chair
Sen Martha Fuller Clark, Vice Chair
Sen Shannon Chandley, Member
Sen Jeb Bradley, Member
Sen James Gray, Member

Date: February 12, 2020

HEARINGS

Tuesday	02/18/2020
(Day)	(Date)

Health and Human Services	Legislative Office Building 101	1:00 p.m.
(Name of Committee)	(Place)	(Time)

1:00 p.m.	**SB 601**	relative to the treatment of glaucoma and repealing the joint credentialing committee for optometrists.
1:20 p.m.	**SB 670**	relative to freestanding emergency facilities.
2:00 p.m.	**SB 598**	adding physician assistants to the law governing advance directives.
2:20 p.m.	**SB 522**	requiring providers to get a verbal acknowledgment for an initial prescription for opioids.
3:00 p.m.	**SB 718-FN-A**	relative to the New Hampshire state health improvement plan and making an appropriation therefor.
3:30 p.m.	**SB 676-FN**	relative to the controlled drug prescription health and safety program.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 601

Sen. Rosenwald	Sen. Carson	Sen. Chandley	Sen. Ward
Sen. Reagan	Sen. Cavanaugh	Rep. Grote	Rep. P. Schmidt

SB 670

Sen. Sherman	Sen. Rosenwald	Sen. Cavanaugh	Rep. Salloway
Rep. Cushing	Rep. Pantelakos		

SB 598

Sen. Sherman	Sen. Bradley	Sen. Gray	Rep. Salloway
Rep. Marsh	Rep. Schapiro	Rep. Ticehurst	Rep. Guthrie

SB 522

Sen. Bradley	Sen. Ward	Sen. Levesque	Sen. Hennessey
Sen. Reagan	Sen. Birdsell	Sen. Carson	Sen. Sherman
Rep. Hennessey	Rep. Marsh	Rep. Knirk	

SB 718-FN-A

Sen. Sherman	Sen. Fuller Clark	Rep. Campion	Rep. Marsh
Rep. McMahon	Rep. Salloway		

SB 676-FN

Sen. Giuda	Sen. Fuller Clark	Sen. Carson	Sen. Gray
Rep. Marsh	Rep. Merchant	Rep. R. Osborne	

Monica Cooper - 271-8631

Tom Sherman
Chairman

Senate Health and Human Services Committee

Monica Cooper - 271-8631

SB 598, adding physician assistants to the law governing advance directives.

Hearing Date: February 18, 2020

Members of the Committee Present: Senators Sherman, Fuller Clark, Chandley, Bradley and Gray

Members of the Committee Absent: None

Bill Analysis: This bill adds physician assistants to the law governing advance directives.

Sponsors:

Sen. Sherman	Sen. Bradley	Sen. Gray
Rep. Salloway	Rep. Marsh	Rep. Schapiro
Rep. Ticehurst	Rep. Guthrie	

Who supports the bill: Sen. Gray, Dist. 6; Rep. Marsh, Dist. 8 Carroll; Rep. Campion, Dist. 12 Grafton; Paula Minnehan (NH. Hosp. Assoc.); Michael Padmore (NH Medical Soc.); Laura Ekstrand (NHSPA/MCPHS); Ed Laverty (NCH/UCVH)

Who opposes the bill: None

Who is neutral on the bill: None

Summary of testimony presented:

Sen. Sherman:

- He said many people are aware of the POLST initiatives throughout the state.
- A few years ago, he worked on making it possible for a physician assistant (PA) to declare a patient's death. This proved helpful in the North Country.
- He worked on expanding PAs capacity in Psychiatry.
- This bill is a natural role for PAs who have developed a close relationship with their patients. It makes sense to allow PAs to have discussions with their patients about end of life issues. This bill allows PAs to work with patients to determine their advance care directives.
- He introduced amendment 0538s, which corrects an oversight by adding PAs to additional sections in the bill.

Laura Ekstrand PA-C, *NHSPA, Assistant Professor at MCPHS University:*

- She is a practicing PA in Geriatric Psychiatry.
- She presented letters of support to the Committee.
- An advanced care directive is an actual medical order, which reflects an already on-going shared decision to deescalate care in the face of terminal illness, permanent loss of consciousness, or cardiac pulmonary arrest.
- The autonomy of an advanced care directive can provide security to a patient when facing immanent death. Discussing what degree and role medical care a patient wants puts them in control. It provides comfort to families by being a reminder to them that when decline occurs, there has already been discussion about how to proceed. This is often a better alternative to having to decide what to do in the actual moment.
- We receive medical care at the beginning of our lives, and these documents provide us with the choice on how we want to receive medical care at the end of our lives.
- This bill merely adds PAs where APRNs already have a functioning role. PAs are already in Chapter 137-L, the New Hampshire POLST Registry Act.
- As far as putting PAs in with APRNs, this is already a role being provided by a non-physician provider. There is already a model for preforming this role as a non-physician provider.
- This bill would bring New Hampshire into line with most states in the United States. Currently 35 other states allow PAs to sign medical orders for life sustaining treatments.
- In her experience as an educator, and recent previous clinician who dealt with a lot of end of life care, she knows that it is a nuance to apply the medical ethic "do no harm". Her graduates, and fellow PAs, are prepared to uphold this ethic, and have discussions about end of life care.
- When she worked at nursing homes, it was not her direct role to coordinate and lead discussions about end of life care. She witnessed many times where attendings and physicians at nursing home facilities originally led these discussions, but when a patient wished to update their directives at the last minute, and the physician or attending was not around to sign off, she was unable to carry out the patient's requests in a timely manner. The bill speaks to addressing this issue.

Ed Laverty PA-C, *NCH, UCVH:* He distributed letters of support to the Committee. He practices in the North Country. In the North Country, about 20% of care is provided by PAs. This bill will help the relationship between patients and clinicians. He finds himself in the emergency room having to have discussions about end of life care. However, he lacks the authority to finalize a decision. Others must come in and sign off on the form. This sometimes confuses patients because they aren't familiar with the provider who is signing off. This bill would grant him, and other PAs authority. When people do not have plans, hospitals often become their custodian.

Speakers

Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Tuesday, February 18th, 2020 **Time:** 2:00 p.m.

SB 598 AN ACT adding physician assistants to the law governing advance directives.

Name/Representing *(please print neatly)*

	Support	Neutral	Oppose	Speaking?	Yes	No
Rep. Marsh	☒	☐	☐		☐	☒
Rep Polly Campion Cs #12	☑	☐	☐		☐	☑
Paula Minnehan NH Hosp. Assoc	☑	☐	☐		☐	☒
Michael Padmore NH Medical Society	☑	☐	☐		☐	☑
Laura Ekstrand, PA-C NHSPA, MCPHS University	☑	☐	☐	✓	☑	☐
Ed Laverty PA-C NCH/HCVH	☑	☐	☐	✓	☑	☐
Sen James Gray SD #6	☑	☐	☐		☐	☑
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐

Testimony

NCH north country healthcare
Androscoggin Valley Hospital
North Country Home Health & Hospice Agency
Upper Connecticut Valley Hospital
Weeks Medical Center

February 14, 2020

Honorable Chairman Thomas Sherman
Senate Health and Human Services Committee Room 101
36 North State Street
Concord, New Hampshire 03301

Dear Chairman Sherman,

North Country Healthcare (NCH) is writing in support of language in the proposed SB 598 that supports An Act adding physician assistants (PAs) to the law governing advance directives.

As you are well aware, PAs are critical to increasing access to healthcare and provide high quality care. PAs have a longstanding history of providing care in rural and other medically underserved communities, such as those served by NCH, and have been credited with improving access to quality and cost-effective health care for many among the state's most vulnerable patient populations.

Within NCH, PAs provide crucial medical services in virtually all of our medical and surgical settings. Currently, PAs counsel their patients on advance directives in both the out-patient and the in-patient setting, including the purpose and application of POLST and Do Not Resuscitate (DNR) orders. Patient education can allay the fears that commonly surround death and dying. Discussion about the degree and type of medical involvement at the end of life puts the patient in control while giving reassurances that medical support can provide. This decision-making process between the provider and the patient is quite involved. However, while PAs are currently able to participate in these discussions, they are unable to actually write the order for these patients they have a trusted relationship with. SB 598 would remove the barriers to allow providers such as PAs to be part of the process from start to finish.

By virtue of their training and licensure, PAs demonstrate competency in collaborating with supervising and consulting physicians to address the patient's diagnosis, prognosis, and treatment options. There may not always be a physician readily available to authenticate and order in some institutions. However, the effectiveness of this contribution can be quickly unraveled when the patient's wishes cannot be translated to medical orders in a timely fashion. A lack of formal advance directive orders in the right place and time frequently leads to inappropriate application of medical care and can cause distress for all members of the medical team – patient, family, and care providers.

This bill improves the delivery of end-of-life care by allowing PAs to provide all services associated with Advanced Directive forms without unnecessary barriers. This will allow patients who see PAs to have them as a part of this important decision-making process.

NCH Affiliates thank you for sponsoring SB 598.

Sincerely,

Thomas Mee, RN, MSN, MBA
System Chief Executive Officer
North Country Healthcare

NCH | Upper Connecticut Valley Hospital

February 17, 2020

Honorable Chairman Thomas Sherman
Senate Health and Human Services Committee Room 101
36 North State Street
Concord, New Hampshire 03301

Dear Chairman Sherman:

North Country Healthcare (NCH) is writing in support of language in the proposed SB 598 that supports An Act adding physician assistants (PAs) to the law governing advance directives.

As you are aware, PAs are critical to increasing access to healthcare and provide high quality care. PAs have a longstanding history of providing care in rural and other medically underserved communities, such as those served by NCH, and have been credited with improving access to quality and cost-effective health care for many among the state's most vulnerable patient populations. Within NCH PAs provide crucial medical services in virtually all our medical and surgical settings. Currently, PAs counsel their patients on advance directives in both the outpatient and the in-patient setting, including the purpose and application of POLST and Do Not Resuscitate (DNR) orders. Patient education can allay the fears that commonly surround death and dying. Discussion about the degree and type of medical involvement at the end of life puts the patient in control while giving reassurances that medical support can provide. This decision-making process between the provider and the patient is quite involved. However, while PAs are currently able to participate in these discussions, they are unable to write the order for these patients, they have a trusted relationship with. SB 598 would remove the barriers to allow providers such as PAs to be part of the process from start to finish.

By virtue of their training and licensure, PAs demonstrate competency in collaborating with supervising and consulting physicians to address the patient's diagnosis; prognosis, and treatment options. There may not always be a physician readily available to authenticate and order in some institutions. However, the effectiveness of this contribution can be quickly unraveled when the patient's wishes cannot be translated to medical orders in a timely fashion. A lack of formal advance directive orders in the right place and time frequently leads to inappropriate application of medical care and can cause distress for all members of the medical team – patient, family, and care providers.

This bill improves the delivery of end-of-life care by allowing PAs to provide all services associated with Advanced Directive forms without unnecessary barriers. This will allow patients who see PAs to have them as a part of this important decision-making process.

NCH affiliates thanks you for sponsoring SB 598.

Sincerely,

Scott G. Colby
President

NCH Androscoggin Valley Hospital

Honorable Chairman Thomas Sherman
Senate Health and Human Services Committee Room 101
36 North State Street
Concord, New Hampshire 03301

Dear Chairman Sherman,

North Country Healthcare (NCH) is writing in support of language in the proposed SB 598 that supports An Act adding physician assistants (PAs) to the law governing advance directives.

As you are well aware, PAs are critical to increasing access to healthcare and provide high quality care. PAs have a longstanding history of providing care in rural and other medically underserved communities, such as those served by NCH, and have been credited with improving access to quality and cost-effective health care for many among the state's most vulnerable patient populations. Within NCH PAs provide crucial medical services in virtually all our medical and surgical settings. Currently, PAs counsel their patients on advance directives in both the out-patient and the in-patient setting, including the purpose and application of POLST and Do Not Resuscitate (DNR) orders. Patient education can allay the fears that commonly surround death and dying. Discussion about the degree and type of medical involvement at the end of life puts the patient in control while giving reassurances that medical support can provide. This decision-making process between the provider and the patient is quite involved. However, while PAs are currently able to participate in these discussions, they are unable to actually write the order for these patients, they have a trusted relationship with. SB 598 would remove the barriers to allow providers such as PAs to be part of the process from start to finish.

By virtue of their training and licensure, PAs demonstrate competency in collaborating with supervising and consulting physicians to address the patient's diagnosis, prognosis, and treatment options. There may not always be a physician readily available to authenticate and order in some institutions. However, the effectiveness of this contribution can be quickly unraveled when the patient's wishes cannot be translated to medical orders in a timely fashion. A lack of formal advance directive orders in the right place and time frequently leads to inappropriate application of medical care and can cause distress for all members of the medical team – patient, family, and care providers.

This bill improves the delivery of end-of-life care by allowing PAs to provide all services associated with Advanced Directive forms without unnecessary barriers. This will allow patients who see PAs to have them as a part of this important decision-making process.

NCH affiliates thanks you for sponsoring SB 598.

Sincerely,

Michael D. Peterson
President & CEO
Androscoggin Valley Hospital

NHSPA
New Hampshire Society of Physician Assistants

January 22, 2020

Honorable Chairman Thomas Sherman
Senate Health and Human Services Committee Room 101
36 North State Street
Concord, New Hampshire 03301

Dear Chairman Sherman,

The New Hampshire Society of Physician Assistants (NHSPA) supports SB 598 An Act adding physician assistants (PAs) to the law governing advance directives.

Currently, PAs counsel their patients on advance directives in both the out-patient and the in-patient setting, including the purpose and application of POLST and Do Not Resuscitate (DNR) orders. Patient education and autonomy can allay the fears that commonly surround death and dying. Discussion about the degree and type of medical involvement at the end of life puts the patient in control while giving reassurances that medical support can provide. This decision-making process between the provider and the patient is quite involved. However, while PAs are currently able to participate in these discussions, they are unable to actually write the order for these patients. SB 598 would change that and allow PAs to be part of the process from start to finish.

By virtue of their training and licensure, PAs demonstrate competency in collaborating with supervising and consulting physicians to address the patient's diagnosis, prognosis, and treatment options. However, the effectiveness of this contribution can be quickly unraveled when the patient's wishes cannot be translated to medical orders in a timely fashion. A lack of formal advance directive orders in the right place and time frequently leads to inappropriate application of medical care and can cause distress for all members of the medical team – patient, family, and care providers.

This bill simply adds PAs where Physicians and APRNs are already included. PAs are already included in CHAPTER 137-L NEW HAMPSHIRE POLST REGISTRY ACT, but are not included on the New Hampshire POLST form. It is our hope that this legislation will not only add PAs to the statutes on Advance Directives, but will be the impetus for adding PAs to the POLST forms. This will allow patients who see PAs to have them as a part of this important decision-making process.

NHSPA thanks you for sponsoring SB 598.

Sincerely,

Dagan Cloutier PA-C, NHSPA President

Steve Alexakos PA-C, NHSPA Vice President

Deanne Chapman PA-C, NHSPA Treasurer

Linda Martino PA-C, NHSPA Legislative Committee Chair

Laura Ekstrand PA-C, NHSPA Member

www.nh-spa.org

PO Box 10743, Bedford, NH, 03110

nhspa.admin@gmail.com

January 16, 2020

Senator Tom Sherman
Health and Human Services Senate Committee
New Hampshire State Senate
State House Room 107
Concord NH, 03301

RE: Support for bill SB 598 and the POLST registry law Chapter 137-L

Dear Senator Sherman,

My name is Karen Britt and I am a Registered Nurse who resides in your district. I am writing in support of bill SB 598 and the POLST registry law Chapter 137-L. I have worked in end of life care in both acute care and hospice/home care during my 24 plus years as a Registered Nurse. I have seen firsthand how valuable advanced directives are when trying to adhere to a patient's end of life treatment wishes. I have also seen how patient treatment can be negatively affected by not having advanced directives at all or not having a copy available. PAs are trusted members of the healthcare team that can help patients make informed decisions about their end of life care. It is imperative that patients have every opportunity to have their treatment choices heard. Allowing PAs the right to sign POLST orders allows yet another opportunity for patients to make their own end of life treatment decisions. In addition, we need advanced directives available through the POLST registry so that we can provide seamless treatment per the patient wishes, regardless of the care location. I would like you to be the voice of patients within your district and support bill SB 598 and the POLST registry law Chapter 137-L. Thank you for your time. If you have any further questions, please do not hesitate to contact me.

Sincerely,

Karen Britt DNP, RN-BC, CNE

Karen Britt DNP, RN-BC, CNE
70 Baboosic Lake Road
Merrimack, NH 03054

194 North Amherst Rd.
Bedford, NH 03110
1/27/20

Linda Martino, PAS, PA-C, CMPE
Assistant Professor of PA Studies
MCPHS
1260 Elm St.
Manchester, NH 03101

Dear Ms. Martino,

I am writing this letter in support of SB 598 , an act introduced to the General Court of the State of New Hampshire (NH) 01/10/2020 by Senators Sherman et.al.

SB598 is an ACT adding physician assistants (PAs) to the laws governing advanced directives for health care.

As you know every major health care organization in the United States advocates that every adult have documents created that would state an individual's wishes as to what the patient would want to be done if they were seriously ill or dying, and could not make those decisions for themself. As AARP says: "**Every adult should have an advance directive in which you explain the type of health care you do or do not want when you can't make your own decisions. You should also appoint someone who can speak for you to make sure your wishes are carried out.**"

Advance Directives for Health Care come in different forms including a Living Will which will direct the health care team in terms of certain treatments that a patint would want or not want to be given to him/her under various medical circumstances.

Additionally one should appoint a person or persons to make decisions that may arise in unforeseen circumstances. This document is called a Durable Power of Attorney for Health Care (DPOA-HC).

Other more specific document such as Physicians Orders for Life-Sustaining Treatment (POLST) and Medical Orders for Life-Sustaining Treatment (MOLST) may also be executed. These documents frequently direct family members and first responders as to when to transport a patient to a medical facility, and when the patient would not want to go to a health care facility, even if they were extremely ill.

All of these legal documents should be filled out with the consultation of a health care professional and must be signed and witnessed by a health care professional. In NH, physicians and Advance Practice Registered Nurses (APRNs) can perform these functions. SB598 would extend that privilege to Physician Assistants who are licensed to practice in NH.

The current health care model is one of team based medical care. PAs play a vital role on that team. I have had the privilege of practicing hematology and oncology with Physician Assistants since 1975. I can say that without exception the care that they give to their patients is every bit as attentive, thorough and professional as that given by the physicians on the team. I personally would trust a PA to help guide me or one of my family members through the process of creating an Advanced Directives for Health Care.

I believe that PAs in other states already have the legal right to help patients make these decisions about their health care and to witness these documents. I think it makes sense to extend that privilege to the PAs in NH.

If you have specific questions or would like to discuss this issue further, please feel free to contact me at denishammond@comcast.net or by cell phone at 603-494-5656. Please feel free to share this letter with any of the parties that are considering the enactment of this bill into law.

Thanks for asking for my support on this important piece of legislation.

Sincerely,

Denis B. Hammond, MD, FASCO

Signature Requirements for a Valid POLST Form by State

State	Patient	Surrogate permitted (if patient lacks capacity)	Physician (MD/DO)	Physician Assistant (PA)	Advanced Practice Registered Nurse (NP, APRN, ARNP)	Naturopaths (ND)
Alabama						
Alaska			✓		✓	
Arkansas	✓	✓				
Arizona	✓	✓	✓	✓	✓	
California	✓	✓	✓	✓	✓	
Colorado	✓	✓	✓	✓	✓	
Connecticut	✓	✓	✓	✓	✓	
Delaware	✓	Yes, except ***a***	✓	✓	✓	
District of Columbia	✓	✓	✓		✓	
Florida	✓	✓	✓			
Georgia	✓	Yes, except ***b***	✓			
Hawaii	✓	✓	✓		✓	
Idaho	✓	✓	✓	✓	✓	
Illinois	✓	✓	✓	✓	✓	
Indiana	✓	✓	✓	✓	✓	
Iowa	✓	✓	✓	✓	✓	
Kansas	✓	✓	✓	✓		
Kentucky	✓	✓	✓			
Louisiana	✓	✓	✓			
Maine	†	✓	✓	✓	✓	
Maryland			✓	✓	✓	
Massachusetts	✓	✓	✓	✓	✓	
Michigan	✓	✓	✓	✓	✓	
Minnesota	†	✓	✓	✓	✓	
Mississippi	✓	✓	✓			
Missouri	✓	✓	✓	✓	✓	
Montana	✓	✓	✓	✓	✓	
North Carolina	✓	✓	✓	✓	✓	
North Dakota	✓	✓	✓	✓	✓	
Nebraska	✓	✓	✓			
Nevada	✓	✓	✓	✓	✓	
New Hampshire	✓	✓	✓		✓	
New Jersey			✓		✓	
New Mexico	✓	✓	✓	✓	✓	
New York	See note ***e***	✓	✓		✓	
Ohio	✓	✓	✓	✓	✓	
Oklahoma	✓	✓	✓			
Oregon	‡	✓	✓	✓	✓	✓
Pennsylvania	✓	✓	✓	✓	✓	
Rhode Island	✓	✓	✓	✓	✓	
South Carolina						
South Dakota	✓	✓	✓	✓	✓	
Tennessee	‡	✓	✓	✓	✓	
Texas	‡	✓	✓			
Utah	✓	✓	✓	✓	✓	
Vermont		✓	✓	✓	✓	
Virginia	✓	Yes, except ***c***	✓	✓	✓	
Washington	✓	✓	✓	✓	✓	
Wisconsin	‡	✓	✓		✓	
West Virginia	✓	Yes, except ***d***	✓	✓	✓	
Wyoming	✓	✓				

(a) **Delaware:** May sign unless patient completes section indicating surrogate is prohibited from changing the form.
(b) **Georgia:** Some restrictions on surrogate ability to modify or void the POLST form.
(c) **Virginia:** Surrogates may not reverse a DNR order on a POST form if the DNR order was originally signed by the patient.
(d) **West Virginia:** Patient must give surrogate authority to change a POLST form.
(e) **New York:** Form must either have patient's signature or two names listed as witnesses to patient's verbal consent.
† The National POLST Paradigm does not support or encourage limiting a surrogate's ability to update or void a POLST form.
‡ Patient signature, attestation, or witnessed verbal consent is not required but is strongly recommended by POLST Program.

February 7, 2020

Honorable Chairman Thomas Sherman
Senate Health and Human Services Committee Room 101
36 North State Street
Concord, New Hampshire 03301

Dear Chairman Sherman,

As a practicing physician assistant in New Hampshire, I support the SB 598 which will add physician assistants (PAs) to the law governing advance directives.

Currently, PAs counsel their patients on advance directives in both the out-patient and the in-patient setting, including the purpose and application of POLST and Do Not Resuscitate (DNR) orders. Patient education and autonomy can allay the fears that commonly surround death and dying. Discussion about the degree and type of medical involvement at the end of life puts the patient in control while giving reassurances that medical support can provide. This decision-making process between the provider and the patient is quite involved. However, while PAs are currently able to participate in these discussions, they are unable to actually write the order for these patients. SB 598 would change that and allow PAs to be part of the process from start to finish.

By virtue of their training and licensure, PAs demonstrate competency in collaborating with supervising and consulting physicians to address the patient's diagnosis, prognosis, and treatment options. However, the effectiveness of this contribution can be quickly unraveled when the patient's wishes cannot be translated to medical orders in a timely fashion. A lack of formal advance directive orders in the right place and time frequently leads to inappropriate application of medical care and can cause distress for all members of the medical team – patient, family, and care providers.

This bill simply adds PAs where Physicians and APRNs are already included. PAs are already included in CHAPTER 137-L NEW HAMPSHIRE POLST REGISTRY ACT, but are not included on the New Hampshire POLST form. It is our hope that this legislation will not only add PAs to the statutes on Advance Directives, but will be the impetus for adding PAs to the POLST forms. This will allow patients who see PAs to have them as a part of this important decision-making process.

NHSPA thanks you for sponsoring SB 598.

Sincerely,

Samantha Cowan PA-C

Samantha Cowan PA-C

February 4 2020

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Senate Health and Human Services Committee Room 101
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Concord, New Hampshire 03301

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NHSPA thanks you for sponsoring SB 598.

Sincerely,

James C. Murphy PA-C

New Hampshire
MEDICAL SOCIETY ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

SENATE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE

February 18, 2020

Senate Bills 597 & 598

Testimony

Dear Members of the Executive Departments and Administration Committee,

The New Hampshire Medical Society (NHMS) supports both

- Senate Bill 597 - relative to licensure of physician assistants
- Senate Bill 598 - adding physician assistants to the law governing advance directives

The New Hampshire Society of Physician Assistants approached NHMS very early in the legislative process to receive feedback from us in crafting each of these bills. We are happy to support this legislation as we feel it is a common sense step forward in making the Physician Assistant licensure process in-line with other practitioners. Physician assistants play a critical role in treating patients across the state. These bills would help address access to care challenges that we face in New Hampshire.

I would direct you to the New Hampshire Society of Physician Assistants testimony on each bill, that clearly outlines how these bills will impact their practice and the patients they serve.

We recommend that you vote "ought to pass" on both Senate Bill 597 and 598.

Thank you,

Michael Padmore

Director of Advocacy, New Hampshire Medical Society

Voting Sheets

Senate Health and Human Services Committee
EXECUTIVE SESSION RECORD
2019-2020 Session

Bill # SB 598

Hearing date: 2/18/2020

Executive Session date: 2/21/2020

Motion of: OTP 0538s **Vote:** 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Sherman, Chair	✓				
Sen. Fuller Clark, Vice Chair	✓		✓		
Sen. Chandley	✓				
Sen. Bradley	✓	✓			
Sen. Gray	✓				

Motion of: OTP/A **Vote:** 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Sherman, Chair	✓			✓	
Sen. Fuller Clark, Vice Chair	✓		✓	✓	
Sen. Chandley	✓			✓	
Sen. Bradley	✓	✓		✓	
Sen. Gray	✓			✓	

Motion of: Consent **Vote:** 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Sherman, Chair	✓			✓	
Sen. Fuller Clark, Vice Chair	✓		✓	✓	
Sen. Chandley	✓			✓	
Sen. Bradley	✓	✓		✓	
Sen. Gray	✓			✓	

Reported out by: Sen Sherman

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Friday, February 21, 2020

THE COMMITTEE ON Health and Human Services

to which was referred **SB 598**

AN ACT adding physician assistants to the law governing advance directives.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 0813s

Senator Tom Sherman
For the Committee

This bill as amended adds Physician Assistants to the statue governing advance directives. As defined in the bill, a "Physician Assistant" or "PA" means a Physician Assistant licensed in good standing to practice in the state of New Hampshire per RSA 328-D. The committee amendment adds "PA" to sections XX, III, and IV in the bill.

Monica Cooper - 271-8631

General Court of New Hampshire - Bill Status System

Docket of SB598

Docket Abbreviations

Bill Title: adding physician assistants to the law governing advance directives.

Official Docket of **SB598.:**

Date	Body	Description
1/6/2020	S	To Be **Introduced** 01/08/2020 and Referred to Health and Human Services; **SJ 1**
2/12/2020	S	**Hearing:** 02/18/2020, Room 101, LOB, 02:00 pm; **SC 7**
2/21/2020	S	Committee Report: Ought to Pass with Amendment **#2020-0813s**, 03/05/2020; Vote 5-0; CC; **SC 9**
3/5/2020	S	Committee Amendment **#2020-0813s**, AA, VV; 03/05/2020; **SJ 5**
3/5/2020	S	**Ought to Pass with Amendment** 2020-0813s, MA, VV; OT3rdg; 03/05/2020; **SJ 5**
6/3/2020	H	Introduced 03/12/2020 and referred to Health, Human Services and Elderly Affairs
6/30/2020	H	Vacated and Laid on Table MA VV 06/30/2020

NH House	NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 598 **Senate Committee:** HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

X Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

X Bill version as it came to the committee
X All Calendar Notices
X Hearing Sign-up sheet(s)
X Prepared testimony, presentations, & other submissions handed in at the public hearing
X Hearing Report
___ Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

2020 - amendment # 0538s ___ - amendment #_____
2020 amendment # 0813s ___ - amendment #_____

X Executive Session Sheet
X Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

___ - amendment #_____ ___ - amendment #_____
___ - amendment #_____ ___ - amendment #_____

Post Floor Action: (if applicable) {Clerk's Office}

___ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
___ Enrolled Bill Amendment(s)
___ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

X as amended by the senate ___ as amended by the house
___ final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Monica Cooper — **Committee Aide**

7/15/2020 — **Date**

Senate Clerk's Office JM