Committee Report

REGULAR CALENDAR

May 17, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred SB 162-FN,

AN ACT relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. William Marsh

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MAJORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**SB 162-FN**
Title:	**relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure.**
Date:	**May 17, 2021**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2021-1402h**

STATEMENT OF INTENT

This bill was requested by the Department of Health and Human Services (DHHS) and makes numerous revisions to funds, positions, and programs within DHHS offered services, including the therapeutic cannabis program; youth tobacco use; the interstate compact for the placement of children; residential care and child placement licensing procedures; availability of epinephrine auto-injectors and asthma inhalers at recreation camps; the developmentally disabled wait list; the New Hampshire granite workforce program; and child protection investigations. The bill also establishes a public health services special fund and directs certain fees to that fund to be used by the department for program oversight. The largest section of this bill updates the Interstate Compact for the Placement of Children (ICPC), first adopted in 1965, to its current version. The amendment corrects a drafting issue which may have had the unintended consequence of allowing persons with a therapeutic cannabis card to sell cigarettes to minors in New Hampshire. It also adds language to section 48 updating RSA 170-A:2-7 allowing implementation of the updated ICPC. Lastly, it adds language to ensure the courts have the necessary authority to order and review the independent assessments for the Department of Children, Youth and Families youth in placement. This language is necessary to ensure compliance with the Family First Prevention Services Act (2018) as required to access Title IV-E funds. In addition to the funding, we believe this assessment will be a valuable tool in ensuring that youth are only placed in residential placements for therapeutic purposes. In committee, an objection was raised that the new version of the ICPC would allow rule-making by a body not subject to RSA 541-A. RSA 10-A:7, both under current law. This bill as amended would make clear that rule-making is subject to 541-A.

Vote 19-2.

Rep. William Marsh
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs
SB 162-FN, relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure. **MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: INEXPEDIENT TO LEGISLATE.**
Rep. William Marsh for the **Majority** of Health, Human Services and Elderly Affairs. This bill was requested by the Department of Health and Human Services (DHHS) and makes numerous revisions to funds, positions, and programs within DHHS offered services, including the therapeutic cannabis program; youth tobacco use; the interstate compact for the placement of children; residential care and child placement licensing procedures; availability of epinephrine auto-injectors and asthma inhalers at recreation camps; the developmentally disabled wait list; the New Hampshire granite workforce program; and child protection investigations. The bill also establishes a public health services special fund and directs certain fees to that fund to be used by the department for program oversight. The largest section of this bill updates the Interstate Compact for the Placement of Children (ICPC), first adopted in 1965, to its current version. The amendment corrects a drafting issue which may have had the unintended consequence of allowing persons with a therapeutic cannabis card to sell cigarettes to minors in New Hampshire. It also adds language to section 48 updating RSA 170-A:2-7 allowing implementation of the updated ICPC. Lastly, it adds language to ensure the courts have the necessary authority to order and review the independent assessments for the Department of Children, Youth and Families youth in placement. This language is necessary to ensure compliance with the Family First Prevention Services Act (2018) as required to access Title IV-E funds. In addition to the funding, we believe this assessment will be a valuable tool in ensuring that youth are only placed in residential placements for therapeutic purposes. In committee, an objection was raised that the new version of the ICPC would allow rule-making by a body not subject to RSA 541-A. RSA 10-A:7, both under current law. This bill as amended would make clear that rule-making is subject to 541-A. **Vote 19-2.**

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

May 17, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred SB 162-FN,

AN ACT relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure. Having considered the same, and being unable to agree with the Majority, report with the following resolution: RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Leah Cushman

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MINORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**SB 162-FN**
Title:	**relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure.**
Date:	**May 17, 2021**
Consent Calendar:	**REGULAR**
Recommendation:	**INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

This 72-section omnibus legislation contains mostly housekeeping measure, updating statutes to reflect revisions in funding, programs, and positions within the Department of Health and Human Services (DHHS). However, in the middle of the bill, is a section updating the Interstate Compact for the Placement of Children (ICPC). Within that is an allowance for a state receiving a child under the jurisdiction of NH Department of Children, Youth, and Families (DCYF) to take jurisdiction over that child in an emergency, without any limitations on how long that jurisdiction may last. The minority of the committee therefore believes this bill should be inexpedient to legislate.

Rep. Leah Cushman
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs
SB 162-FN, relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure. **INEXPEDIENT TO LEGISLATE.**
Rep. Leah Cushman for the **Minority** of Health, Human Services and Elderly Affairs. This 72-section omnibus legislation contains mostly housekeeping measure, updating statutes to reflect revisions in funding, programs, and positions within the Department of Health and Human Services (DHHS). However, in the middle of the bill, is a section updating the Interstate Compact for the Placement of Children (ICPC). Within that is an allowance for a state receiving a child under the jurisdiction of NH Department of Children, Youth, and Families (DCYF) to take jurisdiction over that child in an emergency, without any limitations on how long that jurisdiction may last. The minority of the committee therefore believes this bill should be inexpedient to legislate.

Original: House Clerk
Cc: Committee Bill File

Rep. Marsh, Carr. 8
Rep. Knirk, Carr. 3
Rep. Merchant, Sull. 4
May 11, 2021
2021-1402h
04/10

Amendment to SB 162-FN

1 Amend the bill by replacing section 12 with the following:
2
3 12 Youth Access to and Use of Tobacco Products. Amend RSA 126-K:1 to read as follows:
4 126-K:1 Purpose. The purpose of this chapter is to protect the citizens of New Hampshire from
5 the possibility of addiction, disability, and death resulting from the use of tobacco products by
6 ensuring that tobacco products will not be supplied to persons under the age of 21. ***This chapter***
7 ***shall not apply to alternative treatment centers registered under RSA 126-X:7 or to***
8 ***individuals who have been issued a registry identification card under RSA 126-X:4 only***
9 ***with respect to the therapeutic use of cannabis; this chapter shall still apply to alternative***
10 ***treatment centers and these individuals with respect to tobacco products.***
11
12 Amend RSA 170-A, as inserted by section 48 of the bill, by inserting after RSA 170-A:1 the following
13 new RSA sections:
14
15 170-A:2 Financial Responsibility. Financial responsibility for any child placed pursuant to the
16 provisions of the Interstate Compact for the Placement of Children shall be determined in
17 accordance with the provisions of Article XIII of the compact in the first instance. However, in the
18 event of partial or complete default of performance under the compact, the provisions of RSA 546-A
19 and RSA 546-B shall apply.
20 170-A:3 Designation of Agencies and Officials. The "appropriate public authorities" as used in
21 the Interstate Compact for the Placement of Children shall, with reference to this state, mean the
22 department of health and human services and said department shall receive and act with reference
23 to notices. The commissioner designated in Article VIII, paragraph II of the Interstate Compact for
24 the Placement of Children shall mean the commissioner of the department of health and human
25 services.
26 170-A:4 Authority. The officers and agencies of this state and its subdivisions having authority
27 to place children are hereby empowered to enter into agreements with appropriate officers or
28 agencies of or in other party states pursuant to Article VII, and Article XVII paragraph II of the
29 Interstate Compact for the Placement of Children. Any such agreement which contains a financial
30 commitment or imposes a financial obligation on this state or subdivision or agency thereof shall not

be binding unless it has the approval in writing of the commissioner of the department of health and human services in the case of the state and of the chief local fiscal officer in the case of a subdivision of the state.

170-A:5 Placement by and Jurisdiction of Courts. Any court having jurisdiction to place delinquent children may place such a child in an institution of or in another state pursuant to Article III of the Interstate Compact for the Placement of Children and shall retain jurisdiction unless terminated pursuant to Article IV paragraph IV.

170-A:6 Designation of Administrator.

I. As used in Article VIII of the Interstate Compact for the Placement of Children, the term "executive head" means the governor. The "executive head of the state human services administration" in Article XIV means the commissioner of the department of health and human services.

II. Nothing in this act shall be construed to authorize the establishment of a new division or the hiring of additional personnel to carry out the intent of this compact.

170-A:7 Rulemaking. The commissioner of the department of health and human services shall adopt rules under Article XI of the compact in accordance with RSA 541-A.

Amend the bill by inserting after section 71 the following and renumbering the original section 72 to read as 75:

72 New Section; Delinquent Children; Placement in a Qualified Residential Treatment Program. Amend RSA 169-B by inserting after section 19-c the following new section:

169-B:19-d Placement in a Qualified Residential Treatment Program. For any child placed in a qualified residential treatment program, as defined in the federal Family First Prevention Services Act of 2017, the court shall:

I. Order an assessment to be completed within 30 days of placement by a qualified individual as defined by the federal Family First Prevention Services Act of 2017; and

II. Review the assessment and issue an order approving the placement or changing the placement within 60 days of placement.

73 New Section; Child Protection Act; Placement in a Qualified Residential Treatment Program. Amend RSA 169-C by inserting after section 19-e the following new section:

169-C:19-f Placement in a Qualified Residential Treatment Program. For any child placed in a qualified residential treatment program, as defined in the federal Family First Prevention Services Act of 2017, the court shall:

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1 II. Review the assessment and issue an order approving the placement or changing the
2 placement within 60 days of placement.
3 74 New Section; Children in Need of Services; Placement in a Qualified Residential Treatment
4 Program. Amend RSA 169-D by inserting after section 9-c the following new section:
5 169-D:9-d Placement in a Qualified Residential Treatment Program. For any child placed in a
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7 Act of 2017, the court shall:
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9 individual as defined by the federal Family First Prevention Services Act of 2017; and
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2021-1402h

AMENDED ANALYSIS

This bill makes numerous revisions to funds, positions, and programs within the department of health and human services, including the therapeutic cannabis program; youth tobacco use; the interstate compact for the placement of children; residential care and child placement licensing procedures; availability of epinephrine auto-injectors and asthma inhalers at recreation camps; the developmentally disabled wait list; the New Hampshire granite workforce program; and child protection investigations. The bill also establishes a public health services special fund and directs certain fees to that fund to be used by the department for program oversight and establishes assessment procedures for a child placed in a qualified residential treatment program.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # ___SB 162-FN__________

BILL TITLE: An Act relative to the department of health and human services, the New Hampshire granite advantage healthcare trust fund, and health facility licensure.

DATE: **5/17/2021**

LOB ROOM: 306-8

MOTION:

X Adoption of
Amendment # 2021-1402h

Moved by Rep. _____Marsh__ Seconded by Rep. ___Knirk___ Vote: 21-0

MOTION:

X OTP/A

Moved by Rep. ___Marsh_________ Seconded by Rep. ____Knirk_______ Vote: 19 - 2

CONSENT CALENDAR: _____ **YES** __X___ **NO**

Minority Report? ___X___ Yes ______ No If yes, author, Rep: ________________ Motion_______

Respectfully submitted: ____
Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB 162-FN **Motion:** OTP **AM #:** 2021-1402h **Exec Session Date:** 5/17/2021

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	21		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.	2		
Nelson, Bill G.	3		
Acton, Dennis F.	4		
Gay, Betty I.	5		
Cushman, Leah P.	6		
Folsom, Beth A. Clerk	7		
Kelsey, Niki	8		
King, Bill C.	9		
Kofalt, Jim	10		
Weber, Lucy M.	11		
MacKay, James R.	12		
Snow, Kendall A.	13		
Knirk, Jerry L.	14		
Salloway, Jeffrey C.	15		
Cannon, Gerri D.	16		
Nutter-Upham, Frances E.	17		
Schapiro, Joe	18		
Woods, Gary L.	19		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB 162-FN **Motion:** OTP **AM #:** 2021-1402h **Exec Session Date:** 5/17/2021

Query,	20		
TOTAL VOTE:	21	0	0

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
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Health, Human Services and Elderly Affairs

Bill #: SB 162-FN **Motion:** OTPA **AM #:** **Exec Session Date:** 5/17/2021

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	19		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.	2		
Nelson, Bill G.	3		
Acton, Dennis F.	4		
Gay, Betty I.	5		
Cushman, Leah P.		1	
Folsom, Beth A. Clerk	6		
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King, Bill C.	8		
Kofalt, Jim		2	
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Knirk, Jerry L.	12		
Salloway, Jeffrey C.	13		
Cannon, Gerri D.	14		
Nutter-Upham, Frances E.	15		
Schapiro, Joe	16		
Woods, Gary L.	17		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB 162-FN **Motion:** OTPA **AM #:** **Exec Session Date:** 5/17/2021

Query,	18		
TOTAL VOTE:	19	2	0

-

Rep. Marsh, Carr. 8
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UNAPPROVED

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UNAPPROVED

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UNAPPROVED

2021-1402h

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UNAPPROVED

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # ___SB 162 FN_______

BILL TITLE: **An Act relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure.**

DATE: **________5/3/2021________**

ROOM: **Time Public Hearing Called to Order: ___1:35 pm__**

Time Adjourned: ___3:15 pm__

Committee Members: Reps. M. Pearson, Marsh, Folsom, McMahon, Nelson, Acton, Gay, Cushman, Kelsey, B. King, Kofalt, Weber, MacKay, Query, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

TESTIMONY

Sen. Jeb Bradley gave a brief introduction and turned over the review of the bill to John Williams to conduct.

John Williams, DHHS directed an over view of the 72 part omnibus legislation bringing in various members of other DHHS staff to explain various sections.
Other staff included:
Henry Lipman
Michael Holt
Melissa St. Cyr
Rebecca Ross

Much of the minor parts of the bill have to do with the language and statute requirements regarding the funds from specific fees being assigned to specific programs. These were all funds overseen by DHHS. Two pieces of legislation are needed to the fund issues, one for DHHS and one for the corresponding treasury account. No new funds were created.

Part 5 creates parody of service payments for both physical and behavioral health services provided in emergency facilities.

Some parts addressed obsolete language and programs and repealed RSA's

Parts 12 & 13 Youth tobacco products - concerns regarding language - Bill Marsh stated he would offer an amendment to clean that up.

Parts 14 - 32 The principle change is the removal of the designation of an alternative treatment center. Several concerns were raised. Tracking of who is purchasing what, where, and how much. The extremely high allowable amounts of cannabis possible in the state. Changes to registration cards lacking enough identifiable information.

Part 33 - NH Granite Advantage Health Care Trust Fund funding.

Parts 34 - 45 - Everything but the kitchen sink collection of issues.

Parts 46 - 47 Child protection act regarding investigations - access to children. Concerns regarding access to children at school without parent or guardian notification.

Parts 48 - 50 Interstate Compact for the Placement of Children - largest section of total bill. Was told that it was just some updated language. (actually a major change in language) Will only be updated when 37 states have adopted it. Is it a federal program? - was told no. (but it is)

Parts 51 - 57 - Day care "school age programs", Recreational Camps and Epinephrine Auto-injectors, Peer support programs for childhood trauma incidents, behavioral health programs, adoption placement.

Parts 58 - 60 Developmentally Disabled

Part 61 - Domestic Violence Grant program

Part 62 - Ending Granite Workforce Program

Parts 63 - 65 Health Facility and Milk

Part 66 - Epinephrine

Part 67 - Guardians and Conservators, Termination

Part 68 - Unclaimed or Abandoned Property

Part 70 NH Retirement system

Sheriff Andrew Shagoury, Tuftonboro - spoke to several problems regarding the parts dealing with cannabis. See notes under cannabis section.

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill SB162 on 2021-05-03

Support: 5 Oppose: 7 Neutral: 0 Total to Testify: 5

Export to Excel

Name	City, State Email Address	Title	Representing	Position	Testifying	Non-Germane	Signed Up
Shagoury, Andrew	CENTER TUFTONBORO, NH a.shagoury@tuftonboro.org	A Member of the Public	Myself	Oppose	Yes (5m)	No	4/30/2021 6:05 PM
Bradley, Jeb	Concord, NH jeb.bradley@leg.state.nh.us	An Elected Official	SD3 (Prime)	Support	Yes (4m)	No	4/20/2021 1:12 PM
Lipman, Henry	Concord, NH henry.lipman@dhhs.nh.gov	State Agency Staff	NH Medicaid DHHS	Support	Yes (3m)	No	4/30/2021 5:59 AM
Holt, Michael	Concord, NH michael.holt@dhhs.nh.gov	State Agency Staff	DHHS/TCP	Support	Yes (3m)	No	4/29/2021 2:51 PM
Williams, John	Concord, NH john.l.williams@dhhs.nh.gov	State Agency Staff	DHHS	Support	Yes (20m)	No	4/29/2021 2:09 PM
Morency, Peter	Berlin, NH Dmorencynh21@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/30/2021 5:59 PM
Bruce, Susan	Concord, NH susanb.red@mac.com	A Member of the Public	Myself	Oppose	No	No	5/2/2021 7:02 PM
Reams, Mark	Amherst, NH mreams@amherstnh.gov	A Member of the Public	Myself	Oppose	No	No	5/3/2021 8:07 AM
Bean Burpee, Anthony	Gilford, NH a.beanburpee@gilfordpd.org	A Member of the Public	Myself	Oppose	No	No	5/2/2021 9:42 AM
Hoebeke, Joseph	Hollis, NH jhoebeke@hollisnh.org	State Agency Staff	Hollis Police Department	Oppose	No	No	5/3/2021 9:34 AM
Valiquet, James	Newbury, NH jimvaliquet@tds.net	A Member of the Public	Myself	Oppose	No	No	4/30/2021 9:27 PM
Nemeth, Melissa	Concord, NH Melissa.Nemeth@dhhs.nh.gov	State Agency Staff	Myself	Support	No	No	4/29/2021 2:29 PM

Testimony

STATE OF NEW HAMPSHIRE
THERAPEUTIC CANNABIS PROGRAM
IDENTIFICATION CARD TIMELINESS

PERFORMANCE AUDIT
JUNE 2019

MICHAEL W. KANE, MPA
Legislative Budget Assistant
(603) 271-3161

CHRISTOPHER M. SHEA, MPA
Deputy Legislative Budget Assistant
(603) 271-3161

State of New Hampshire
OFFICE OF LEGISLATIVE BUDGET ASSISTANT
State House, Room 102
Concord, New Hampshire 03301

STEPHEN C. SMITH, CPA
Director, Audit Division
(603) 271-2785

To The Fiscal Committee Of The General Court:

We conducted a performance audit of the Therapeutic Cannabis Program (TCP) Registry Identification Cards to address the recommendation made to you by the joint Legislative Performance Audit and Oversight Committee. We conducted this audit in accordance with generally accepted government auditing standards. These standards require we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. The evidence we obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

The purpose of the audit was to determine whether the TCP distributed registry identification cards to qualifying patients and caregivers timely during calendar year 2018.

Office of Legislative Budget Assistant

Office of Legislative Budget Assistant

June 2019

TDD Access: Relay NH 1-800-735-2964

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TABLE OF CONTENTS

Page

TRANSMITTAL LETTER i

EXECUTIVE SUMMARY 1

RECOMMENDATION SUMMARY 3

BACKGROUND 5

REGISTRY IDENTIFICATION CARD TIMELINESS 11

Observation No. 1: Process Applications Within Statutory Timelines 12
Observation No. 2: Track Application Timeliness Correctly 16
Observation No. 3: Renewal Applications Should Be Immediately Processed 17
Observation No. 4: Improve Application Instructions And Forms 19
Observation No. 5: Improve Data Consistency 21
Observation No. 6: Supervisory Review Needed 24
Observation No. 7: Improve Client Service 26
Observation No. 8: Formalize Program Policies And Procedures 28
Observation No. 9: Amend Administrative Rules 29

APPENDICES

Appendix A: Scope, Objective, And Methodology A-1
Appendix B: Agency Response To Audit B-1

LIST OF TABLES

Table 1: Number Of Patients By Qualifying Medical Condition, As Of June 30, 2018 6

Table 2: Average Number Of Days To Process Complete Initial Applications By CY 13

Table 3: Items Most Commonly Identified As Incomplete On Initial Application, By CY 20

Page

LIST OF FIGURES

Figure 1: TCP Process Flow Chart 7

Figure 2: LBA Sample Of Patient Applications In CY 2018 .... A-2

ABBREVIATIONS

CY	Calendar Year
DHHS	Department Of Health and Human Services
SFY	State Fiscal Year
TCP	Therapeutic Cannabis Program

STATE OF NEW HAMPSHIRE
THERAPEUTIC CANNABIS IDENTIFICATION CARD TIMELINESS

EXECUTIVE SUMMARY

We found the Therapeutic Cannabis Program (TCP) had not designed a process to accurately track statutory time limits for issuing registry identification cards to patients who sought cannabis to help treat serious health issues. This resulted in cards not being issued timely before and during calendar year (CY) 2018; however, the timeliness of cards improved from CYs 2016 and 2017. Although the program was authorized by the Legislature, it did not initially provide a budget during the development phase, which contributed to the program's inconsistent operations, ineffective client service, inadequate database, and immature management control environment over card issuance. If the recommendations contained in this report are followed, timely issuance of registry identification cards could be achieved with stabilized staffing.

State law required the TCP to approve or deny applications within 15 days of receipt and issue registry identification cards within five days of approval. The TCP mistakenly believed it had 20 days to process an application and issue a registry identification card. The TCP simply added the 15-day limit for reviewing, verifying, and approving a card to the five-day limit to issue the card to arrive at 20 days. However, the law limited the issuance of the registry identification card to five days *after the approval of the application*, so the deadline for mailing each card was dependent on how quickly each application was approved. For example, an application approved on the day after it was received would have required the card to be mailed five days later, making a seven-day deadline for this application. Following the standards established in law should have caused the TCP to develop policies and procedure to measure, track, and report on required deadlines, which would have resulted in cards being issued earlier.

From our random sample of registry identification cards issued during CY 2018, we found the TCP approved initial applications in all cases within the 15-day standard; however, 98.4 percent of the cards were not issued within the five-day standard during that year. The TCP received, verified, and approved initial applications and issued registry identification cards in 18.5 days on average. This was an improvement over CYs 2016 and 2017 when the TCP took 31.4 days and 29.3 days on average, respectively to process applications and issue cards. Based on our sample of CY 2018 card holders, approximately 83 percent of those who received their initial cards in CYs 2016 and 2017 received them later than the informal time frame of 20 days and 37.6 percent received them late in CY 2018. Although we found the TCP had improved its overall timeliness, it did not track timeliness of individual applications.

We found many applications were submitted to the TCP in an incomplete state, requiring the program to issue notices of incompleteness requesting additional information. In some cases, multiple notices were issued to applicants before the program had obtained the necessary information to issue a registry card, which we found hindered the TCP's ability to timely process applications. A simplified application could have reduced incomplete applications.

The TCP encountered significant obstacles in implementing this new program, which negatively affected its ability to timely process applications and respond to inquiries. The TCP database did not have the capacity to retain historical data or generate reports reflecting the timeliness of individual registry cards. The TCP also lacked formal written policies and procedures to guide its work. Prior to State fiscal year 2017, the TCP relied on borrowed staff from other programs, as no funds were budgeted to adequately staff the program.

RECOMMENDATION SUMMARY

Observation Number	Page	Legislative Action May Be Required	Recommendations	Agency Response
1	12	Yes	Orient operations to process applications within timeframes established by statute and rules and consider whether the program's database meets current and future needs. If the TCP wants to continue processing applications based only on a 20-day timeline, it should seek changes to statute and corresponding rules. Management and the Legislature may wish to maintain adequate funding and staffing levels.	Concur
2	16	No	Ensure program database supports the 15- and five-day statutory deadlines instead of the 20-day informal deadline.	Concur
3	17	Yes	Seek change to laws to avoid conflicting statutory requirements when attempting to issue renewal identification cards in a timely manner.	Concur
4	19	No	Review application forms to identify areas to revise and simplify to enhance clarity of items required for a complete application submission.	Concur
5	21	No	Review and update information contained in the TCP Training Manual to reflect the current application process. Provide adequate training on program policies and procedures, including those for processing applications.	Concur
6	24	No	Establish policy and procedures to periodically review physical files for errors and omissions, and to ensure the database contains accurate information.	Concur

7	26	No	Establish client service policies and procedures and train staff on these policies. Review and revise program documents and the TCP website to reflect current practices. Organize call logs in a consistent manner.	Concur
8	28	No	Develop and maintain a formal, written policy and procedures manual. Remove expired applications and instructions from the manual.	Concur
9	29	No	Review administrative rules and amend areas of rules where practice differs as soon as practical.	Concur

BACKGROUND

The General Court created the Therapeutic Cannabis Program (TCP) in calendar year (CY) 2013 to protect patients with debilitating medical conditions, as well as their medical providers and designated caregivers, from arrest and prosecution, criminal and other penalties, and property forfeiture if such patients engaged in the medical use of marijuana. The TCP regulated the use of therapeutic cannabis and involves, at a minimum, a qualifying patient, a medical provider, and an Alternative Treatment Center. A *qualifying patient* is a New Hampshire resident who has been diagnosed by a medical provider as having a qualifying medical condition and who possesses a valid TCP registry identification card. A *medical provider* is a physician or advanced practice registered nurse who possess an active registration from the United States Drug Enforcement Administration to prescribe controlled substances. An *Alternative Treatment Center* is a not-for-profit entity registered with the State Department of Health and Human Services (DHHS) that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies, and dispenses cannabis, and related supplies and educational materials, to qualifying patients. In some cases, an additional designated caregiver may have been used to assist a qualified patient's therapeutic use of cannabis.

According to statute, qualifying patients must possess one or more qualifying medical conditions. A qualifying medical condition means a combination of a qualifying diagnosis and a qualifying symptom, or a stand-alone condition without a qualifying symptom:

- *Qualifying diagnosis:* cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, muscular dystrophy, Crohn's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, epilepsy, lupus, Parkinson's disease, Alzheimer's disease, ulcerative colitis, Ehlers-Danlos syndrome, or one or more injuries or conditions that has resulted in one or more qualifying symptoms.

- *Qualifying symptom:* elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, agitation of Alzheimer's disease, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms.

- *Stand-alone condition:* moderate to severe chronic pain, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, or moderate or severe post-traumatic stress disorder.

Table 1 shows the number of patients with each diagnosed qualifying medical condition as of June 30, 2018. The total number of unique patients served by the TCP during 2018 was 6,480. However, the number of patients diagnosed with qualifying medical conditions is 7,380 because a patient may have more than one qualifying condition.

Table 1

Number Of Patients By Qualifying Medical Condition, As Of June 30, 2018

Qualifying Medical Condition	Number Of Patients[1]	Percent Of Total
Moderate To Severe Chronic Pain	1,615	25
Spinal Cord Injury Or Disease	1,402	22
One Or More Injuries Or Conditions	1,018	16
Cancer	738	11
Severe Pain That Has Not Responded To Treatment	727	11
Moderate To Severe Post-Traumatic Stress Disorder	408	6
Multiple Sclerosis	365	6
Traumatic Brain Injury	182	3
Epilepsy	159	2
Crohn’s Disease	148	2
Parkinson's Disease	139	2
Glaucoma	96	1
Ulcerative Colitis	69	1
Lupus	65	1
Chronic Pancreatitis	64	1
Ehlers-Danlos Syndrome	41	1
Hepatitis C	40	<1
Alzheimer’s Disease & Amyotrophic Lateral Sclerosis	31	<1
Muscular Dystrophy	30	<1
Acquired Immune Deficiency Syndrome	23	<1
Positive Status For Human Immunodeficiency Virus	20	<1

Note:
[1] Percent of total does not add to 100 percent because a single patient may have had multiple qualifying medical conditions.

Source: LBA analysis of unaudited *2018 Data Report*.

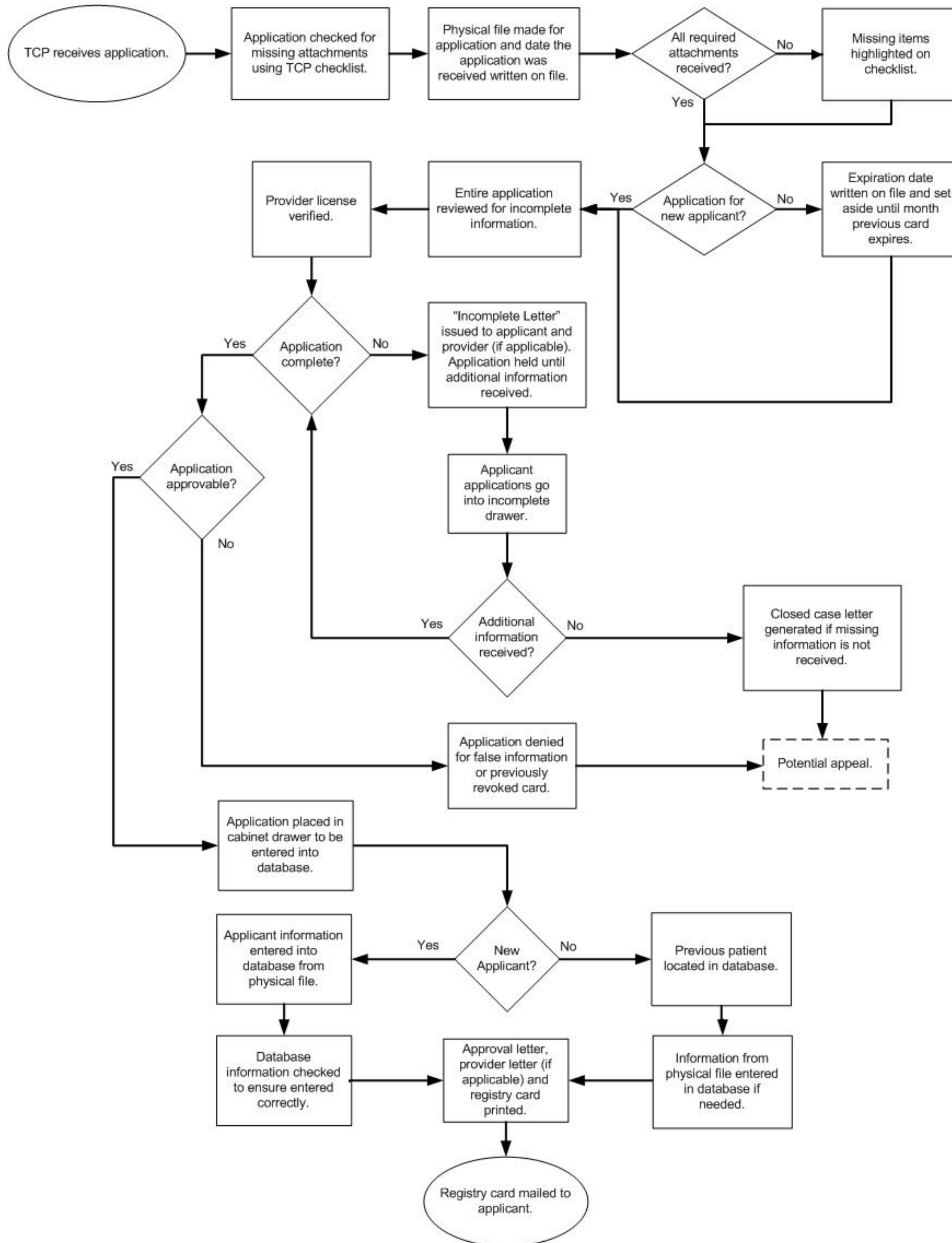
Application Process And Advisory Council Membership

Figure 1 outlines the TCP application process. Written applications and supporting documents were mailed to the TCP or accepted by program staff. The application was reviewed to ensure it was complete and all supporting documents were present. Once an application was deemed complete, the application was processed in a batch with other applications that arrived around the same time. The completed application was then reviewed by TCP staff for compliance with program requirements. If the application met requirements, the application was approved and placed in a file drawer to be entered into the TCP database. Once the applicant information was

entered into the database, the registry identification card was issued, an approval letter was generated, and a registry identification card was created and mailed to the applicant.

Figure 1

TCP Process Flow Chart



Source: LBA analysis of TCP application process.

The Therapeutic Use of Cannabis Advisory Council guided the TCP, and the TCP operations were overseen by a Program Administrator within the DHHS, Division of Public Health Services. Membership of this council was comprised of two House members; one Senate member; the Commissioners of the DHHS and Department of Safety or designees; the Attorney General or designee; one physician with experience in therapeutic use of cannabis; an advanced practice registered nurse; and one representative each from the following groups: community hospitals; New Hampshire Civil Liberties Union; a qualifying patient; a public member who was not a law enforcement officer or employed by any government agency, contractor, elected official, or healthcare provider; hospitals; Board of Medicine; Board of Nursing; and the New Hampshire Association of Chiefs of Police. The Therapeutic Use of Cannabis Advisory Council was responsible for:

- assisting the DHHS in adopting and revising rules;
- collecting information, including patient satisfaction;
- making recommendations to the Legislature and DHHS for additions and revisions of laws or rules;
- issuing a formal opinion after five years of operation whether the program should be continued or repealed; and
- annually reporting to DHHS and Health and Human Services Oversight Committee, Board of Medicine, and Board of Nursing.

The TCP was administered by a Program Administrator who formulated policies and procedures for the TCP, administered the TCP registry function, and administered the Alternative Treatment Center regulatory function.

The Therapeutic Cannabis Medical Oversight Board oversaw the clinical aspects of therapeutic cannabis use. It monitored and contributed to the oversight of the clinical, quality, and public health related matters of the therapeutic use of cannabis by:

- reviewing medical and scientific evidence pertaining to currently approved and additional qualifying conditions;
- reviewing laboratory results of required testing of cannabis cultivated or processed by Alternative Treatment Centers and the use of pesticides on products;
- monitoring clinical outcomes;
- reviewing training protocols for dispensary staff based on models from other states;
- receiving updates from Alternative Treatment Centers on effectiveness of various strains, types of cannabinoids, and different routes of administration for specific conditions;
- reviewing best practices for medical providers regarding provider education, certification of patients, and patient access to the program;
- reviewing any other clinical, quality, and public health related matter relative to use of cannabis; and
- annually reporting to the Senate President, Speaker of the House of Representatives, Oversight Committee on Health and Human Services, Board of Medicine, Board of Nursing, and Therapeutic Use of Cannabis Advisory Council.

The Therapeutic Cannabis Medical Oversight Board consisted of the DHHS medical director or designee, a qualifying patient, a clinical representative from an Alternative Treatment Center and ten medical providers in certain specialty fields and was required to meet at least two times per year. The Board was legislatively authorized in CY 2018 and empaneled and held its first meeting in March 2019.

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REGISTRY IDENTIFICATION CARD TIMELINESS

Preceding this audit, concerns had been raised regarding the length of time the Department of Health and Human Services (DHHS), Therapeutic Cannabis Program (TCP) took to issue registry identification cards. Those concerns appear to have been well founded in prior years, although the program improved its calendar year (CY) 2018 performance. Statute required the TCP to approve or deny an application or renewal within 15 days of receipt and issue a registry identification card within five days of approval. We conducted a statistically valid random sample of patients who were issued registry identification cards during CY 2018. We analyzed how long patients' initial applications took to process, whether in CYs 2016, 2017, or 2018, to see if they were approved within 15 days of receipt and cards were issued within five days of approval as required by statute. We found in CY 2018 it took 4.7 days, on average, to process an initial application (where no identification card had previously been issued) from receipt of a completed application through review, verification, and approval. The time it took to process the application was very similar in CYs 2016 and 2017 also. All cards were reviewed, verified, and approved within the 15-day timeline established in statute. However, statute required the TCP to issue cards within five days after approval. In CY 2018, 98.4 percent of the cards where *not* issued within five days. We found it took 13.7 days to issue an identification card *after* approval in CY 2018, which was an improvement over CY 2017 (24.5 days) and CY 2016 (25.2 days).

Some of the delay in processing registry identification cards could be attributed to misapplication of timeliness requirements in law and the process used to issue registry identification cards. The TCP mistakenly believed it had 20 days to process and issue a registry identification card. The TCP simply added together the 15-day limit for reviewing, verifying, and approving a card to the five-day limit to issue the card to arrive at 20 days. However, the law limited reviewing, verifying, and approving cards to a maximum of 15 days and limited the issuance of the registry identification cards to five days *after the approval of the application*. The law required registry identification cards to be issued at most five days after the approval of the application and the TCP processed cards within 4.7 days, on average in CY 2018. Because the TCP misapplied the time limits established by statute, an inefficient process to approve and issue registry identification cards was developed. The TCP adopted a process dependent on grouping applications together to process as a batch because staff believed they had more time to process cards than provided by statute. Contributing to the inefficient processing of applications was a computer database that did not fully support the operations of the program.

A common theme running through the nine observations that follow was that adequate staffing had been problematic since program inception. The therapeutic cannabis law establishing the program became effective in July 2013 and required DHHS to adopt rules no later than one year after the effective date of the law.[1] In November 2015 the DHHS began receiving applications

[1]Administrative rules were adopted by the Commissioner of the DHHS on July 23, 2014 and filed the same day pursuant to RSA 541-A:14, III with the Director of Legislative Services. Pursuant to RSA 541-A:14, IV, the Commissioner specified in a letter to the Director an effective date of August1, 2015.

from potential qualifying patients and designated caregivers. Until State fiscal year (SFY) 2017, no money was budgeted to the TCP for personnel or other operational expenses, so the TCP initially borrowed staff from other DHHS programs.

Observation No. 1

Process Applications Within Statutory Timelines

Initial Applications

Many registry identification cards for initial applications, which were complete when submitted, took longer to process than the maximum allowed, either the 15- and five-day standards or the informal 20-day standard used by the TCP as mentioned above. We did find, however, that although the TCP had improved its overall timeliness in CY 2018, it did not track timeliness of individual applications (see Observation No. 2).

Complete Applications

To determine how long it took to process an initial patient application (where the patient had not previously been approved for a card), we analyzed applications that were submitted complete upon initial presentation to the TCP to avoid analyzing files missing paperwork before processing. We found it took 18.5 days on average to process completed patient applications during CY 2018, which was within the TCP's informal timeline for processing applications. However, when using the timeliness standards established by statute and administrative rule, patients had their applications approved within 4.7 days of receipt (where 15 days was the standard) and cards issued within 13.7 days of approval (where five days was the standard). While the TCP approved applications in all cases within the 15-day standard, 98.4 percent of the cards were not issued within five days as required by law. In addition, Table 2 shows the TCP improved its timeliness in issuing cards in CY 2018 based on its informal standard of 20 days, going from 83.3 percent late in CY 2016 down to 37.6 percent late in CY 2018. We were unable to meaningfully review timelines of renewal applications due to the TCP's practice of holding applications until the month the previous card expired.

Incomplete Applications

TCP staff took even longer to process incomplete applications. After deducting the amount of time the applications were in the hands of the patient, the TCP took on average 39.1 days in CY 2016, 31.7 days in CY 2017, and 21.9 days in CY 2018 to process applications that initially arrived incomplete, with results all over the informal standard of 20 days used by the TCP. For this group of files, it took on average 21.9 days in CY2016, 23.5 days in CY 2017, and 16.8 days in CY 2018 to issue registry identification cards following approval, with the results all over the five-day standard.

Table 2

Average Number Of Days To Process Complete Initial Applications By CY[1]

Measure	2016	2017	2018
Receipt to Approval (Days)	4.8	5.1	4.7
Percent Over 15 Days	5.0%	0.0%	0.0%
Approval to Card Issued (Days)	25.2	24.5	13.8
Percent Over 5 Days	100.0%	100.0%	98.4%
Receipt to Card Issued (Days)	31.4	29.3	18.5
Percent Over 20 Days[2]	83.3%	83.0%	37.6%

Notes:
[1] Based on our random sample of active patient files in CY 2018.
[2] This was not a deadline established in law, rather it was used by the TCP as an informal standard based on the maximum allowable time period.

Source: LBA Analysis of TCP files.

Reasons For Untimely Card Issuance

Lack of staffing appears to be the primary cause for the delay in processing registry identification cards. Prior to SFY 2017, staffing for the TCP was ad hoc, as no funds were budgeted for the program for staffing purposes. Instead, the TCP borrowed staff from other DHHS programs during the startup phase beginning in CY 2016. Starting in October 2018, the TCP had one full-time staff, one part-time staff, and a program administrator to process all applications and answer calls from the public. Establishing a new program with inadequate funding was less than ideal and likely hampered the development of the program.

Two contributing factors also led to the TCP missing its statutory timeliness standards. First, the TCP's use of the informal standard of 20 days, which combined the 15 days of processing the application and five days for issuing the card, led to a lack of focus on getting the card issued within five days after approval. Second, the in-house database used to support the TCP was not designed to retain the dates of events such as the date reviewed, date application completed, and date approved, which were key events used to calculate timeliness. In fact, we were unable to use dates from the database because information was overwritten in subsequent years, leading to some dates being current and some being vestiges from prior years (see Observation No. 5). This was because the database was not designed for management purposes to record historical information or calculate how much time it took to process applications.

Due to a lack of adequate staffing, the use of an informal standard, and the database not aligning with the TCP for management or processing purposes, informal and statutory timelines were missed.

<u>Recommendations:</u>

We recommend TCP management orient its operations to process applications within the timeframes established by statute and rules. If the TCP wants to continue processing applications based only on a 20-day timeline, it should seek changes to legislation and its corresponding rules.

We also recommend TCP management consider whether its database meets its current and future needs of the program. If it does not meet future needs, such as generating timeliness data, management should consider modifying the current database or developing/purchasing a new one. At the least, the TCP should create another method to track whether it was meeting its discrete deadlines in processing each application.

We further recommend the TCP management and the Legislature may wish to maintain adequate funding and staffing levels.

<u>Auditee Response:</u>

The Department concurs.

Orient Operations with Statutory Timeframes

The Department will orient its operations for the issuance of registry identification cards with the statutory timeframes described in the audit.

The Department has historically interpreted the statute to allow for a maximum of 20 days to issue a card once a complete application has been received. All of the program's current operations and processes have been designed around this interpretation.

The Department will undertake a systematic review and analysis of its current processes with the goal of reorganizing its business processes and work environment to align with the statutory timeframes of 15 days to approve or deny an application and 5 days after approval to issue a card. This assessment has already begun with the assistance of the Public Health Improvement Section of the Bureau of Public Health Systems, Policy, and Performance. Other Department resources will also be brought to bear on this program improvement process over the next calendar year.

Based on the review and analysis, the Department will implement needed changes, including, as necessary, statutory changes, rule changes, policy and procedure changes, purchase and implementation of a new registry database, work flow changes, and staffing improvements.

Orienting processes based on the audit's timeframe finding is a fundamental change that will impact nearly every aspect of the program's operations. Implementation of a new registry database will also fundamentally change many aspects of the program's operations. These factors make the establishment of specific implementation dates challenging for the various deliverables. As part of its systematic review and analysis of its current processes, the Department will establish a tiered prioritization schedule for the implementation of various actions described in these

responses. Considering the depth, breadth, and complexity of the changes called for, it is expected that the Department will need 12 months to fully implement policies to come into compliance. Those elements requiring statutory changes will take somewhat longer based on the effective date of any legislation passed.

The Department does not believe it will be necessary to seek a legislative change to collapse the two current timeframes of 15 days to approve an application and 5 days to issue a registry identification card into one 20-day deadline to approve and issue a card, as currently practiced.

Database

The Department's existing database does not meet the current or future needs of the program. The Department is in the process of contracting for the purchase of a new one. See response to Observation #2.

Funding and Staffing

When established by law in 2013, the therapeutic use of cannabis law did not include a legislative appropriation for the creation, development, and ongoing maintenance of this new program, and it did not include funding for staffing, database needs, and other resources and administrative costs. The program was legislatively designed to be self-funded through patient and caregiver application fees and through alternative treatment center (ATC) registration fees. As the audit describes, the absence of dedicated funds to establish a new program hindered the Department's ability to effectively build and manage the program.

Since becoming fully operational approximately 3 years ago (Spring 2016), funding for the Therapeutic Cannabis Program has recently stabilized. With nearly 8,000 registered qualifying patients, most of whom renew their registration annually, including payment of an annual fee, along with now-mature licensed ATCs providing annual registration fees to fund the balance of any administrative costs for continued implementation of the program, the program has stable, increasing, and adequate revenue to sufficiently fund and staff the program.

Staffing levels, while not currently adequate, will improve in SFY 2020. Budgeted positions for SFY 2020 include a Program Specialist III to supervise the program's registry function and staff, to develop policies and procedures for patient enrollment, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting enrollment data. Other positions budgeted for SFY 2020 include two full-time Program Assistant II positions, which will replace the current part-time Program Assistant I and Program Assistant II positions. It is believed that a new full-time specialist and two full-time assistants, along with the efficiencies to be gained through the use of a new database, will be adequate to staff the registry function of the Therapeutic Cannabis Program. It is expected that the Program Specialist position will be hired by October 2019, and the Program Assistant positions will be hired by January 2020.

Observation No. 2

Track Application Timeliness Correctly

According to statute and administrative rule, the TCP must have approved applications within 15 days of receipt and issue cards within five days of approval. The TCP, however, did not track the timeliness of individual applications in that manner. Although the TCP had a rudimentary database, it was not designed nor used to track the status of individual applications. Instead, the TCP performed a manual process of batching files together, which were received during one week and move them through the review process as a batch, from application receipt to application reviewed to application approved to card issued. The TCP Administrator stated the majority of cards would be issued within 20 days this way. However, we found many of the initial applications were approved well within the 15-day timeframe, which means the TCP had five additional days to issue the card from the date of approval. By law, if the TCP approved the application on day seven, it only had five additional days to issue the card for a total of 12 days (not the maximum of 20 that the TCP was measuring all applications against).

Tally Sheet

The program maintained a weekly "tally sheet" staff used to count the number of applications received, number of renewal applications received, number of initial cards issued, number of renewal cards issued, and the number of patients approved but the card had not been sent. The "tally sheet" was manually updated weekly. The TCP counted how many cards were not sent within different time frames: 0-9 days, 10-20 days, and 21-30 days. These timeframes did not correspond with the statutory construct of approving an application within 15 days and issuing a card within five days.

Database

It is axiomatic that, "what gets measured gets done." Management should have defined objectives in measurable terms so performance toward achieving those objectives can be assessed. Measurable objectives should also be stated in quantitative or qualitative form that permits reasonably consistent measurement. Because the TCP's database did not align with the TCP practices for management or processing purposes and the TCP used an informal standard, both informal and statutory timelines were missed. In addition, the TCP was unable to demonstrate how long it took to process each individual application, resulting in applications not meeting either the informal or statutory timelines.

Recommendation:

We recommend TCP management revise, develop, or purchase a database suitable to its needs in operating and managing the program. The database should be capable of tracking dates, calculating the length of time it takes to process applications, and providing operational support to staff and clients seeking a status report on their application. TCP management should also orient its operations to conforming with the 15- and five-day statutory deadlines instead of the 20-day informal deadline.

<u>Auditee Response:</u>

The Department concurs.

The Department is in the process of contracting with a vendor to purchase a new database that will be suitable to its needs in operating and managing the Therapeutic Cannabis Program. The new database will replace the existing and inadequate Microsoft Access-based patient registry database. The contract for the new TCP Patient Registry System is targeting the June 2019 Governor and Council meeting for review and approval. The contract terms estimate a 5-month period for development, testing, and training on the new database, so the functional implementation of the new database is not expected until Winter 2019-2020.

The database will be designed to fully support program operations, including the ability to accurately track the processing and timeliness of individual applications and card issuance, generate reports on processing and issuance timeliness, and retain historical data. The database will support compliance with the 15 and 5-day statutory timeframes for application processing and card issuance. The database will include a web-based portal for applicants to submit elements of their application to the Department electronically, as well as to check the status of their application. Future functionality of the database will include a web-based portal for certifying medical providers that will allow them to submit written certifications for their patients to the Department electronically, and to review their patient's application status.

The Department will assess what new business processes can be implemented prior to the implementation of the new database, and which will need to wait, or should wait, until the new database is functional before implementation. This analysis will focus on prioritizing compliance with the 15/5-day timeframes while avoiding redundant work and multiple disruptions to the application process. The roll-out of new functions and new business processes will involve changes in rule, policy, practice, and communication, and as such the implementation timeframe will be approximately 6 to 12 months for completion.

Observation No. 3

Renewal Applications Should Be Immediately Processed

Statutory Conflict

The TCP was faced with a conundrum in issuing registry identification cards for renewal applicants. Although the law specified an application must have been approved or denied within 15 days of receipt and a card issued within five days of approval, another part of the therapeutic cannabis statute limited registry identification cards to be valid for no more than one year after issuance. As a result, renewal applications were often not processed upon receipt by the TCP. Instead, some renewal applications were set aside until the beginning of the month the current registry identification card was due to expire, to give patients and caregivers the benefit of a complete year of coverage. The TCP's practice was to issue a card expiring on the last day of the month of the expiration year, which may have meant the card was valid for slightly longer than one year. For example, if an original registry identification card was issued on April 4, 2018, it

expired on April 30, 2019.[2] Therefore, renewal applications arriving before April 1, 2019 were not processed until April 2019 or the TCP risked setting an expiration earlier than April 2020 on the renewal card. Yet, if the TCP held the application for longer than 15 days, it was also out of compliance.

Timeliness Could Not Be Measured

Because some renewal cards were set aside when received early, we could not accurately calculate how long it took the TCP to process renewal applications with the data contained in the TCP's database or paper files. In addition, management could not ensure the files were processed within 15 days of *receipt* as required by law.

Some patients may have become anxious after submitting their application considerably earlier for a renewal card but have not received their card within an expected 20-day maximum timeframe. This may have generated more phone calls for the TCP staff to provide the status of applications over the phone, instead of processing cards. The TCP could not track timeliness of its processing of renewal applications because of the current practice of holding applications.

Effective Date Of Cards

Currently, statute (RSA 126-X:1, XI and 126-X:4, IV(b)) required registry identification cards have a "date issued" and an "expiration date" printed on them and were valid from issuance to the expiration date. Because the cards were valid once issued and could only be good for up to one year, the TCP was restraining itself from issuing renewal cards early.

If the issued and expired dates on the cards were substituted with a "valid" date range, the cards could be used for the entire one-year period after the current card expires, while simultaneously not requiring the TCP to set aside renewal applications. Using the scenario discussed earlier, a patient could apply for a renewal card before or during April 2019 because the card would only be effective from May 1, 2019 through April 30, 2020. Additionally, the TCP could meaningfully measure how long it takes to process renewal cards.

Recommendation:

We recommend the TCP management consider seeking a change to its laws to avoid its inability to follow conflicting statutory requirements when attempting to issue renewal identification cards in a timely manner.

Auditee Response:

The Department concurs.

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[2] This scenario assumed the card was valid for one year. Under statute, the card may be valid for any time up to one year. The recommending doctor or advance practice registered nurse decided the actual length of the card's validity but in no case can it extend beyond one year.

The Department will assess the audit's suggestion for instituting a "valid" date range, as distinct from an "effective" date range, so that renewal applications can be processed and renewal cards issued within the statutory timeframes.

To the extent that the Department cannot address the identified statutory conflict through a new business process, the Department will seek statutory changes to address the conflict. Absent a statutory change, the Department will implement those changes as soon as is practicable, with an estimated implementation of within 6 months.

October Spike

The Department will consider seeking a legislative change related to this observation.

Statutory requirements for an annual recertification, a three-month provider-patient relationship, and the addition of new qualifying medical conditions over the evolution of the program since 2013 have contributed to an uneven annual renewal caseload. Because new qualifying medical conditions are added through the legislative process, all new conditions became effective in the late summer and early fall. New conditions were added in 2015, 2016, and 2017, with the additions in 2017 (i.e., chronic pain, severe pain, and post-traumatic stress disorder) being the most impactful in terms of new patients eligible for the program. As a result, the program experiences a large spike in renewal applications in the month of October, and because of the requirement for an annual renewal, this October spike will continue. The large number of October renewals has strained the program's already-limited resources to process applications and issue cards in a timely manner, and this strain has impacted compliance with even the Department's informal 20-day processing timeframe well into December.

In addition to business process improvements to address this ongoing issue, including changes to monthly and weekly application batching, the Department will consider various legislative solutions, including increasing the duration of a certifying provider's written certification from the current maximum of one year to a longer period, at the provider's discretion. Allowing all or some subset of patients to not have to reapply annually will decrease the overall volume of annual renewal applications and will also have the impact of leveling out the peaks and troughs of monthly renewal applications received. Such legislation would be considered in SFY20 or SFY21 after a systematic review of existing and new policies and procedures.

Observation No. 4

Improve Application Instructions And Forms

Almost 40 percent of initial patient applications received in CY 2018 were considered incomplete upon receipt. We reviewed a random sample of 371 patient files where the patient was issued a registry identification card during CY 2018. Of the 371 patient files, 217 were initial applicants, meaning they had not previously been issued a registry identification card. Of the 217 files, 84 (38.7 percent) were considered incomplete when received. According to administrative rule, a patient application was deemed complete when the TCP received a completed application and all

other required documents. Incomplete applications prompted the TCP staff to request the missing information and wait for the return of these items.

Initial applications were incomplete for various reasons. Table 3 shows the most common reasons applications were considered incomplete for each calendar year based on our analysis of application files. Roughly half of the applications the TCP received from CYs 2016 through 2018 were deemed incomplete because they initially lacked a completed written physician or advance practice registered nurse certification. Approximately 37 percent of the patient applications were deemed incomplete upon receipt due to the patient not completing some aspect of the application.

Table 3

Items Most Commonly Identified As Incomplete On Initial Application By CY[1]

Incomplete Item	2016[2]	2017	2018
Written Physician Certification	58.1%	54.5%	47.6%
Patient Application	29.0%	31.8%	42.9%
Identification/Proof of Residency	25.8%	25.0%	35.7%
Photograph	22.6%	25.0%	31.0%

Notes:

[1] Based on 159 of the initial applications deemed incomplete upon receipt out of the 371 files we reviewed.

[2] An application may have been missing more than one piece of information; thus, percentages total more than 100 percent.

Source: LBA Analysis of TCP files.

Initial patient applications arrived incomplete due to the length of the application and volume of supporting documentation required. The physician/advance practice registered nurse certification form was four pages long, including the first page that was primarily directions on completing the form, and required two signatures from the medical professional. The patient application was seven pages long, the first three pages of which were directions for completion and required the applicant sign the document in three different places, and fourteen statements requiring acknowledgement indicated by the applicant's initials. The requests for photographs and proof of residency were listed on the third page of the detailed instructions, which may have been glossed over or forgotten by the time the application was completed.

Without simplified forms with clear instructions, applicants may have had difficulty understanding all the requirements and providing all the information necessary to complete an application.

<u>**Recommendation:**</u>

We recommend the TCP management review its application forms to identify areas which could be simplified and revised to enhance clarity for items needed to submit a complete application.

<u>*Auditee Response:*</u>

The Department concurs.

The Department will undertake a systematic review and analysis of its current applications, instructions, and information sheets. The Department will update all materials based on that assessment so that materials are simplified and clarified with the goal of making the patient application experience easier to understand and less burdensome. The primary, measurable goal of this improvement process will be to receive fewer incomplete applications, thus increasing timeliness from the applicant's perspective. The Department will establish performance metrics for tracking progress towards this goal. The Department began tracking incomplete applications, and the reasons for incompleteness, in January 2019.

This improvement process will necessarily require a phased approach, as some changes may be implemented through a change in policy, procedure, or practice (estimated within 6 months), and other changes will require rule changes to implement because, per RSA 541-A, forms are rules (estimated within 6-12 months). Other improvements are expected to be realized through the new registry database, such as the web-based portal through which patients may submit application elements electronically and check application status on line (estimated 6-12 months). It is estimated that the complete improvement process may take between 12 and 18 months for complete implementation.

It should be noted that a particularly problematic and burdensome application requirement is currently being considered for removal by the legislature. SB 88, of the 2019 legislative session, proposes (in part) to remove the requirement for applicants to submit a photograph of their face to the program and for the program to include that photo on the registry ID card.

Observation No. 5

Improve Data Consistency

Inconsistent Use Of Checklist Fields

The TCP developed paper checklists to help ensure applications were complete and processed in a timely manner. A checklist was attached to each application and filled out by program staff as each application was received until the card was mailed. Using checklists can be an effective management control when designed and implemented appropriately.

Information recorded on checklists should have been completed and consistent to be effective and useful to analyze program operations. In the case of the TCP, data collected on checklists could

have been used to determine compliance with statutory timelines. The TCP staff utilized checklists to review patient and caregiver applications and to collect information such as when significant events occurred. However, some checklist date fields were missing information or were used to capture more than one kind of event, making it difficult to use for analytical purposes. As a result, the auditors had to look at submitted applications to understand and record the chronology of events that took place in issuing individual cannabis registry identification cards and calculating how long the process took.

The patient application checklist contained fields to record the dates: 1) an application was received; 2) an application was reviewed by staff; 3) a notice of an incomplete application was sent; 4) an application was approved, denied, or case closed; 5) was incomplete; and 6) the card was issued or a denial letter was sent. However, the application approval field was used to capture dates of two different events occurring over the life of an application. According to TCP practices, this field may be referred to as the date the application was received (if all pieces of information were accurate and complete upon receipt) or the date the TCP received additional information to complete the application. However, in a few instances, we also identified that the field was mistakenly used to record the date the application was reviewed by staff. Similar problems were encountered with the designated caregiver checklist.

Database Inaccuracies

Since inaccurate and incomplete data from the checklists were ultimately input into the database, neither the program nor the auditors were able to efficiently use the database to accurately determine how long it took to process applications for registry identification cards. Because data recorded on the checklists and the database was inconsistent, data analysis was made much more difficult. Data stored in a single field cannot have two different meanings if the data was to be useful.

Informal Policies And Procedures

The TCP did not have adequate policies and procedures to ensure checklists were completed consistently and completely. The TCP maintained a binder referred to as the "TCP Training Manual," which contained a purpose and mission statement, laws, rules, memorandums, scattered procedures, policies, and forms. The manual contained emails with some inconsistent procedures for processing caregiver and patient applications and contained no definitions of what dates meant in each field for the checklists. For example, toward the beginning of the TCP manual, there was a process for updating a patient's Alternative Treatment Center, which noted one staff member would be responsible for making the change in the database after staff had entered the change in the comment field. However, several pages later a policy decision memo allowed staff to make this change in the database themselves. Standards must be implemented to promote uniformity in data entry to ensure accurate information was captured.

Inconsistent And Inadequate Staffing

A contributing factor to data inconsistency and incompleteness was the lack of adequate staffing. Due to the lack of an allocated budget to staff the program when it was established, the TCP relied

on borrowed staff to answer phones, approve and issue registry identification cards, and assist with organizing files. The TCP administrator was not officially reclassified until August 2018, although the program administrator had been functionally acting as administrator since February 2018. Prior to February 2018, the administrator had been splitting time between working on rulemaking for other programs and TCP policy. The TCP borrowed staff from other programs over the course of CY 2016 and the beginning of CY 2017, also utilizing additional help from unallocated positions from other programs when possible. The program did not have all three staff positions dedicated to the program, one full-time and two-part time, filled until June 2017; however, its full-time staff position subsequently became vacant only four months later in October. The current full-time staff member did not join the program until February 2018, although this staff member had been working for the program since CY 2016. The second, current part-time staff member came aboard in October 2018.

Recommendations:

We recommend TCP management review and update, as necessary, information contained in the TCP manual to reflect the current application process. As a part of this process, TCP management should improve policies and procedures for using checklists to ensure consistent and useful data are captured and entered into the database.

We also recommend TCP management provide adequate training of program policies and procedures, including those for processing applications. If the TCP continues to borrow staff from other programs, we further recommend these staff are also adequately trained on the TCP policies and procedures to ensure they have an accurate understanding of the process.

Auditee Response:

The Department concurs.

The Department will undertake a systematic review and analysis of its current policy, procedure, and training manual. The Department will update the manual based on its assessment to include formal written policies, procedures, and tools and to ensure that all materials are accurate, up to date, reflect current practice, and are compliant with applicable rule and law. The manual will be reviewed and updated as needed so that it remains current, accurate, and up to date. Current and future TCP staff, and, to the extent needed, any staff borrowed from other areas, will be trained on up-to-date policies and procedures, both initially and periodically as needed.

A focus of this improvement process will be on the application process itself and the use of internal tools for application processing, like application checklists. Such tools will be updated and staff will be trained on those tools to ensure consistent and accurate data capture and data entry, as well as to be compliant with the statutory timeframes for application processing and card issuance.

It is assumed that the implementation of the new registry database will continue to necessitate the refinement of the application process, and associated policies, procedures, and tools, which will be kept up to date and trained on.

The estimated implementation timeframe for these activities will range from 6 to 18 months, based on the timing of database implementation and new staff being hired.

Observation No. 6

Supervisory Review Needed

To ensure the accuracy and completeness of information, an agency must employ a variety of control activities, such as building in edit checks of data entered by staff. Data entered into an information system like the TCP application database should have been periodically compared with physical files, and any discrepancies should have been examined. Supervisory or independent review of data entered into the agency's application system should have occurred. Additionally, management should have ensured duties and responsibilities among staff were separated, and no individual controlled all key aspects of a process to reduce the risk of error, omissions, or fraud.

We found applications approved by the TCP were not systematically reviewed by management before the registry identification cards were issued. At the time of the audit, the TCP had one full-time and one part-time staff, who both stated they worked in tandem to review initial applications for new caregivers and patients. However, we found many of the renewal applications were reviewed only by the full-time staff member and those database entries were not reviewed by other staff. The part-time staff member's work was often reviewed by the full-time staff person before registry cards were issued; yet, the full-time staff person's database entries usually remained unchecked. Prior to December 2018, clerical checks were made by borrowed staff to review printed cards for certain elements against application information; however, not all information entered into the database was reflected on these cards, which therefore went unchecked. Additionally, no periodic management review of physical files occurred after cards were issued.

Outdated Procedures

The TCP had a binder, referred to as the "TCP Training Manual," which specified instances when an application should be reviewed by another staff member. These instances included cases where: a person applied to be a caregiver but their corresponding patient's application had not yet been received, when the applicant was a minor, when a renewal application was received after the card became inactive, or when a medical provider did not appear to be licensed. However, these references were outdated, as the staff person referenced was no longer with the program at the time of the audit.

Inconsistent Review Of Data

TCP management stated information input into the database was not always reviewed by other staff; however, some checks of cards issued after the fact were made. This card review practice was discontinued after December 2018 as errors were infrequently encountered at this stage of the process and due to limited staffing. Previously, borrowed staff aided in preparing envelopes with cards for mailing that included checking the name, address, date of birth, photo, registry identification number, issue date, and expiration date located on cards against physical application materials. We found other application information was not located on physical cards and therefore

were not reviewed by other staff including: patient phone number, email, patient Alternative Treatment Center location, medical condition, symptoms, and processing dates.

Program Organization And Limited Staffing

Oversight was hampered by the program manager being physically located in a different building than staff processing applications during part of the audit period. As of April 2019, staff were relocated to the same building as management. The program was also not fully staffed and was short by at least one position during part of the audit period. Without an independent review of work performed by all staff, the program may have risked errors, omissions, or fraud. Additionally, without a consistent risk-based approach to supervisory review, application information contained on physical forms and in the TCP's database may have contained discrepancies, which may have otherwise been unnoticed and could have remained uncorrected.

Recommendation:

We recommend TCP management establish policy and procedures to periodically review physical files for errors and omissions to ensure the database contains accurate information.

Auditee Response:

The Department concurs.

The Department will undertake a systematic review and analysis of its current policy, procedure, and training manual. The Department will update the manual based on its assessment to include formal written policies, procedures, and tools and to ensure that all materials are accurate, up to date, and are compliant with applicable rule and law.

The Department will establish new policies and procedures for the periodic review of physical files for errors and omissions, as well as to ensure that the database contains accurate information. Procedures shall include steps for addressing identified discrepancies, including both individual errors and systemic errors.

The Department will assess, and reorganize as needed, the business processes and work environment to reduce the risk of error, omission, or fraud by separating duties and responsibilities among different staff, so that no one staff member controls all key aspects of a process.

The Department has budgeted for a new position for SFY 2020, namely, a Program Specialist III to supervise the program's registry function and staff, to develop policies and procedures for patient registration, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting registration data. This position is expected to be hired by October 2019. A complete policy and procedure manual will be completed 12 months after hire, and will be continuously reviewed and updated.

Observation No. 7

Improve Client Service

Tracking Patient, Healthcare Providers, And Caregiver Questions

For an organization to engage in effective client service, expectations must be clearly defined, and plans should be developed with measurable criteria to assess client service performance. An organization should be able to extract pertinent information from data collected to continually improve its service functions. Additionally, systematically logging client complaints was a necessary first step. An organization should analyze this data to develop solutions that address the causes of any complaints. We found the TCP's practice of manually tracking calls was rudimentary, and some calls required staff to go through files by hand to determine the applicant's status if the application had not yet been processed and entered into the database.

Providing Status Information

Although the TCP now provides application status over the telephone, applicants were still advised in application instructions that information regarding application status would not be given over the telephone. Similar language appeared on the TCP's website contact information page. This gave the appearance staff were unavailable to assist clients if they had questions. According to TCP staff, the program began accepting and returning more telephone calls and emails as the program developed.

Policies, Procedures, And Staffing

Without adequate staffing and an effective complaint management system, small issues may have escalated to the point where management needed to become involved. The TCP did not have formal policies and procedures for how staff should handle email or telephone inquiries. Instead, the "TCP Training Manual" contained a directive to one person who was no longer with the program at the time of the audit. It did not include how to respond to clients or how to use the color-coded spreadsheet used as a call log.

Lack of staffing appeared to be the primary cause for the delay in processing registry identification cards and answering telephone calls. Prior to SFY 2017, staffing for the TCP was ad hoc, as no funds were budgeted for the program for staffing purposes. Instead, the TCP utilized borrowed staff positions from other DHHS programs through most of SFY 2016. In SFY 2017 the TCP still utilized assistance from other programs, although no borrowed positions were specifically allocated. Starting in October 2018, the TCP had one full-time staff and one part-time staff in addition to a program administrator to process all applications and answer calls from the public. Establishing a new program with inadequate funding was less than ideal and likely negatively affected the development of the program and its ability to provide service.

Recommendations:

We recommend TCP management:

- **establish client service policies and procedures,**
- **train staff on policies and procedures,**
- **revise program information documents and website information to align with the current practice of providing clients with the status of their applications, and**
- **revise the current call log system to ensure information obtained was organized in a consistent manner, which enables the program to use the information for analysis and further performance enhancement purposes.**

Auditee Response:

The Department concurs.

The Department will undertake a systematic review and analysis of its current policy, procedure, and training manual. The Department will update the manual based on its assessment to include formal written policies, procedures, and tools to ensure that all materials are accurate, up to date, and are compliant with applicable rule and law. Public-facing documents, including applications, information sheets, and information published on the program's website, will be updated to reflect current practice, including that of providing application status over the phone.

The Department will establish new policies and procedures related to customer service. Such policies and procedures shall include receiving, logging, and evaluating requests for information, requests for application status, complaints, and other customer-service related issues. The Department shall establish measurable criteria to assess and improve client service performance and so that customer service data can be analyzed for the purpose of developing solutions which address the causes of any individual or systemic complaints.

Current and future TCP staff, and, to the extent needed, any staff borrowed from other areas, will be trained on up-to-date customer service-related policies and procedures, both initially and periodically as needed.

The Department has budgeted for a new position for SFY 2020, namely, a Program Specialist III to supervise the program's registry function and staff, to develop policies and procedures for patient registration, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting customer service data. This position is expected to be hired by October 2019. A complete policy and procedure manual will be completed 12 months after hire and will be continuously reviewed and updated.

In late 2018, the program began improving its customer service activities, to include fixing the TCP phone system so that the main program phone line rings on all TCP staff phones, as well as on a bureau support staff phone, directly answering as many calls as possible, systematically clearing and logging voice mail messages so that new messages can be received, and directing staff to return as many messages as possible. In March 2019, the program instituted a shared

phone log document to record all calls received, both answered and retrieved, to record calls by color code and category, and to record the date of resolution. Such information will be used for further analysis and for customer service performance enhancement purposes. The Department will further refine call log procedures for continuing improvement in this area.

Observation No. 8

Formalize Program Policies And Procedures

The "TCP Training Manual" contained a purpose and mission statement, laws, rules, memorandums, procedures, policies, and forms. However, the binder was loosely organized and contained a mixture of outdated and current application forms. For example, the binder contained the current Qualifying Patient Application Form and instructions with a revision date of February 2017, but also contained outdated forms with revision dates of November 2015 and May 2016. This would have led to confusion if outdated instructions or forms were mistakenly used or referenced. Many of the policies and procedures in the binder consisted of printed emails rather than a formal written and approved document evidencing effective dates and management approval. Some of the emails were directed to or were written by individuals no longer with the program and it was unclear if the procedures outlined still applied.

Management should have implemented control activities through policies. Formal, written policies would help management achieve desired results through effective stewardship of public resources. Management was responsible for designing policies and procedures to fit an entity's circumstances and building them as an integral part of the entity's operations.

Prior to SFY 2017, staffing for the TCP was ad hoc as no funds were budgeted for the program for staffing purposes. Instead, the TCP borrowed staff from other DHHS programs during the startup phase beginning in CY 2016. The program administrator divided his time between working in another position within the DHHS and the TCP. In fact, the position was not reclassified to full-time TCP administrator until August 2018, limiting the amount of influence over the program during the startup phase. The TCP had one full-time staff and one part-time staff in addition to a program administrator to process all applications and answer calls from the public.

Without formal, clearly written policies and procedures, competence in program personnel cannot be effectively measured and clients may have received inconsistent service.

Recommendation:

We recommend TCP management develop and maintain a formal, written policy and procedures manual. Expired applications and instructions should be removed from the manual.

Auditee Response:

The Department concurs.

The Department will undertake a systematic review and analysis of its current policy, procedure, and training manual. The Department will update the manual based on its assessment to include formal written policies, procedures, and tools and to ensure that all materials are accurate, up to date, reflect current practice, and are compliant with applicable rule and law. The manual will be reviewed and updated as needed so that it remains current, accurate, and up to date. Current and future TCP staff, and, to the extent needed, any staff borrowed from other areas, will be trained on up-to-date policies and procedures, both initially and periodically as needed. Old, expired, outdated material will be removed from electronic and physical copies of the manual.

The Department has budgeted for a new position for SFY 2020, namely, a Program Specialist III to supervise the program's registry function and staff, to develop policies and procedures for patient registration, and to perform quality assurance and quality improvement by monitoring, analyzing, and interpreting customer service data. This position is expected to be hired by October 2019. A complete policy and procedure manual will be completed 12 months after hire and will be continuously reviewed and updated.

Observation No. 9

Amend Administrative Rules

Some practices of the TCP were contrary to its administrative rules. For example, TCP rules had the following requirements.

- Patients and caregivers must submit their photographs electronically on a compact disc; however, the program currently accepts photographs on thumb drives.

- Patients must appear in photographs without head coverings that may disguise overall features of the patient's face; however, current practice allows patients to appear in photographs with head coverings.

Although good reasons may have existed for practices to have changed since these rules were adopted in November 2015, the TCP must follow administrative rules unless a waiver procedure had been adopted or the rule had been amended. Statute stated no agency shall grant waivers of, or variances from, any provisions of its rules without either amending the rules or providing by rule for a waiver or variance procedure. In this case, the TCP had adopted a waiver procedure, which required individuals seeking waivers to submit a written request explaining why the waiver was requested. However, the program did not appear to require a written waiver as required by its administrative rule.

By not having practice align with rules, and not informing all applicants of program changes, the program was not following law nor treating applicants equitably.

Recommendation:

We recommend TCP management review its administrative rules and amend those areas of rules as soon as practical where practice differs from rules and good cause exists why the current practice should be continued.

Auditee Response:

The Department concurs.

The Department will undertake a systematic review and analysis of its current policy, procedure, and training manual as compared to program rules He-C 401. The Department will update the manual based on its assessment to include formal written policies, procedures, and tools to ensure that all materials are accurate, up to date, reflect current practice, and are compliant with applicable rule and law. The manual will be reviewed and updated so that it remains current, accurate, and up to date. Current and future TCP staff, and, to the extent needed, any staff borrowed from other areas, will be trained on up-to-date policies and procedures, both initially and periodically as needed.

To the extent that current practice is identified as being inconsistent with current rule, and where good cause exists for a rule change, such rules will be amended through the formal rulemaking process described in RSA 541-A.

To the extent that a current rule is appropriate in most cases, but in certain individual cases it may be waived for good cause, the Department will adhere to the waiver procedures currently in rule, or as amended.

To the extent that current practice is inconsistently known by applicants due to a lack of publicizing such practice or the publishing of outdated information, the Department will update public-facing documents so that all applicants have the same access to current information.

Regarding the two examples provided in the audit findings, the photograph submission requirements are being addressed legislatively through SB 88 by the proposed removal of the photo submission requirement.

APPENDIX A
SCOPE, OBJECTIVE, AND METHODOLOGY

Scope & Objectives

In September 2018, the Fiscal Committee of the General Court adopted a joint Legislative Performance Audit and Oversight Committee recommendation to conduct a performance audit of the Therapeutic Cannabis Program (TCP), issuance of registry identification cards. The entrance conference with the Department of Health and Human Services was held in November 2018 and the Oversight Committee approved the scope of the audit in March 2019.

Our audit was designed to answer the following question:

> **Did the TCP distribute registry identification cards to qualifying patients and caregivers timely during calendar year 2018?**

To answer this question, we determined how long it took to process patient and designated caregiver applications and issue registry identification cards.

Methodology

To gain an understanding of the TCP and its operating environment, we:

- reviewed relevant State laws, administrative rules, policies and procedures, relevant news articles, court cases, TCP data reports, TCP program information, and forms;
- documented the process from the submission of applications to issuance of registry identification cards;
- interviewed TCP management and key stakeholders;
- obtained a dataset from the TCP's database related to measuring timeliness of patient and designated caregiver applications; and
- conducted a judgmental sample of patient files to determine the accuracy of data contained in the TCP's database and determined whether it was suitable for data analysis.

To determine how long it took the TCP to process a patient or designated caregiver applications and issue a registry identification card, we conducted two file reviews and reviewed TCP operations and specific management controls to the extent necessary to determine the cause of any delays.

TCP File Reviews

We reviewed two different types of files held by the TCP: 1) patient files, and 2) designated caregiver files.

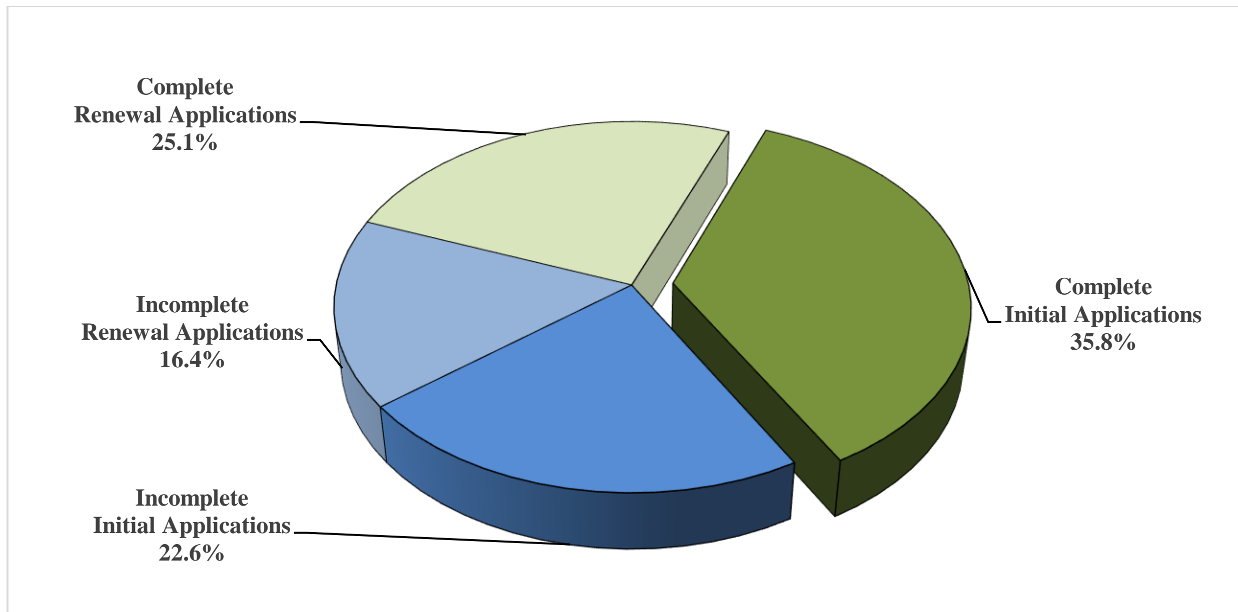
Patient Files

We examined the TCP patient dataset to identify the population of patients issued a patient registry identification card during calendar year (CY) 2018. We determined this population size was 7,208 patients. We used statistical software to determine the sample size that would provide statistically valid estimates of patients receiving cards in CY 2018 with 95 percent confidence and a margin of error of + or – five percent. The sample size was determined to be 380 cases to achieve the desired precision. The software was then used to select a simple random sample from the total population of 7,208, with each case having the same chance of selection. We ultimately examined 371 patient application files due to files that could not be located or had other problems that kept us from including the files in our analysis. Additionally, we examined initial applications filed in CYs 2016 and 2017 if the patient had been selected as part of our CY 2018 sample. Due to the sample selection method, the results from CYs 2016 and 2017 should not be considered to represent all initial applications issued in those years, but only as a subset of the patients who have remained in the program and received a renewal card in CY 2018.

The sample was broken down according to the type of application and whether it was filed complete or not. Figure 2 shows how the sample was broken down by complete versus incomplete and initial versus renewal applications. We determined 60.9 percent of the applicants in our sample (n=371) submitted a completed application during CY 2018 while 39.0 percent of the applications were incomplete when submitted. We also determined 41.4 percent of the sample were renewal applications and 58.4 percent were initial applications during CY 2018.

Figure 2

LBA Sample Of Patient Applications In CY 2018



Source: LBA analysis of 371 randomly sampled TCP patient files.

Initial Application Files

To determine how long it took to process an initial application (where the patient had not previously been approved for a card), we analyzed applications that were submitted complete upon initial presentation to the TCP to avoid analyzing files missing paperwork before processing. We then recorded receipt and issuance dates in a spreadsheet and calculated elapsed days. To determine the percentage of cases which took longer than a specified standard, we counted the number of cases exceeding those standards. For cases where the application was considered originally incomplete, requiring the TCP to request additional information before processing the application, we calculated the number of elapsed business days between the date the application was received and the date a notice of incompleteness was sent to the patient, and analyzed patterns of information which were requested to complete applications.

Renewal Application Files

We were unable to calculate how long it took for renewal patient applications to be processed from the date of receipt by the program to the date the card was subsequently issued due to the way the TCP processed these applications. Depending on when a renewal was received by the program, the applications were placed on hold until the month the previous card was due to expire to avoid any overlap in issuing a registry card, which would have been outside of the one-year mark required by law.

Designated Caregiver Files

We examined the TCP designated caregiver dataset to identify the population of designated caregivers issued a registry identification card during CY 2018. We determined this population size was 456 designated caregivers. We used statistical software to determine the sample size that would provide statistically valid estimates of patients receiving cards in CY 2018 with 95 percent confidence interval with a + or – five percent margin of error. The sample size was determined to be 215 cases to achieve the desired precision. The software was then used to select a simple random sample from the total population of 456 caregivers, with each case having the same chance of selection.

We ultimately determined not enough information was contained in the designated caregiver files to reliably calculate the number of elapsed days between when the application was received and when the designated caregiver card was issued. This was due to the fact caregiver applications were only allowed to be processed after a corresponding qualifying patient application was approved. As required by State law, a designated caregiver must agree to assist at least one qualifying patient. The checklists utilized by TCP staff did not consistently contain sufficient information regarding when a caregiver's corresponding qualifying patient was approved, making it difficult to calculate when it would have been appropriate for the caregiver card to have been issued.

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APPENDIX B
AGENCY RESPONSE TO AUDIT

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

June 3, 2019

The Honorable Mary Beth Wallner, Chairperson
Joint Legislative Fiscal Committee
Legislative Office Building
Concord, NH 03301

Dear Representative Wallner:

The Department of Health and Human Services appreciates the work of the Office of Legislative Budget Assistant, Audit Division in reviewing the operations of the Department's Therapeutic Cannabis Program (TCP) relative to the timeliness of processing applications and issuing registry identification cards.

The audit provides a clear roadmap for the Therapeutic Cannabis Program to improve its operations by developing and implementing formal policies and procedures, amending its administrative rules, seeking legislative changes, hiring new staff, purchasing a new registry database, improving customer service, and ensuring that the statutory timeliness standard for card issuance is met. The Department concurs with all of the audit's observations, and over the next year it will work towards implementing all of the audit's recommendations.

Over the past 3 years, since the first Alternative Treatment Center for the dispensing of therapeutic cannabis opened in April 2016, the Therapeutic Cannabis Program has matured: the program has seen significant growth in registered patients and participating medical providers (there are currently more than 8,200 registered patients and more than 1,000 participating medical providers); the program now has stable and adequate revenue to sufficiently fund and staff the program; and in 2018-2019 the program has been reorganized within the Department's Division of Public Health Services. As the audit indicates, timeliness of registry ID card issuance improved significantly from calendar years 2016 and 2017. In 2018, program data shows compliance with the Department's informal standard of issuing a card within 20 days of receipt of a complete application for all but 9 weeks of the year.

Based on the audit findings, the Department has already begun a systematic review and analysis of its current processes with the goal of reorganizing its business processes and work environment to align with the statutory timeframes of 15 days to approve or deny an application and 5 days after approval to issue a card. The Department is committed to improving operations, improving customer service, and improving timeliness of card issuance, and over the next year it will implement needed changes, including statutory changes, rule changes, policy and procedure changes, purchase and implementation of a new registry database, work flow changes, and staffing improvements.

The auditors should be commended for their thorough and fair review of this new state program and their continued professionalism throughout the audit process.

Sincerely,

Lisa Morris
Director

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

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Archived: Thursday, June 3, 2021 8:54:17 AM
From: Andrew Shagoury
Sent: Monday, May 3, 2021 6:31:04 PM
To: ~House Health Human Services and Elderly Affairs
Cc: Elizabeth C. Sargent
Subject: SB 162 2019 Therapeutic Cannabis Audit report
Importance: Normal
Attachments:
Therapeutic_Cannabis_Program_2019.pdf ;

Attached is the report Mike Holt referenced. I think you will see there is nothing in it remotely similar to what is proposed in this bill.

On page 3 of the pdf document is the purpose: "The purpose of the audit was to determine whether the TCP distributed registry identification cards to qualifying patients and caregivers timely during calendar year 2018."

On page 7 of the pdf document is the Executive Summary. Again it was about the time delays and DHHS misreading the laws to issue cards for patients. There was also mention of the policies and procedures needing updating.

Personally I feel they have never staffed the program adequately to perform the necessary regulatory and safety enforcement. With the increase in patients and ATCs since the program started, the work load has clearly increased. It is self-funded by users including the ATCs (although the state budget shows a nominal amount coming from the General Fund the next two years). It should not be an issue to have the fees cover the cost of properly administering the program.

I also feel an overall audit of the entire program should be done including regulatory enforcement efforts.

Chief Andrew Shagoury
Tuftonboro Police Department
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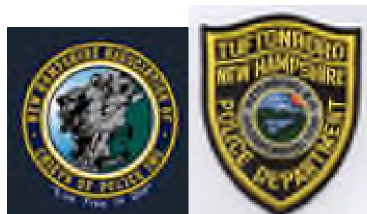
President 2017-2018



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Bill as Introduced

SB 162-FN - AS AMENDED BY THE SENATE

03/18/2021 0778s
03/18/2021 0850s
04/01/2021 1054s

2021 SESSION

21-0464
04/10

SENATE BILL ***162-FN***

AN ACT relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure.

SPONSORS: Sen. Bradley, Dist 3

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill makes numerous revisions to funds, positions, and programs within the department of health and human services, including the therapeutic cannabis program; youth tobacco use; the interstate compact for the placement of children; residential care and child placement licensing procedures; availability of epinephrine auto-injectors and asthma inhalers at recreation camps; the developmentally disabled wait list; the New Hampshire granite workforce program; and child protection investigations. The bill also establishes a public health services special fund and directs certain fees to that fund to be used by the department for program oversight.

- -

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.

SB 162-FN - AS AMENDED BY THE SENATE

03/18/2021 0778s
03/18/2021 0850s
04/01/2021 1054s

21-0464
04/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure.

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

1 Application of Receipts; Fund for Domestic Violence Grant Program. Amend RSA 6:12, I(b)(12) to read as follows:

(12) Moneys received under RSA 457:29, ***457:32-b, and 631:2-b, V*** which shall be credited to the special fund for domestic violence programs ***established in RSA 173-B:15***.

2 Application of Receipts; Public Health Services Special Fund. Amend RSA 6:12, I(b)(15) to read as follows:

(15) Money received under RSA ***125-F:22,*** 143:11***, 143:22-a, 143-A:6,*** and 184:85, which shall be credited to the public health services special fund ***established in RSA 143:11, III***.

3 Compensation of Certain State Officers; Health and Human Services Positions Amended. Amend the following position in RSA 94:1-a, I(b), grade GG to read as follows:

GG Department of health and human services director of [~~program planning and integrity~~] ***Medicaid enterprise development***

4 Compensation of Certain State Officers; Health and Human Services Positions Amended. Amend the following positions in RSA 94:1-a, I(b), grade JJ to read as follows:

JJ Department of health and human services associate commissioner [~~of human services and behavioral health~~]

JJ Department of health and human services associate commissioner [~~of operations~~]

JJ Department of health and human services associate commissioner [~~for population health~~]

[~~JJ Department of health and human services associate commissioner, operations~~

~~JJ Department of health and human services associate commissioner, population health~~]

5 Department of Health and Human Services; Emergency Services Plan. The department of health and human services in collaboration with all New Hampshire hospitals that operate emergency facilities shall draft a plan to be presented to the speaker of the house of representatives, the senate president and the governor's office by September 1, 2021 that details the necessary emergency services offered for medical treatment of both physical and behavioral health. Such a

plan shall include any recommendations for future legislation or required funding to ensure sufficient physical and behavioral health services.

6 New Subparagraph; New Hampshire Retirement System; Definitions. Amend RSA 100-A:1, VIII by inserting after subparagraph (b) the following new subparagraph:

(c) The bureau chief for emergency preparedness and response with the department of health and human services, division of health public services who:

(1) Has the authority and responsibility to engage in the prevention and control of public health incidents or emergencies;

(2) As a job requirement is fully certified as an emergency preparedness official qualified to administer emergency planning, response and recovery activities in the event of natural disasters, public health crises or similar incidents; and

(3) As a job requirement shall meet all physical, mental, educational, and other qualifications for continuing certification as an emergency preparedness official that may be established by the certifying authority.

7 Radiological Health Programs; Civil Penalties. Amend RSA 125-F:22, IV to read as follows:

IV. Upon request of the department of health and human services, the department of justice is authorized to institute civil action to collect a penalty imposed pursuant to this section. The attorney general shall have the exclusive power to compromise, mitigate, or remit such civil penalties as are referred to [~~him~~] ***the attorney general*** for collection. All civil penalties collected under this section shall be forwarded to the state treasurer. The state treasurer shall deposit all moneys received under this section, and interest received on such money, to the public health services special fund, [~~which shall be nonlapsing~~]***, established in RSA 143:11, from which the department of health and human services shall pay expenses incident to the administration of this chapter***.

8 Department of Health and Human Services; Office of the Ombudsman. Amend RSA 126-A:4, III to read as follows:

III. The department shall establish an office of the ombudsman to provide assistance to clients [~~and employees~~] of the department by investigating and resolving complaints regarding any matter within the jurisdiction of the department including services or assistance provided by the department or its contractors. The ombudsman's office may provide mediation or other means for informally resolving complaints. The records of the ombudsman's office shall be confidential and shall not be disclosed without the consent of the client [~~or employee~~] on whose behalf the complaint is made, except as may be necessary to assist the service provider [~~or the employee's supervisor~~] to resolve the complaint, or as required by law.

9 Repeal. RSA 126-A:5, II-a, relative to an annual report of an aggregate schedule of payables for class 90 grant lines, is repealed.

10 New Section; Department of Health and Human Services; Status in Retirement System. Amend RSA 126-A by inserting after section 5-e the following new section:

126-A:5-f Status in Retirement System. For purposes of classification under RSA 100-A, any person who is or becomes the bureau chief for emergency preparedness with the department's division of health public services, shall be included in the definition of group II under RSA 100-A:1, VII(h) and VIII(c) under the retirement system, provided that, notwithstanding RSA 100-A:1, VII(h) or VIII(c), any person not already a group II member for at least 10 years during or prior to his or her appointment shall be eligible for or remain as a group I member for the duration of service as the bureau chief for emergency preparedness.

11 Repeal. The following are repealed:

I. RSA 126-A:50 through RSA 126-A:59, RSA 126-A:61, and RSA 126-A:63, relative to the housing security guarantee program.

II. RSA 6:12, I(b)(255), relative to moneys deposited in the homeless housing and access revolving loan fund, established in RSA 126-A:63.

12 Youth Access to and Use of Tobacco Products. Amend RSA 126-K:1 to read as follows:

126-K:1 Purpose. The purpose of this chapter is to protect the citizens of New Hampshire from the possibility of addiction, disability, and death resulting from the use of tobacco products by ensuring that tobacco products will not be supplied to persons under the age of 21. ***This chapter shall not apply to individuals who have been issued a registry identification card under RSA 126-X:4 or alternative treatment centers registered under RSA 126-X:7 with respect to the therapeutic use of cannabis.***

13 Youth Access to and Use of Tobacco Products; Possession and Use. Amend RSA 126-K:6, I to read as follows:

I. No person under 21 years of age shall purchase, attempt to purchase, possess, or use any tobacco product, e-cigarette, device, or e-liquid [~~except individuals who have been issued a registry identification card under RSA 126-X:4 may purchase, possess and use e-liquids containing cannabis and applicable devices as allowed under RSA 126-X~~].

14 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, VII(b) to read as follows:

(b) For a visiting qualifying patient, "provider" means an individual licensed to prescribe drugs to humans in the state of the patient's residence and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances. [~~Such visiting patient shall not be eligible to purchase or transfer cannabis from an eligible New Hampshire patient.~~]

15 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XI to read as follows:

XI. "Registry identification card" means a document indicating the date issued***, effective date,*** and expiration date by the department pursuant to RSA 126-X:4 that identifies an individual as a qualifying patient or a designated caregiver.

16 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XVII to read as follows:

XVII. "Written certification" means documentation of a qualifying medical condition by a provider pursuant to rules adopted by the department pursuant to RSA 541-A for the purpose of issuing registry identification cards, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a provider-patient relationship. [~~The date of issuance and the patient's qualifying medical condition, symptoms or side effects, the certifying provider's name, medical specialty, and signature shall be specified on the written certification.~~]

17 New Paragraph; Use of Cannabis for Therapeutic Purposes; Protections. Amend RSA 126-X:2 by inserting after paragraph XVI the following new paragraph:

XVII. Authorized employees of the department shall not be subject to arrest by state or local law enforcement, prosecution, or penalty under state or municipal law, or search, when possessing, transporting, delivering, or transferring cannabis and cannabis infused products for the purposes of regulatory oversight related to this chapter.

18 Use of Cannabis for Therapeutic Purposes; Protections. Amend RSA 126-X:2, IX(c) to read as follows:

(c) Deliver, transfer, supply, sell, or dispense cannabis and related supplies and educational materials to qualifying patients [~~who have designated the alternative treatment center to provide for them~~], to designated caregivers on behalf of the qualifying patients [~~who have designated the alternative treatment center~~], or to other alternative treatment centers.

19 Use of Cannabis for Therapeutic Purposes; Prohibitions and Limitations on the Therapeutic Use of Cannabis. Amend RSA 126-X:3, VII-VIII to read as follows:

VII. The department may revoke the registry identification card of a qualifying patient or designated caregiver for violation of rules adopted by the department or for violation of any other provision of this chapter, ***including for obtaining more than 2 ounces of cannabis in any 10-day period in violation of RSA 126-X:8, XIII(b),*** and the qualifying patient or designated caregiver shall be subject to any other penalties established in law for the violation.

VIII. A facility caregiver shall treat cannabis in a manner similar to ***controlled prescription*** medications with respect to its storage, security, and administration when assisting qualifying patients with the therapeutic use of cannabis.

20 Use of Cannabis for Therapeutic Purposes; Departmental Administration. Amend RSA 126-X:4, I(a)-(b) to read as follows:

(a) Written certification [~~as defined in RSA 126-X:1~~] ***which includes the date of issuance, the patient's qualifying medical condition, symptoms, or side effects, and the certifying provider's name, medical specialty, and signature. If a written certification has been previously issued for fewer than 3 years, a provider may extend the written certification, provided that the written certification shall not exceed 3 years***.

(b) An application or a renewal application accompanied by the application or renewal fee. ***A renewal application and fee shall not be required if the applicant receives an extension to the written certification previously issued for fewer than 3 years.***

21 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, I(e) and the introductory paragraph of I(f) to read as follows:

(e) Name[~~, address, and telephone number~~] of the applicant's provider.

(f) Name[~~, address,~~] and date of birth of the applicant's designated caregiver, if any. A qualifying patient shall have only one designated caregiver, except as follows:

22 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, II(d) to read as follows:

(d) Name, residential and mailing address, and date of birth of each qualifying patient for whom the applicant will act as designated caregiver, except that if the qualifying patient is homeless, no residential address is required. [~~An applicant shall not act as a designated caregiver for more than 5 qualifying patients.~~]

23 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend the introductory paragraph in RSA 126-X:4, IV and RSA 126-X:4, IV(a)-(b) to read as follows:

IV. The department shall create and issue a registry identification card to a person applying as a qualifying patient or designated caregiver within 5 days of approving an application or renewal. Each registry identification card shall expire one year after the [~~date of issuance~~] ***effective date of the card***, unless the provider states in the written certification that the certification should expire at an earlier [~~specified date~~] ***or later effective date, not to exceed 3 years***, then the registry identification card shall expire on that date. Registry identification cards shall contain all of the following:

(a) Name, mailing address, and date of birth of the qualifying patient or designated caregiver.

(b) The date of issuance***, effective date,*** and expiration date of the registry identification card.

24 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, VII(a) to read as follows:

VII.(a) The department shall track the number of qualifying patients [~~who have designated each alternative treatment center~~] and issue a weekly written statement to the alternative treatment center identifying the number of qualifying patients [~~who have designated that~~

~~alternative treatment center~~] along with the registry identification numbers of each qualifying patient and each qualifying patient's designated caregiver.

25 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, VIII to read as follows:

VIII. In addition to the weekly reports, the department shall also provide written notice to an alternative treatment center which identifies the names and registration identification numbers of a qualifying patient and his or her designated caregiver whenever [~~any~~] ***either*** of the following events occur:

(a) A qualifying patient [~~designates the alternative treatment center to serve his or her needs~~] ***is registered as a participating patient*** under this chapter; or

(b) [~~A qualifying patient revokes the designation of the alternative treatment center; or~~

~~(c)~~] A qualifying patient [~~who has designated the alternative treatment center~~] loses his or her status as a qualifying patient under this chapter.

26 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, IX(a) to read as follows:

IX.(a) A qualifying patient shall notify the department before changing his or her designated caregiver [~~or alternative treatment center~~].

27 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, XI(a) to read as follows:

XI.(a) The department shall create and maintain a confidential registry of each individual who has applied for and received a registry identification card as a qualifying patient or a designated caregiver in accordance with the provisions of this chapter. Each entry in the registry shall contain the qualifying patient's or designated caregiver's name, mailing address, date of birth, date of registry identification card issuance, ***effective date of registry identification,*** date of registry identification card expiration, ***and*** random 10-digit identification number[~~, and registry identification number of the qualifying patient's designated alternative treatment center, if any~~]. The confidential registry and the information contained in it shall be exempt from disclosure under RSA 91-A.

28 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, XI(b)(5) to read as follows:

(5) Counsel for the department may notify law enforcement officials about falsified or fraudulent information submitted to the department where counsel has [~~made a legal determination that there is probable cause~~] ***reason*** to believe the information is false or falsified.

29 Use of Cannabis for Therapeutic Purposes; Departmental Rules. Amend RSA 126-X:6, I(b) to read as follows:

(b) The form and content of providers' written certifications***, including the administrative process for tracking extensions pursuant to RSA 126-X:4, I***.

30 Use of Cannabis for Therapeutic Purposes; Alternative Treatment Centers. Amend RSA 126-X:8, VII(a) to read as follows:

(a) Records of the disposal of cannabis that is not distributed by the alternative treatment center to qualifying patients [~~who have designated the alternative treatment center to cultivate for them~~].

31 Use of Cannabis for Therapeutic Purposes; Alternative Treatment Centers. Amend RSA 126-X:8, XV(a)-(b) to read as follows:

XV.(a) An alternative treatment center shall not possess or cultivate cannabis in excess of the following quantities:

(1) Eighty cannabis plants, 160 seedlings, and 80 ounces of usable cannabis, or 6 ounces of usable cannabis per qualifying patient; and

(2) Three mature cannabis plants, 12 seedlings, and 6 ounces for each qualifying patient [~~who has designated the alternative treatment center to provide him or her with cannabis for therapeutic use~~] ***registered as a qualifying patient under this chapter***.

(b) An alternative treatment center or alternative treatment center agent shall not dispense, deliver, or otherwise transfer cannabis to any person or entity other than:

(1) A qualifying patient [~~who has designated the relevant alternative treatment center~~]; or

(2) Such patient's designated caregiver; or

(3) Another alternative treatment center.

32 Repeal. The following are repealed:

I. RSA 126-X:4, I(g), relative to patients designating an alternative treatment center.

II. RSA 126-X:4, II(e), relative to street address of the alternative treatment center.

III. RSA 126-X:4, IX(e), relative to failure of a qualifying patient or designated caregiver for providing changes to name, address or designated caregiver.

IV. RSA 126-X:6, I(e), relative to departmental rules regarding certain fines.

33 New Hampshire Granite Advantage Health Care Trust Fund. Amend RSA 126-AA;3, I(e)-(f) to read as follows:

(e) Funds received from the assessment under RSA 404-G; [~~and~~]

(f) ***Revenue from the Medicaid enhancement tax to meet the requirements provided in RSA 167:64; and***

(g) Funds recovered or returnable to the fund that were originally spent on the cost of coverage of the granite advantage health care program**.**

34 Repeal. RSA 126-A:70 and 71, relative to administration of epinephrine, are repealed.

35 Communicable Disease; Mosquito Control Fund. Amend RSA 141-C:25, I to read as follows:

I. There is hereby established a nonlapsing and continually appropriated mosquito control fund to assist cities, towns, and mosquito control districts by providing funding for the purpose of

offsetting the cost of mosquito control activities including, but not limited to, the purchase and application of chemical pesticides. The purpose of the fund is to provide financial assistance, when needed, to cities, towns, and mosquito control districts engaging in mosquito control and abatement activities in response to a declared threat to the public health. [~~Any balance remaining in the mosquito control fund at the close of the fiscal year ending June 30, 2009 shall lapse to the general fund.~~]

36 Sanitary Production and Distribution of Food; Shellfish Certificate Fees. Amend RSA 143:11, III to read as follows:

III. ***There is hereby established in the state treasury the public health services special fund, which shall be kept separate and distinct from all other funds. The fund shall be nonlapsing and continually appropriated to the department of health and human services.*** All fees collected under this subdivision shall be forwarded to the state treasurer[~~. The state treasurer~~] ***who*** shall credit all [~~moneys received under this subdivision,~~] ***such moneys*** and interest received on such money, to [~~a special~~] ***the*** fund from which [~~he~~] ***the department of health and human services*** shall pay all the expenses of the department incident to the administration of this subdivision. [~~This fund shall not lapse.~~]

37 Sanitary Production and Distribution of Food; Shellfish Certificate Fees. Amend RSA 143:22-a to read as follows:

143:22-a Shellfish Certificate Fees. The commissioner of the department of health and human services shall prescribe and collect fees for certificates for establishments which process or pack shellfish. Such fees shall be in accordance with rules adopted under RSA 541-A. All fees collected under this subdivision shall be forwarded to the state treasurer to be deposited in the [~~general fund~~] ***public health services special fund established in RSA 143:11. The department of health and human services shall use such funds to pay expenses of the department incident to the administration of this subdivision***.

38 Food Service Licensure; Application. Amend RSA 143-A:6, VI to read as follows:

VI. From the amounts collected by the commissioner under paragraph V, up to $300,000 each fiscal year may be included in the state biennial operating budget as restricted revenue to support the activities required in this chapter. ***The state treasurer shall credit all moneys received under this paragraph, and interest received on such money, to the public health services special fund, established under RSA 143:11, from which the department shall pay expenses incident to the administration of this chapter.***

39 Nursing Home Administrators; Patient Accounts. Amend RSA 151-A:15, I to read as follows:

I. If within 30 days after the date of a testate or intestate patient's death in any nursing home no petition for probate has been filed under any section of RSA 553 and the gross value of the personal property remaining at the nursing home belonging to the deceased, including any amount left in a patient account, is no more than [~~$5,000~~] ***$10,000***, the nursing home administrator shall file

in the probate court in the county where the nursing home is located an affidavit for the purpose of disposing of such deceased patient's estate. The form of the affidavit, and the rules governing proceedings under this section, shall be provided by the probate court pursuant to RSA 547:33. The nursing home administrator shall not file a death certificate with the probate court, but shall attest to the death in the affidavit. If the nursing home patient died testate and if the nursing home administrator has the will or a copy of the will, the nursing home administrator shall file the same in the probate court in the county where the nursing home is located. The probate court shall waive all filing fees.

40 Applicability. Section 39 of this act shall apply to affidavits filed on or after the effective date of this section.

41 Repeal. RSA 151-E:11, II, relative to an annual report on the utilization of non-nursing home services, is repealed.

42 Protective Services to Adults; Reports of Adult Abuse. Amend the introductory paragraph of RSA 161-F:46 to read as follows:

Any person, including, but not limited to, physicians, other health care professionals, social workers, clergy, and law enforcement officials, suspecting or believing in good faith that any adult who is or who is suspected to be vulnerable***, at the time of the incident,*** has been subjected to abuse, neglect, self-neglect, or exploitation or is***, or was*** living in hazardous conditions shall report or cause a report to be made as follows:

43 Repeal. The following are repealed:

I. RSA 161-F:64, relative to an annual report on review of homemaker services.

II. RSA 161-I:4, VI, relative to reports regarding the home and community-based care waiver for the elderly and chronically ill.

III. RSA 165:20-c, relative to liability for support and reimbursement from the state.

IV. RSA 165:35, relative to rulemaking for forms and claims for reimbursement from the state.

V. RSA 167:3-j, III, relative to semi-annual reports on net savings realized for aid to the permanently and totally disabled grants.

44 Aid to Assisted Persons; Expense of General Assistance. Amend RSA 165:2-a to read as follows:

165:2-a Expense of General Assistance. The financial responsibility for general assistance for assisted persons shall be the responsibility of the town or city in which the person making application resides, except as otherwise provided in RSA 165:1-c [~~and 165:20-c~~].

45 Public Assistance; Financial Disclosure by Applicants and Recipients. Amend RSA 167:4-a, VI to read as follows:

VI. The department, in coordination with financial institutions doing business in the state, may develop and operate a data match system, using automated data exchanges to the maximum

extent feasible, in which each financial institution is required to provide, when requested by the department and subject to reasonable reimbursement as set forth in Public Law 110-252, up to 5 years of information regarding the name, record address, social security number or other taxpayer identification number, monthly account balance, and other identifying information for each applicant or recipient who maintains an account at the financial institution, as identified by the department by name and social security number or other taxpayer identification number. The system shall be based on a cost-effective search algorithm and shall include means to assure compliance with the provisions of this section. [~~The department shall provide a status report regarding the implementation of the data match system to the oversight committee on health and human services, established in RSA 126-A:13, on or before November 1, 2010, and annually thereafter, until implementation has been fully completed. The report shall summarize the department's findings and recommendations to date, including savings generated by both incremental asset identification and the time and labor associated with the process, the feedback and reactions of applicants and recipients, any barriers to implementation, anticipated future actions, and the department's assessment of the relative success of the project.~~]

46 New Section; Child Protection Act; Investigatory Interviews and Evaluations. Amend RSA 169-C by inserting after section 12-f the following new section:

169-C:12-g Investigatory Interviews and Evaluations. The court may order a parent, guardian, custodian, or other caregiver to produce a child for the purpose of an investigatory interview, including a multidisciplinary team interview in accordance with RSA 169-C:34-a or an interview or evaluation by any other expert necessary for the purpose of the investigation of suspected abuse or neglect.

47 Child Protection Act; Central Registry. Amend RSA 169-C:35, II to read as follows:

II. Upon receipt by the department of a written request and verified proof of identity, an individual shall be informed by the department whether that individual's name is listed in the founded reports maintained in the central registry. It shall be unlawful for any employer other than those providing services pursuant to RSA 169-B, RSA 169-C, RSA 169-D, and RSA 135-C, and those specified in RSA 170-E [~~and~~]***,*** RSA 170-G:8-c***, and RSA 171-A*** to require as a condition of employment that the employee submit his or her name for review against the central registry of founded reports of abuse and neglect. Any violation of this provision shall be punishable as a violation.

48 Interstate Compact for the Placement of Children. RSA 170-A is repealed and reenacted to read as follows:

CHAPTER 170-A

INTERSTATE COMPACT

FOR THE PLACEMENT OF CHILDREN

170-A:1 Interstate Compact for the Placement of Children. On the effective date of this chapter, based upon the enactment of the Interstate Compact for the Placement of Children into law by the thirty-fifth compacting state, the governor is authorized and directed to execute a compact on behalf of this state with any other state or states legally joining therein in the form substantially as follows:

ARTICLE I

Purpose

The purpose of this Interstate Compact for the Placement of Children is to:

I. Provide a process through which children subject to this compact are placed in safe and suitable homes in a timely manner.

II. Facilitate ongoing supervision of a placement, the delivery of services, and communication between the states.

III. Provide operating procedures that will ensure that children are placed in safe and suitable homes in a timely manner.

IV. Provide for the promulgation and enforcement of administrative rules implementing the provisions of this compact and regulating the covered activities of the member states.

V. Provide for uniform data collection and information sharing between member states under this compact.

VI. Promote coordination between this compact, the Interstate Compact for Juveniles, the Interstate Compact on Adoption and Medical Assistance, and other compacts affecting the placement of and which provide services to children otherwise subject to this compact.

VII. Provide for a state's continuing legal jurisdiction and responsibility for placement and care of a child that it would have had if the placement were intrastate.

VIII. Provide for the promulgation of guidelines, in collaboration with Indian tribes, for interstate cases involving Indian children as is or may be permitted by federal law.

ARTICLE II

Definitions

As used in this compact:

I. "Approved placement" means the public child-placing agency in the receiving state has determined that the placement is both safe and suitable for the child.

II. "Assessment" means an evaluation of a prospective placement by a public child-placing agency in the receiving state to determine if the placement meets the individualized needs of the child, including, but not limited to, the child's safety and stability, health and well-being, and mental, emotional, and physical development. An assessment is only applicable to a placement by a public child-placing agency.

III. "Child" means an individual who has not attained the age of 18.

IV. "Certification" means to attest, declare, or swear to before a judge or notary public.

1 V. "Default" means the failure of a member state to perform the obligations or
2 responsibilities imposed upon it by this compact or the bylaws or rules of the Interstate Commission.
3 VI. "Home study" means an evaluation of a home environment conducted in accordance with
4 the applicable requirements of the state in which the home is located and that documents the
5 preparation and the suitability of the placement resource for placement of a child in accordance with
6 the laws and requirements of the state in which the home is located.
7 VII. "Indian tribe" means any Indian tribe, band, nation, or other organized group or
8 community of Indians recognized as eligible for services provided to Indians by the Secretary of the
9 Interior because of their status as Indians, including any Alaskan native village as defined in section
10 3(c) of the Alaska Native Claims Settlement Act, 43 U.S.C. section 1602(c).
11 VIII. "Interstate Commission for the Placement of Children" means the commission that is
12 created under Article VIII of this compact and which is generally referred to as the "Interstate
13 Commission."
14 IX. "Jurisdiction" means the power and authority of a court to hear and decide matters.
15 X. "Legal risk placement" or "legal risk adoption" means a placement made preliminary to
16 an adoption where the prospective adoptive parents acknowledge in writing that a child can be
17 ordered returned to the sending state or the birth mother's state of residence, if different from the
18 sending state, and a final decree of adoption shall not be entered in any jurisdiction until all
19 required consents are obtained or are dispensed with in accordance with applicable law.
20 XI. "Member state" means a state that has enacted this compact.
21 XII. "Noncustodial parent" means a person who, at the time of the commencement of court
22 proceedings in the sending state, does not have sole legal custody of the child or has joint legal
23 custody of a child, and who is not the subject of allegations or findings of child abuse or neglect.
24 XIII. "Nonmember state" means a state which has not enacted this compact.
25 XIV. "Notice of residential placement" means information regarding a placement into a
26 residential facility provided to the receiving state, including, but not limited to, the name, date, and
27 place of birth of the child, the identity and address of the parent or legal guardian, evidence of
28 authority to make the placement, and the name and address of the facility in which the child will be
29 placed. Notice of residential placement shall also include information regarding a discharge and any
30 unauthorized absence from the facility.
31 XV. "Placement" means the act by a public or private child-placing agency intended to
32 arrange for the care or custody of a child in another state.
33 XVI. "Private child-placing agency" means any private corporation, agency, foundation,
34 institution, or charitable organization, or any private person or attorney, that facilitates, causes, or
35 is involved in the placement of a child from one state to another and that is not an instrumentality of
36 the state or acting under color of state law.

1 XVII. "Provisional placement" means a determination made by the public child-placing
2 agency in the receiving state that the proposed placement is safe and suitable, and, to the extent
3 allowable, the receiving state has temporarily waived its standards or requirements otherwise
4 applicable to prospective foster or adoptive parents so as to not delay the placement. Completion of
5 the receiving state requirements regarding training for prospective foster or adoptive parents shall
6 not delay an otherwise safe and suitable placement.
7 XVIII. "Public child-placing agency" means any government child welfare agency or child
8 protection agency or a private entity under contract with such an agency, regardless of whether the
9 entity acts on behalf of a state, a county, a municipality, or another governmental unit, and which
10 facilitates, causes, or is involved in the placement of a child from one state to another.
11 XIX. "Receiving state" means the state to which a child is sent, brought, or caused to be sent
12 or brought.
13 XX. "Relative" means someone who is related to the child as a parent, stepparent, sibling by
14 half or whole blood or by adoption, grandparent, aunt, uncle, or first cousin or a nonrelative with
15 such significant ties to the child that the nonrelative may be regarded as a relative as determined by
16 the court in the sending state.
17 XXI. "Residential facility" means a facility providing a level of care that is sufficient to
18 substitute for parental responsibility or foster care and that is beyond what is needed for assessment
19 or treatment of an acute condition. For purposes of the compact, the term "residential facility" does
20 not include institutions primarily educational in character, hospitals, or other medical facilities.
21 XXII. "Rule" means a written directive, mandate, standard, or principle issued by the
22 Interstate Commission promulgated pursuant to Article XI of this compact that is of general
23 applicability and that implements, interprets, or prescribes a policy or provision of the compact. A
24 rule has the force and effect of an administrative rule in a member state and includes the
25 amendment, repeal, or suspension of an existing rule.
26 XXIII. "Sending state" means the state from which the placement of a child is initiated.
27 XXIV. "Service member's permanent duty station" means the military installation where an
28 active duty United States Armed Services member is currently assigned and is physically located
29 under competent orders that do not specify the duty as temporary.
30 XXV. "Service member's state of legal residence" means the state in which the active duty
31 United States Armed Services member is considered a resident for tax and voting purposes.
32 XXVI. "State" means a state of the United States, the District of Columbia, the
33 Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, the
34 Northern Mariana Islands, and any other territory of the United States.
35 XXVII. "State court" means a judicial body of a state that is vested by law with
36 responsibility for adjudicating cases involving abuse, neglect, deprivation, delinquency, or status
37 offenses of individuals who have not attained the age of 18.

XXVIII. "Supervision" means monitoring provided by the receiving state once a child has been placed in a receiving state pursuant to this compact.

ARTICLE III

Applicability

I. Except as otherwise provided in paragraph II, this compact shall apply to:

(a) The interstate placement of a child subject to ongoing court jurisdiction in the sending state, due to allegations or findings that the child has been abused, neglected, or deprived as defined by the laws of the sending state; provided, however, that the placement of such a child into a residential facility shall only require notice of residential placement to the receiving state prior to placement.

(b) The interstate placement of a child adjudicated delinquent or unmanageable based on the laws of the sending state and subject to ongoing court jurisdiction of the sending state if:

(1) The child is being placed in a residential facility in another member state and is not covered under another compact; or

(2) The child is being placed in another member state and the determination of safety and suitability of the placement and services required is not provided through another compact.

(c) The interstate placement of any child by a public child-placing agency or private child-placing agency as a preliminary step to a possible adoption.

II. The provisions of this compact shall not apply to:

(a) The interstate placement of a child in a custody proceeding in which a public child-placing agency is not a party; provided, however, that the placement is not intended to effectuate an adoption.

(b) The interstate placement of a child with a nonrelative in a receiving state by a parent with the legal authority to make such a placement; provided, however, that the placement is not intended to effectuate an adoption.

(c) The interstate placement of a child by one relative with the lawful authority to make such a placement directly with a relative in a receiving state.

(d) The placement of a child, not subject to paragraph I, into a residential facility by his or her parent.

(e) The placement of a child with a noncustodial parent, provided that:

(1) The noncustodial parent proves to the satisfaction of a court in the sending state a substantial relationship with the child;

(2) The court in the sending state makes a written finding that placement with the noncustodial parent is in the best interests of the child; and

(3) The court in the sending state dismisses its jurisdiction in interstate placements in which the public child-placing agency is a party to the proceeding.

(f) A child entering the United States from a foreign country for the purpose of adoption or leaving the United States to go to a foreign country for the purpose of adoption in that country.

(g) Cases in which a child who is a United States citizen living overseas with his or her family, at least one of whom is in the United States Armed Services and stationed overseas, is removed and placed in a state.

(h) The sending of a child by a public child-placing agency or a private child-placing agency for a visit as defined by the rules of the Interstate Commission.

III. For purposes of determining the applicability of this compact to the placement of a child with a family member in the United States Armed Services, the public child-placing agency or private child-placing agency may choose the state of the service member's permanent duty station or the service member's declared legal residence.

IV. Nothing in this compact shall be construed to prohibit the concurrent application of the provisions of this compact with other applicable interstate compacts, including the Interstate Compact for Juveniles and the Interstate Compact on Adoption and Medical Assistance. The Interstate Commission may, in cooperation with other interstate compact commissions having responsibility for the interstate movement, placement, or transfer of children, promulgate similar rules to ensure the coordination of services, timely placement of children, and reduction of unnecessary or duplicative administrative or procedural requirements.

ARTICLE IV

Jurisdiction

I. Except as provided in Article IV, paragraph VIII, and Article V, subparagraph II(b) and (c), concerning private and independent adoptions, and in interstate placements in which the public child-placing agency is not a party to a custody proceeding, the sending state shall retain jurisdiction over a child with respect to all matters of custody and disposition of the child which it would have had if the child had remained in the sending state. Such jurisdiction shall also include the power to order the return of the child to the sending state.

II. When an issue of child protection or custody is brought before a court in the receiving state, such court shall confer with the court of the sending state to determine the most appropriate forum for adjudication.

III. In cases that are before courts and subject to this compact, the taking of testimony for hearings before any judicial officer may occur in person or by telephone, audio-video conference, or such other means as approved by the rules of the Interstate Commission, and judicial officers may communicate with other judicial officers and persons involved in the interstate process as may be permitted by their code of judicial conduct and any rules promulgated by the Interstate Commission.

IV. In accordance with its own laws, the court in the sending state shall have authority to terminate its jurisdiction if:

(a) The child is reunified with the parent in the receiving state who is the subject of allegations or findings of abuse or neglect, only with the concurrence of the public child-placing agency in the receiving state;

(b) The child is adopted;

(c) The child reaches the age of majority under the laws of the sending state;

(d) The child achieves legal independence pursuant to the laws of the sending state;

(e) A guardianship is created by a court in the receiving state with the concurrence of the court in the sending state;

(f) An Indian tribe has petitioned for and received jurisdiction from the court in the sending state; or

(g) The public child-placing agency of the sending state requests termination and has obtained the concurrence of the public child-placing agency in the receiving state.

V. When a sending state court terminates its jurisdiction, the receiving state child-placing agency shall be notified.

VI. Nothing in this article shall defeat a claim of jurisdiction by a receiving state court sufficient to deal with an act of truancy, delinquency, crime, or behavior involving a child as defined by the laws of the receiving state committed by the child in the receiving state which would be a violation of its laws.

VII. Nothing in this article shall limit the receiving state's ability to take emergency jurisdiction for the protection of the child.

VIII. The substantive laws of the state in which an adoption will be finalized shall solely govern all issues relating to the adoption of the child, and the court in which the adoption proceeding is filed shall have subject matter jurisdiction regarding all substantive issues relating to the adoption, except:

(a) When the child is a ward of another court that established jurisdiction over the child prior to the placement;

(b) When the child is in the legal custody of a public agency in the sending state; or

(c) When a court in the sending state has otherwise appropriately assumed jurisdiction over the child prior to the submission of the request for approval of placement.

IX. A final decree of adoption shall not be entered in any jurisdiction until the placement is authorized as an "approved placement" by the public child-placing agency in the receiving state.

ARTICLE V

Placement Evaluation

I. Prior to sending, bringing, or causing a child to be sent or brought into a receiving state, the public child-placing agency shall provide a written request for assessment to the receiving state.

II. For placements by a private child-placing agency, a child may be sent or brought, or caused to be sent or brought, into a receiving state upon receipt and immediate review of the

required content in a request for approval of a placement in both the sending and receiving state public child-placing agencies. The required content to accompany a request for approval shall include all of the following:

(a) A request for approval identifying the child, the birth parents, the prospective adoptive parents, and the supervising agency, signed by the person requesting approval.

(b) The appropriate consents or relinquishments signed by the birth parents in accordance with the laws of the sending state or, where permitted, the laws of the state where the adoption will be finalized.

(c) Certification by a licensed attorney or authorized agent of a private adoption agency that the consent or relinquishment is in compliance with the applicable laws of the sending state or, where permitted, the laws of the state where finalization of the adoption will occur.

(d) A home study.

(e) An acknowledgment of legal risk signed by the prospective adoptive parents.

III. The sending state and the receiving state may request additional information or documents prior to finalization of an approved placement, but they may not delay travel by the prospective adoptive parents with the child if the required content for approval has been submitted, received, and reviewed by the public child-placing agency in both the sending state and the receiving state.

IV. Approval from the public child-placing agency in the receiving state for a provisional or approved placement is required as provided for in the rules of the Interstate Commission.

V. The procedures for making the request for an assessment shall contain all information and be in such form as provided for in the rules of the Interstate Commission.

VI. Upon receipt of a request from the public child-placing agency of the sending state, the receiving state shall initiate an assessment of the proposed placement to determine its safety and suitability. If the proposed placement is a placement with a relative, the public child-placing agency of the sending state may request a determination for a provisional placement.

VII. The public child-placing agency in the receiving state may request from the public child-placing agency or the private child-placing agency in the sending state, and shall be entitled to receive, supporting or additional information necessary to complete the assessment or approve the placement.

VIII. The public child-placing agency in the receiving state shall approve a provisional placement and complete or arrange for the completion of the assessment within the timeframes established by the rules of the Interstate Commission.

IX. For a placement by a private child-placing agency, the sending state shall not impose any additional requirements to complete the home study that are not required by the receiving state, unless the adoption is finalized in the sending state.

X. The Interstate Commission may develop uniform standards for the assessment of the safety and suitability of interstate placements.

ARTICLE VI

Placement Authority

I. Except as otherwise provided in this compact, no child subject to this compact shall be placed in a receiving state until approval for such placement is obtained.

II. If the public child-placing agency in the receiving state does not approve the proposed placement, then the child shall not be placed. The receiving state shall provide written documentation of any such determination in accordance with the rules promulgated by the Interstate Commission. Such determination is not subject to judicial review in the sending state.

III. If the proposed placement is not approved, any interested party shall have standing to seek an administrative review of the receiving state's determination.

(a) The administrative review and any further judicial review associated with the determination shall be conducted in the receiving state pursuant to its applicable administrative procedures act.

(b) If a determination not to approve the placement of the child in the receiving state is overturned upon review, the placement shall be deemed approved; provided, however, that all administrative or judicial remedies have been exhausted or the time for such remedies has passed.

ARTICLE VII

Placing Agency Responsibility

I. For the interstate placement of a child made by a public child-placing agency or state court:

(a) The public child-placing agency in the sending state shall have financial responsibility for:

(1) The ongoing support and maintenance for the child during the period of the placement, unless otherwise provided for in the receiving state; and

(2) As determined by the public child-placing agency in the sending state, services for the child beyond the public services for which the child is eligible in the receiving state.

(b) The receiving state shall only have financial responsibility for:

(1) Any assessment conducted by the receiving state; and

(2) Supervision conducted by the receiving state at the level necessary to support the placement as agreed upon by the public child-placing agencies of the receiving and sending states.

(c) Nothing in this section shall prohibit public child-placing agencies in the sending state from entering into agreements with licensed agencies or persons in the receiving state to conduct assessments and provide supervision.

II. For the placement of a child by a private child-placing agency preliminary to a possible adoption, the private child-placing agency shall be:

1 (a) Legally responsible for the child during the period of placement as provided for in the
2 law of the sending state until the finalization of the adoption.
3 (b) Financially responsible for the child absent a contractual agreement to the contrary.
4 III. The public child-placing agency in the receiving state shall provide timely assessments,
5 as provided for in the rules of the Interstate Commission.
6 IV. The public child-placing agency in the receiving state shall provide, or arrange for the
7 provision of, supervision and services for the child, including timely reports, during the period of the
8 placement.
9 V. Nothing in this compact shall be construed to limit the authority of the public child-
10 placing agency in the receiving state from contracting with a licensed agency or person in the
11 receiving state for an assessment or the provision of supervision or services for the child or otherwise
12 authorizing the provision of supervision or services by a licensed agency during the period of
13 placement.
14 VI. Each member state shall provide for coordination among its branches of government
15 concerning the state's participation in and compliance with the compact and Interstate Commission
16 activities through the creation of an advisory council or use of an existing body or board.
17 VII. Each member state shall establish a central state compact office which shall be
18 responsible for state compliance with the compact and the rules of the Interstate Commission.
19 VIII. The public child-placing agency in the sending state shall oversee compliance with the
20 provisions of the Indian Child Welfare Act, 25 U.S.C. section 1901 et seq., for placements subject to
21 the provisions of this compact, prior to placement.
22 IX. With the consent of the Interstate Commission, states may enter into limited
23 agreements that facilitate the timely assessment and provision of services and supervision of
24 placements under this compact.
25 ARTICLE VIII
26 Interstate Commission for the Placement of Children
27 The member states hereby establish, by way of this compact, a commission known as the "Interstate
28 Commission for the Placement of Children." The activities of the Interstate Commission are the
29 formation of public policy and are a discretionary state function. The Interstate Commission shall:
30 I. Be a joint commission of the member states and shall have the responsibilities, powers,
31 and duties set forth herein and such additional powers as may be conferred upon it by subsequent
32 concurrent action of the respective legislatures of the member states.
33 II. Consist of one commissioner from each member state who shall be appointed by the
34 executive head of the state human services administration with ultimate responsibility for the child
35 welfare program. The appointed commissioner shall have the legal authority to vote on policy-
36 related matters governed by this compact binding the state.

(a) Each member state represented at a meeting of the Interstate Commission is entitled to one vote.

(b) A majority of the member states shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission.

(c) A representative shall not delegate a vote to another member state.

(d) A representative may delegate voting authority to another person from that state for a specified meeting.

III. Include, in addition to the commissioners of each member state, persons who are members of interested organizations as defined in the bylaws or rules of the Interstate Commission. Such members shall be ex officio and shall not be entitled to vote on any matter before the Interstate Commission.

IV. Establish an executive committee which shall have the authority to administer the day-to-day operations and administration of the Interstate Commission. The executive committee shall not have the power to engage in rulemaking.

ARTICLE IX

Powers and Duties of the Interstate Commission

The Interstate Commission shall have the following powers:

I. To promulgate rules and take all necessary actions to effect the goals, purposes, and obligations as enumerated in this compact.

II. To provide for dispute resolution among member states.

III. To issue, upon request of a member state, advisory opinions concerning the meaning or interpretation of the interstate compact, its bylaws, rules, or actions.

IV. To enforce compliance with this compact or the bylaws or rules of the Interstate Commission pursuant to Article XII.

V. Collect standardized data concerning the interstate placement of children subject to this compact as directed through its rules, which shall specify the data to be collected, the means of collection and data exchange, and reporting requirements.

VI. To establish and maintain offices as may be necessary for the transacting of its business.

VII. To purchase and maintain insurance and bonds.

VIII. To hire or contract for services of personnel or consultants as necessary to carry out its functions under the compact and establish personnel qualification policies and rates of compensation.

IX. To establish and appoint committees and officers, including, but not limited to, an executive committee as required by Article X.

X. To accept any and all donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose thereof.

XI. To lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve, or use any property, real, personal, or mixed.

XII. To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed.

XIII. To establish a budget and make expenditures.

XIV. To adopt a seal and bylaws governing the management and operation of the Interstate Commission.

XV. To report annually to the legislatures, the governors, the judiciary, and the state advisory councils of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include any recommendations that may have been adopted by the Interstate Commission.

XVI. To coordinate and provide education, training, and public awareness regarding the interstate movement of children for officials involved in such activity.

XVII. To maintain books and records in accordance with the bylaws of the Interstate Commission.

XVIII. To perform such functions as may be necessary or appropriate to achieve the purposes of this compact.

ARTICLE X

Organization and Operation of the Interstate Commission

I. Organization.

(a) Within 12 months after the first Interstate Commission meeting, the Interstate Commission shall adopt rules to govern its conduct as may be necessary or appropriate to carry out the purposes of the compact.

(b) The Interstate Commission's rules shall establish conditions and procedures under which the Interstate Commission shall make its information and official records available to the public for inspection or copying.

II. Meetings.

(a) The Interstate Commission shall meet at least once each calendar year. The chairperson may call additional meetings and, upon the request of a simple majority of the member states, shall call additional meetings.

(b) Public notice shall be given by the Interstate Commission of all meetings, and all meetings shall be open to the public.

(c) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or other electronic communication.

III. Officers and staff.

(a) The Interstate Commission may, through its executive committee, appoint or retain a staff director for such period, upon such terms and conditions, and for such compensation as the

1 Interstate Commission may deem appropriate. The staff director shall serve as secretary to the
2 Interstate Commission but shall not have a vote. The staff director may hire and supervise such
3 other staff as may be authorized by the Interstate Commission.
4 (b) The Interstate Commission shall elect, from among its members, a chairperson and a
5 vice chairperson of the executive committee, and other necessary officers, each of whom shall have
6 such authority and duties as may be specified in the bylaws.
7 IV. Qualified immunity, defense, and indemnification.
8 (a) The Interstate Commission's staff director and its employees shall be immune from
9 suit and liability, either personally or in their official capacity, for a claim for damage to or loss of
10 property or personal injury or other civil liability caused or arising out of or relating to an actual or
11 alleged act, error, or omission that occurred or that such person had a reasonable basis for believing
12 occurred within the scope of Interstate Commission employment, duties, or responsibilities;
13 provided, however, that such person shall not be protected from suit or liability for damage, loss,
14 injury, or liability caused by a criminal act or the intentional or willful and wanton misconduct of
15 such person.
16 (b)(1) The liability of the Interstate Commission's staff director and employees or
17 Interstate Commission representatives, acting within the scope of such person's employment or
18 duties, for acts, errors, or omissions occurring within such person's state may not exceed the limits of
19 liability set forth under the Constitution and laws of that state for state officials, employees, and
20 agents. The Interstate Commission is considered to be an instrumentality of the states for the
21 purposes of any such action. Nothing in this subsection shall be construed to protect such person
22 from suit or liability for damage, loss, injury, or liability caused by a criminal act or the intentional
23 or willful and wanton misconduct of such person.
24 (2) The Interstate Commission shall defend the staff director and its employees and,
25 subject to the approval of the attorney general or other appropriate legal counsel of the member
26 state, shall defend the commissioner of a member state in a civil action seeking to impose liability
27 arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate
28 Commission employment, duties, or responsibilities, or that the defendant had a reasonable basis for
29 believing occurred within the scope of Interstate Commission employment, duties, or responsibilities;
30 provided, however, that the actual or alleged act, error, or omission did not result from intentional or
31 willful and wanton misconduct on the part of such person.
32 (3) To the extent not covered by the state involved, a member state, or the Interstate
33 Commission, the representatives or employees of the Interstate Commission shall be held harmless
34 in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such
35 persons arising out of an actual or alleged act, error, or omission that occurred within the scope of
36 Interstate Commission employment, duties, or responsibilities, or that such persons had a
37 reasonable basis for believing occurred within the scope of Interstate Commission employment,

duties, or responsibilities; provided, however, that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

ARTICLE XI

Rulemaking Functions of the Interstate Commission

I. The Interstate Commission shall promulgate and publish rules in order to effectively and efficiently achieve the purposes of the compact.

II. Rulemaking shall occur pursuant to the criteria set forth in this article and the bylaws and rules adopted pursuant thereto. Such rulemaking shall substantially conform to the principles of the "Model State Administrative Procedures Act," 1981 Act, Uniform Laws Annotated, Vol. 15, p. 1 (2000), or such other administrative procedure acts as the Interstate Commission deems appropriate, consistent with due process requirements under the United States Constitution as now or hereafter interpreted by the United States Supreme Court. All rules and amendments shall become binding as of the date specified, as published with the final version of the rule as approved by the Interstate Commission.

III. When promulgating a rule, the Interstate Commission shall, at a minimum:

(a) Publish the proposed rule's entire text stating the reasons for that proposed rule;

(b) Allow and invite any and all persons to submit written data, facts, opinions, and arguments, which information shall be added to the record and made publicly available; and

(c) Promulgate a final rule and its effective date, if appropriate, based on input from state or local officials or interested parties.

IV. Rules promulgated by the Interstate Commission shall have the force and effect of administrative rules and shall be binding in the compacting states to the extent and in the manner provided for in this compact.

V. Not later than 60 days after a rule is promulgated, an interested person may file a petition in the United States District Court for the District of Columbia or in the federal district court where the Interstate Commission's principal office is located for judicial review of such rule. If the court finds that the Interstate Commission's action is not supported by substantial evidence in the rulemaking record, the court shall hold the rule unlawful and set it aside.

VI. If a majority of the legislatures of the member states rejects a rule, those states may by enactment of a statute or resolution in the same manner used to adopt the compact cause that such rule shall have no further force and effect in any member state.

VII. The existing rules governing the operation of the Interstate Compact on the Placement of Children superseded by this act shall be null and void no less than 12 months but no more than 24 months after the first meeting of the Interstate Commission created hereunder, as determined by the members during the first meeting.

VIII. Within the first 12 months of operation, the Interstate Commission shall promulgate rules addressing the following:

(a) Transition rules.

(b) Forms and procedures.

(c) Timelines.

(d) Data collection and reporting.

(e) Rulemaking.

(f) Visitation.

(g) Progress reports and supervision.

(h) Sharing of information and confidentiality.

(i) Financing of the Interstate Commission.

(j) Mediation, arbitration, and dispute resolution.

(k) Education, training, and technical assistance.

(l) Enforcement.

(m) Coordination with other interstate compacts.

IX. Upon determination by a majority of the members of the Interstate Commission that an emergency exists:

(a) The Interstate Commission may promulgate an emergency rule only if it is required to:

(1) Protect the children covered by this compact from an imminent threat to their health, safety, and well-being;

(2) Prevent loss of federal or state funds; or

(3) Meet a deadline for the promulgation of an administrative rule required by federal law.

(b) An emergency rule shall become effective immediately upon adoption, provided that the usual rulemaking procedures provided hereunder shall be retroactively applied to the emergency rule as soon as reasonably possible, but no later than 90 days after the effective date of the emergency rule.

(c) An emergency rule shall be promulgated as provided for in the rules of the Interstate Commission.

ARTICLE XII

Oversight, Dispute Resolution, and Enforcement

I. Oversight.

(a) The Interstate Commission shall oversee the administration and operation of the compact.

(b) The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and the rules of the Interstate Commission and shall take all actions necessary and appropriate to effectuate the compact's purposes and intent. The compact and its

rules shall be binding in the compacting states to the extent and in the manner provided for in this compact.

(c) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact.

(d) The Interstate Commission shall be entitled to receive service of process in any action in which the validity of a compact provision or rule is the issue for which a judicial determination has been sought and shall have standing to intervene in any proceedings. Failure to provide service of process to the Interstate Commission shall render any judgment, order, or other determination, however so captioned or classified, void as to this compact, its bylaws, or rules of the Interstate Commission.

II. Dispute resolution.

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the compact and which may arise among member states and between member and nonmember states.

(b) The Interstate Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes among compacting states. The costs of such mediation or dispute resolution shall be the responsibility of the parties to the dispute.

III. Enforcement. If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact, its bylaws, or rules of the Interstate Commission, the Interstate Commission may:

(a) Provide remedial training and specific technical assistance;

(b) Provide written notice to the defaulting state and other member states of the nature of the default and the means of curing the default. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default;

(c) By majority vote of the members, initiate against a defaulting member state legal action in the United States District Court for the District of Columbia or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal office, to enforce compliance with the provisions of the compact, its bylaws, or rules of the Interstate Commission. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees; or

(d) Avail itself of any other remedies available under state law or the regulation of official or professional conduct.

ARTICLE XIII

Financing of the Commission

I. The Interstate Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

II. The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff, which must be in a total amount sufficient to cover the Interstate Commission's annual budget as approved by its members each year. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

III. The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet those obligations, nor shall the Interstate Commission pledge the credit of any of the member states, except by and with the authority of the member state.

IV. The Interstate Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Interstate Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Interstate Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Interstate Commission.

ARTICLE XIV

Member States, Effective Date, and Amendment

I. Any state is eligible to become a member state.

II. The compact shall become effective and binding upon legislative enactment of the compact into law by no less than 35 states. The effective date shall be the later of July 1, 2007, or upon enactment of the compact into law by the thirty-fifth state. Thereafter, it shall become effective and binding as to any other member state upon enactment of the compact into law by that state. The executive heads of the state human services administration with ultimate responsibility for the child welfare program of nonmember states or their designees shall be invited to participate in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the compact by all states.

III. The Interstate Commission may propose amendments to the compact for enactment by the member states. No amendment shall become effective and binding on the member states unless and until it is enacted into law by unanimous consent of the member states.

ARTICLE XV

Withdrawal and Dissolution

I. Withdrawal.

(a) Once effective, the compact shall continue in force and remain binding upon each and every member state, provided that a member state may withdraw from the compact by specifically repealing the statute which enacted the compact into law.

(b) Withdrawal from this compact shall be by the enactment of a statute repealing the compact. The effective date of withdrawal shall be the effective date of the repeal of the statute.

1 (c) The withdrawing state shall immediately notify the president of the Interstate
2 Commission in writing upon the introduction of legislation repealing this compact in the
3 withdrawing state. The Interstate Commission shall then notify the other member states of the
4 withdrawing state's intent to withdraw.
5 (d) The withdrawing state is responsible for all assessments, obligations, and liabilities
6 incurred through the effective date of withdrawal.
7 (e) Reinstatement following withdrawal of a member state shall occur upon the
8 withdrawing state reenacting the compact or upon such later date as determined by the members of
9 the Interstate Commission.
10 II. Dissolution of compact.
11 (a) This compact shall dissolve effective upon the date of the withdrawal or default of the
12 member state which reduces the membership in the compact to one member state.
13 (b) Upon the dissolution of this compact, the compact becomes null and void and shall be
14 of no further force or effect, and the business and affairs of the Interstate Commission shall be
15 concluded and surplus funds shall be distributed in accordance with the bylaws.
16 ARTICLE XVI
17 Severability and Construction
18 I. The provisions of this compact shall be severable, and, if any phrase, clause, sentence, or
19 provision is deemed unenforceable, the remaining provisions of the compact shall be enforceable.
20 II. The provisions of this compact shall be liberally construed to effectuate its purposes.
21 III. Nothing in this compact shall be construed to prohibit the concurrent applicability of
22 other interstate compacts to which the states are members.
23 ARTICLE XVII
24 Binding Effect of Compact and Other Laws
25 I. Other laws. Nothing in this compact prevents the enforcement of any other law of a
26 member state that is not inconsistent with this compact.
27 II. Binding effect of the compact.
28 (a) All lawful actions of the Interstate Commission are binding upon the member states.
29 (b) All agreements between the Interstate Commission and the member states are
30 binding in accordance with their terms.
31 (c) In the event any provision of this compact exceeds the constitutional limits imposed
32 on the legislature or executive branch of any member state, such provision shall be ineffective to the
33 extent of the conflict with the constitutional provision in question in that member state.
34 ARTICLE XVIII
35 Indian Tribes
36 Notwithstanding any other provision in this compact, the Interstate Commission may promulgate
37 guidelines to permit Indian tribes to utilize the compact to achieve any or all of the purposes of the

compact as specified in Article I. The Interstate Commission shall make reasonable efforts to consult with Indian tribes in promulgating guidelines to reflect the diverse circumstances of the various Indian tribes.

49 Adoption; Assessment. Amend RSA 170-B:18, IV to read as follows:

IV. The department or a licensed child-placing agency making the required assessment may request other departments or licensed child-placing agencies within or outside this state to make the assessment or designated portions thereof as may be appropriate. Where such written assessments are made, a written report shall be filed with the court; provided, however, said report shall not violate RSA 170-A, the interstate compact [~~on~~] ***for*** the placement of children.

50 Applicability Sections 48-49 of this act, relative to the 2009 edition of the Interstate Compact for the Placement of Children, shall take effect on the date that the commissioner of the department of health and human services certifies to the director of the office of legislative services and the secretary of state that 35 compacting states, including New Hampshire, have enacted the 2009 edition of the Interstate Compact for the Placement of Children.

51 Child Day Care Licensing; Definitions RSA 170-E:2, IV(g) is repealed and reenacted to read as follows:

(g) "School-age program" means a child day care agency providing child day care before or after, or before and after, regular school hours, and all day any time school is not in session, for 6 or more children enrolled in school, who are 4 years and 8 months of age or older, and which is not licensed under RSA 170-E:56. The number of children shall include all children present during the period of the program, including those children related to the caregiver.

52 New Section; Residential Care and Child-Placing Agency Licensing; Deemed Licensed. Amend RSA 170-E by inserting after section 31 the following new section:

170-E:31-a Deemed Licensed. Any qualified residential treatment program accredited by organizations as specified in Title 42 of the Social Security Act, 42 U.S.C. section 672(k)(4)(G), as amended, shall submit a completed license application or renewal application. Such child care institutions and child care agencies defined as group homes, specialized care, or homeless youth programs, shall be deemed licensed under this subdivision and shall be exempt from inspections carried out under RSA 170-E:31, IV. This section shall only apply to the activities or portions of the facility or agency accredited under Title 42 of the Social Security Act, 42 U.S.C. section 672(k)(4)(G), as amended.

53 Recreation Camp Licensing; Availability of Epinephrine Auto-Injector. Amend RSA 170-E:61 to read as follows:

170-E:61 Availability of Epinephrine Auto-Injector. The recreational camp nurse or, if a nurse is not assigned to the camp, the recreational camp administrator shall maintain for the use of a child with severe allergies at least one epinephrine auto-injector, provided by the child or the child's parent or guardian, [~~in the nurse's office or in a similarly accessible location~~] ***which shall be***

readily accessible to the recreational camp staff caring for children requiring such medications.

54 New Section; Recreation Camp Licensing; Availability of Asthma Inhalers. Amend RSA 170-E by inserting after section 63 the following new section:

170-E:63-a Availability of Asthma Inhalers. The recreational camp nurse or, if a nurse is not assigned to the camp, the recreational camp administrator shall maintain for the use of a child with asthma at least one metered dose inhaler or a dry powder inhaler, provided by the child or the child's parent or guardian, which shall be readily accessible to the recreational camp staff caring for children requiring such medications.

55 New Paragraph; Services for Children, Youth, and Families; Peer Support Program. Amend RSA 170-G:3 by inserting after paragraph VII the following new paragraph:

VIII. The commissioner may establish a confidential peer support program for the purpose of providing critical incident stress management and crisis intervention services for staff exposed to critical incidents and trauma through the course of their employment.

(a) In this section:

(1) "Critical incident" means any incident that has a high emotional impact on the responders, or is beyond the realm of a person's usual experience that overwhelms his or her sense of vulnerability and/or lack of control over the situation.

(2) "Critical incident stress" means a normal reaction to an abnormal event that has the potential to interfere with normal functioning and that results from the response to a critical incident or long-term occupational exposure to a series of critical incident responses over a period of time that are believed to be causing debilitating stress that is affecting an emergency service provider and his or her work performance or family situation. This may include, but is not limited to, physical and emotional illness, failure of usual coping mechanisms, loss of interest in the job, personality changes, or loss of ability to function.

(3) "Critical incident stress management" means a process of crisis intervention designed to assist employees in coping with the psychological trauma resulting from response to a critical incident.

(4) "Critical incident stress management and crisis intervention services" means consultation, counseling, debriefing, defusing, intervention services, management, prevention, and referral provided by a critical incident stress management team member.

(5) "Critical incident stress management team" or "team" means the group of one or more trained volunteers, including members of peer support groups who offer critical incident stress management and crisis intervention services following a critical incident or long term or continued, debilitating stress being experienced by employees and affecting them or their family situation.

(6) "Critical incident stress management team member" or "team member" means an employee, including any specially trained to provide critical incident stress management and crisis intervention services as a member of an organized team.

(7) "Debriefing" means a closed, confidential discussion of a critical incident relating to the feelings and perceptions of those directly involved prior to, during, and after a stressful event. It is intended to provide support, education, and an outlet for associated views and feelings. Debriefings do not provide counseling or an operational critique of the incident.

(b)(1) Any information divulged to the team or a team member during the provision of critical incident stress management and crisis intervention services shall be kept confidential and shall not be disclosed to a third party or in a criminal, civil, or administrative proceeding. Records kept by critical incident stress management team members are not subject to subpoena, discovery, or introduction into evidence in a criminal, civil, or administrative action. Except as provided in subparagraph (c), no person, whether critical incident stress management team member or team leader providing or receiving critical incident stress management and crisis intervention services, shall be required to testify or divulge any information obtained solely through such crisis intervention.

(2) In any civil action against any individual, or the department, including the state of New Hampshire, arising out of the conduct of a member of such team, this section is not intended and shall not be admissible to establish negligence in any instance where requirements herein are higher than the standard of care that would otherwise have been applicable in such action under state law.

(c) A communication shall not be deemed confidential pursuant to this section if:

(1) The communication indicates the existence of a danger to the individual who receives critical incident stress management and crisis intervention services or to any other person or persons;

(2) The communication indicates the existence of past child abuse or neglect of the individual, abuse of an adult as defined by law, or family violence as defined by law; or

(3) The communication indicates the existence of a danger to the individual who receives critical incident stress management and crisis intervention services or to any other person or persons.

56 New Paragraph; Services for Children, Youth, and Families; Procurement Model for Services. Amend RSA 170-G:4-d by inserting after paragraph I the following new paragraph:

I-a. The commissioner shall employ a procurement model for administering the provision of therapeutic-based residential behavioral health treatment services provided pursuant to RSA 170-G and RSA 135-F. All contracts shall incorporate the use of trauma-focused models of care. In cases where the unique needs of a juvenile or the capacity of a contracted provider prevent the use of a contracted provider, the commissioner may approve and shall pay for placement with another

certified provider on a temporary basis if the commissioner determines that the placement is necessary to meet the juvenile's immediate treatment needs.

57 Repeal. RSA 170-G:8-b, IV, relative to an annual report of informational materials relating to missing children issues and matters, is repealed.

58 Services for the Developmentally Disabled; Funding for Wait List. Amend the introductory paragraph of RSA 171-A:1-a, I to read as follows:

I. The department of health and human services and area agencies shall provide services to eligible persons under this chapter and persons eligible for the brain injury program under RSA 137-K in a timely manner. The department and area agencies shall provide ***funding for*** services in such a manner that:

59 Coverage Plan for Services to Individuals with Developmental Disabilities. The department of health and human services in collaboration with the department of education, the Disability Rights Center-New Hampshire, and the representatives of the 10 area agencies shall develop a plan by October 1, 2021 that provides coverage for services to individuals with developmental disabilities aged 18-21 enrolled in school and determined eligible for developmental services that are not the responsibility of the local education agency, another state agency, or another division of the department. Such a plan shall estimate the number of eligible individuals likely to need such services, the costs of providing such services, and reimbursement mechanisms for service providers.

60 Services for the Developmentally Disabled; Wait List. Amend RSA 171-A:1-a, II to read as follows:

II. [~~Beginning with the fiscal year ending June 30, 2010, and thereafter,~~] The department of health and human services shall incorporate ***in its appropriation requests*** the cost of fully funding services to eligible persons, in accordance with the requirements of paragraph I, and as otherwise required under RSA 171-A, and the legislature shall appropriate sufficient funds to meet such costs and requirements.

61 Fund for Domestic Violence Grant Program. Amend RSA 173-B:15 to read as follows:

173-B:15 Fund for Domestic Violence Grant Program. A special fund for domestic violence programs is established. The sole purpose of the fund shall be to provide revenues for the domestic violence program established in RSA 173-B:16, and shall not be available for any other purpose. The state treasurer shall deposit all fees received by the department under RSA 457:29***, 457:32-b, and 631:2-b, V*** in the fund. All moneys deposited in the fund shall be continually appropriated for the purposes of the domestic violence grant program and shall not lapse.

62 Granite Workforce Program. Amend 2018, 342:9, as amended by 2019, 346:158, to read as follows:

342:9 Termination of Granite Workforce Program.

I. The commissioner of the department of health and human services shall be responsible for determining, every 3 months commencing no later than December 31, 2018, whether available TANF

reserve funds total at least $5,000,000. If at any time the commissioner determines that available TANF reserve funds have fallen below $5,000,000, the commissioners of the departments of health and human services and employment security shall, within 20 business days of such determination, terminate the granite workforce program. The commissioners shall notify the governor, the speaker of the house of representatives, the president of the senate, the chairperson of the fiscal committee of the general court, and granite workforce participants of the program's pending termination. ***The commissioners shall have the discretion to limit granite workforce program services based on the availability of appropriated, available, or reserve funds.***

II. If at any time the New Hampshire granite advantage health care program, established under RSA 126-AA, terminates, the commissioners of the departments of health and human services and employment security shall terminate the granite workforce program. The date of the granite workforce program's termination shall align with that of the New Hampshire granite advantage health care program.

III. If the work and community engagement waiver is held invalid, or is not approved, or is withdrawn by the Centers for Medicare and Medicaid Services, the granite workforce program shall be suspended until such time that the work and community engagement waiver is approved or revalidated.

63 Health Facility Licensure; Effective Dates Amended. Amend 2020, 39:72, V-VI to read as follows:

V. Sections 55-57[~~, 64-67, and 69~~] ***and 64*** of this act shall take effect July 1, 2020.

VI. Sections 5[~~,~~] ***and*** 60[~~, and 68~~] of this act shall take effect July 1, 2021.

64 Milk Sanitation Code; Terms Defined. Amend RSA 184:79, XIII to read as follows:

XIII. The term "milk plant" means any place, premises, or establishment where milk or milk products are collected, handled, processed, stored, pasteurized, bottled, packaged, or prepared for distribution, except an establishment where milk or milk products are sold at retail only. ***This term shall include wash stations where milk tank trucks are cleaned and sanitized.***

65 Milk Sanitation Code; License Fees. Amend RSA 184:85, IV to read as follows:

IV. All fees collected under this section shall be forwarded to the state treasurer. The state treasurer shall credit all moneys received under this section, and interest received on such money, to [~~a~~] ***the public health services*** special fund ***established in RSA 143:11,*** from which [~~he~~] ***the department*** shall pay all the expenses of the department incident to the licensing and regulation of milk plants, milk distributors and milk producer-distributors. [~~This fund shall not lapse.~~]

66 New Subdivision; Administration of Epinephrine. Amend RSA 329 by inserting after section 1-g the following new subdivision:

Administration of Epinephrine

329:1-h Administration of Epinephrine.

I. In this section:

1 (a) "Administer" means the direct application of an epinephrine auto-injector to the body
2 of an individual.
3 (b) "Authorized entity" means any entity or organization in which allergens capable of
4 causing anaphylaxis may be present, including recreation camps and day care facilities. Authorized
5 entity shall not include an elementary or secondary school or a postsecondary educational institution
6 eligible to establish policies and guidelines for the emergency administration of epinephrine under
7 RSA 200-N.
8 (c) "Epinephrine auto-injector" means a single-use device used for the automatic
9 injection of a premeasured dose of epinephrine into the human body.
10 (d) "Health care practitioner" means a person who is lawfully entitled to prescribe,
11 administer, dispense, or distribute controlled drugs.
12 (e) "Provide" means to furnish one or more epinephrine auto-injectors to an individual.
13 II. A health care practitioner may prescribe epinephrine auto-injectors in the name of an
14 authorized entity for use in accordance with this section, and pharmacists and health care
15 practitioners may dispense epinephrine auto-injectors pursuant to a prescription issued in the name
16 of an authorized entity.
17 III. An authorized entity may acquire and maintain a supply of epinephrine auto-injectors
18 pursuant to a prescription issued in accordance with this section. Such epinephrine auto-injectors
19 shall be stored in a location readily accessible in an emergency and in accordance with the
20 instructions for use, and any additional requirements that may be established by board of medicine.
21 An authorized entity shall designate employees or agents who have completed the training required
22 by paragraph V to be responsible for the storage, maintenance, control, and general oversight of
23 epinephrine auto-injectors acquired by the authorized entity.
24 IV. An employee or agent of an authorized entity, or other individual, who has completed the
25 training required by paragraph V may use epinephrine auto-injectors prescribed pursuant to this
26 section to:
27 (a) Provide an epinephrine auto-injector to any individual who the employee agent or
28 other individual believes in good faith is experiencing anaphylaxis, or the parent, guardian, or
29 caregiver of such individual, for immediate administration, regardless of whether the individual has
30 a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy.
31 (b) Administer an epinephrine auto-injector to any individual who the employee, agent,
32 or other individual believes in good faith is experiencing anaphylaxis, regardless of whether the
33 individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with
34 an allergy.
35 V.(a) An employee, agent, or other individual described in paragraph IV shall complete an
36 anaphylaxis training program at least every 2 years, following completion of the initial anaphylaxis
37 training program. Such training shall be conducted by a nationally-recognized organization

experienced in training unlicensed persons in emergency health care treatment or an entity or individual approved by the board of medicine. Training may be conducted online or in person and, at a minimum, shall cover:

(1) How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis;

(2) Standards and procedures for the storage and administration of an epinephrine auto-injector; and

(3) Emergency follow-up procedures.

(b) The entity or individual that conducts the training shall issue a certificate, on a form developed or approved by the board of medicine to each person who successfully completes the anaphylaxis training program.

VI. No authorized entity that possesses and makes available epinephrine auto-injectors and its employees, agents, and other individuals, or health care practitioner that prescribes or dispenses epinephrine auto-injectors to an authorized entity, or pharmacist or health care practitioner that dispenses epinephrine auto-injectors to an authorized entity, or individual or entity that conducts the training described in paragraph V, shall be liable for any injuries or related damages that result from any act or omission pursuant to this section, unless such injury or damage is the result of willful or wanton misconduct. The administration of an epinephrine auto-injector in accordance with this section shall not be considered to be the practice of medicine or any other profession that otherwise requires licensure. This section shall not be construed to eliminate, limit, or reduce any other immunity or defense that may be available under state law. An entity located in this state shall not be liable for any injuries or related damages that result from the provision or administration of an epinephrine auto-injector outside of this state if the entity would not have been liable for such injuries or related damages had the provision or administration occurred within this state, or is not liable for such injuries or related damages under the law of the state in which such provision or administration occurred.

67 Guardians and Conservators; Termination of Guardianship. Amend RSA 464-A:40, V(a) to read as follows:

V.(a) If, within 30 days after the date of a testate or intestate ward's death, no petition for probate has been filed under any section of RSA 553 and the gross value of the personal property remaining in the possession of the guardian belonging to the deceased, including any amount left in designated accounts for the ward, is no more than [~~$5,000~~] ***$10,000***, the guardian may file in the probate court in the county having jurisdiction over the guardianship an affidavit for the purpose of disposing of such deceased ward's estate. Once approved by the court, the guardian shall be authorized to dispose of the ward's accounts in a manner consistent with the court's order. The form of the affidavit, and the rules governing proceedings under this section, shall be provided by the probate court pursuant to RSA 547:33.

1 68 Custody and Escheat of Unclaimed or Abandoned Property; Filing of Claim. Amend RSA
2 471-C:26, I(c)(2)-(3) to read as follows:
3 (2) Except as provided in subparagraphs (5)-(7), in the case of a closed estate where
4 the unclaimed property is valued at less than [~~$5,000~~] ***$10,000*** and does not include securities in
5 share form, in accordance with the final distribution of assets as approved by the probate court.
6 (3) Except as provided in subparagraphs (5)-(7), in the absence of an open estate or
7 probate court decree of final distribution, and the unclaimed property is valued at less than [~~$5,000~~]
8 ***$10,000*** and does not include securities in share form, by the surviving spouse of the deceased
9 owner, or, if there is no surviving spouse, then to the next of kin in accordance with the provisions of
10 RSA 561:1.
11 69 Applicability. Sections 67-68 of this act shall apply to affidavits or claims filed on or after the
12 effective date of this section.
13 70 New Subparagraph; New Hampshire Retirement System; Definitions. Amend RSA 100-A:1,
14 VII by inserting after subparagraph (g) the following new subparagraph:
15 (h) The bureau chief for emergency preparedness and response with the department of
16 health and human services, division of health public services who:
17 (1) Has the authority and responsibility to engage in the prevention and control of
18 public health incidents or emergencies;
19 (2) As a job requirement is fully certified as an emergency preparedness official
20 qualified to administer emergency planning, response and recovery activities in the event of natural
21 disasters, public health crises or similar incidents; and
22 (3) As a job requirement shall meet all physical, mental, educational, and other
23 qualifications for continuing certification as an emergency preparedness official that may be
24 established by the certifying authority.
25 71 Department of Health and Human Services; Plan for Legislation. The department of health
26 and human services shall consult with representatives of case management agencies and providers
27 to discuss potential licensure of case managers and present a plan for draft legislation to the speaker
28 of the house of representatives and the senate president by November 1, 2021.
29 72 Effective Date.
30 I. Sections 48-49 of this act shall take effect as provided in section 50 of this act.
31 II. Sections 3-4, 6, 10, 12-32, and 70 of this act shall take effect 60 days after its passage.
32 III. Sections 39-40 and 67-69 of this act shall take effect July 1, 2021.
33 IV. The remainder of this act shall take effect upon its passage.

LBA
21-0464
Amended 3/29/21

SB 162-FN- FISCAL NOTE

AS AMENDED BY THE SENATE (AMENDMENTS #2021-0778s and #2021-0850s)

AN ACT relative to the department of health and human services, the New Hampshire granite advantage health care trust fund, and health facility licensure.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**
Appropriation	$0	$0	$0	$0
Revenue	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Funding Source:	[X] General	[ ] Education	[ ] Highway	[X] Other

METHODOLOGY:

This bill amends several provisions relative to programs administered by the Department of Health and Human Services (DHHS) as summarized below. DHHS and other affected agencies anticipated no fiscal impact unless otherwise specified.

- Sections 1, 2, 7, 35-38, 61 and 65 all relate to a DHHS internal project to review dedicated funds administered by the agency and identify statutory gaps, aligning funds for specific programs and application of receipts to a specific corresponding treasury account in RSA 6:12, I(b). Funds that have been identified for this statutory "clean-up" exercise include: the fund for Domestic Violence Grant Program, the Public Health Services Special Fund, Radiological Health Programs, and the Mosquito Control Fund.

- Sections 3 aligns the working and legal title for the unclassified director of Medicaid enterprise development.

- Section 4 eliminates certain qualifiers for three unclassified associate commissioner to provide greater flexibility for the DHHS Commissioner to align these positions as needed to certain programmatic areas as the agency evolves to create greater efficiencies.

- Section 5 requires an emergency services plan. DHHS expects no fiscal impact.

- Sections 6, 10, and 70 authorize DHHS to recruit prospective candidates from Group II retirement, without the candidate losing Group II status, for the position of bureau chief for emergency preparedness and response with the DHHS Division of Public Health Services. The New Hampshire Retirement System states that since the extension of Group II status will affect only one position, the fiscal impact of this provision will likely be minimal.

- Section 8 amends the DHHS ombudsman's authority to focus responsibilities to servicing clients and eliminating the reference to "employees" where support is provided through the employee assistance program and existing personnel process through human resources.

- Sections 9, 41, 43, 45, and 57 eliminate redundant, outdated, and unnecessary reporting requirements, and DHHS consequently anticipates an indeterminable decease in demand on agency staff and personnel resources.

- Section 11 repeals RSA 126-A:50 through RSA 126-A:59, RSA 126-A:61, and RSA 126-A:63, relative to the housing security guarantee program and related treasury fund where DHHS funds housing support services through another funding mechanism.

- Sections 12-32 makes numerous technical revisions to the statutes related to the DHHS Therapeutic Cannabis Program under RSA 126-X.

- Section 33 amends RSA 126-AA;3, I, to authorize Medicaid enhancement tax (MET) funds be deposited into the Granite Advantage Health Care Program Trust Fund for certain purposes. Specifically, the funds will be used for the limited purpose of funding the Granite Advantage Health Care Program member portion of provider payments, in the form of directed payments, payable to critical access hospitals as outlined in RSA 167:64 (as amended by HB 1817, Chapter 162:32 Laws of 2018).

- Sections 39, 40 and 67-68 relate to increasing the jurisdiction limits from $5,000 to $10,000 for probate administration of estates that have minimal assets. These sections are anticipated to reduce demands on DHHS estate recoveries unit staffing resources in an indeterminable amount.

- Section 42 amends RSA 161-F:46 to authorize a report to the DHHS adult protective services central registry in circumstances where the vulnerable adult is no longer

living. Current law has been interpreted to only allow reports in cases where the vulnerable adult is living at the time of the investigation and finding of abuse or neglect.

- Sections 42 (paragraph III) and 44 relate to the repeal of RSA 165:20-c relative to the DHHS liability to municipalities for reimbursement of certain cash benefits in the event the agency fails to timely process an application for eligible benefits from the agency. The reimbursement is capped at an aggregate of $100,000 annually for municipalities making such a claim. DHHS notes that since the law has been in effect that there have only been inquiries from certain municipalities on RSA 165:20-c, however, no claims have been filed with DHHS as of this date. Therefore, the fiscal impact of this section is indeterminable with the greatest exposure for recovery of $100,000 against DHHS in any given year.

- Section 46 establishes a new RSA 169-C:12-f I, providing that the court may order a parent, guardian, custodian, or other caregiver to produce a child for the purpose of an investigatory interview, including a multidisciplinary team interview in accordance with RSA 169-C:34-a or an interview or evaluation by any other expert necessary for the purpose of the investigation of suspected abuse or neglect. DHHS assumes that it will absorb any cost within existing staffing and administrative resources.

- Section 47 is follow-up legislation from HB 1162 (2020) that expands the type of employers permitted to require that employees submit their names to the child abuse and neglect central registry as a condition of employment to include those residential settings providing developmental services under RSA 171-A.

- Sections 48-50 enacts the 2009 edition of the Interstate Compact on Child Placement, contingent upon its enactment in 34 other states. The Judicial Branch anticipates that the fiscal impact will be minor if the Interstate Compact on Child Placement is implemented.

- Section 51 repeals and reenacts the definition of “school-age program” under child care licensing found at RSA 170-E:2, IV(g) to read as follows: “(g) "School-age program" means a child day care agency providing child day care before or after, or before and after, regular school hours, and all day any time school is not in session, for 6 or more children enrolled in school, who are 4 years and 11 months of age or older, and which is not licensed under RSA 170-E:56. The number of children shall

include all children present during the period of the program, including those children related to the caregiver."

- Section 52 provides that qualified residential treatment programs accredited under federal law shall be deemed licensed under RSA 170-E. This section required pursuant to Social Security Act, 42 U.S.C. section 672(k)(4)(G), as amended. DHHS anticipates the fiscal impact for this section is indeterminable.

- Sections 53 and 54 provides that summer camps licensed by DHHS shall have asthma inhalers and epi-pens immediately accessible under RSA 170-E.

- Section 55 authorizes the DHHS Commissioner to establish a confidential peer support program to provide stress management and crisis intervention services to staff exposed to critical incidents and trauma through the course of their employment. DHHS anticipates any cost for the proposed peer support program to be absorbed using existing resources.

- Section 56 establishes criteria governing the use of contracted providers in the DHHS child welfare program.

- Sections 58-60 require coverage plans for services to individuals with developmental disabilities. DHHS assumes no fiscal impact will result from this provision.

- Section 62 relates to the Granite Workforce Program authorizing the commissioners from Employment Security and DHHS the discretion to limit Granite Workforce Program services based on the availability of appropriated, available, or reserve funds. It also provides if the work and community engagement waiver is held invalid, or is not approved by the Centers for Medicare and Medicaid Services, the granite workforce program be suspended until such time that the work and community engagement waiver is approved or revalidated.

- Section 63 seeks to align the effective dates to July 1, 2020 regarding repeal of the old process and establishment of the new special health care licensing review and approval process under RSA 151:4-a.

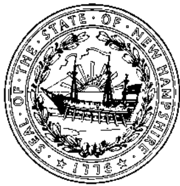
- Section 64 amends RSA 184:79, XIII to include as part of milk sanitation to the definition of "milk plant" shall include wash stations where milk tank trucks are

cleaned and sanitized. DHHS assumes that it will absorb any cost within existing staffing and administrative resources.

- Sections 65-66 transfer the responsibilities for certain training around the administration of epinephrine in non-academic or school settings from DHHS to the Office of Professional Licensure and Certification, Board of Medicine. DHHS anticipates that any fiscal impact resulting from these sections would be less than $10,000.

AGENCIES CONTACTED:

Judicial Branch, State Treasury, Department of Health and Human Services, and New Hampshire Retirement System



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Christina Dyer, Committee Researcher
(603) 271-3385; Christina.Dyer@leg.state.nh.us

TO: **Representative Mark Pearson**
Chair, Health, Human Services, and Elderly Affars Committee

FROM: **Christina Dyer**
Committee Researcher

DATE: **April 29, 2021**

SUBJ: **SB 162**

Please find attached a document noting relevant changes, overviews, and historical references for specific sections of the omnibus bill SB 162.

As always, do not hesitate to reach out with additional questions or requests,

Best,

Christina Dyer

Committee Researcher
House Committee Services
603-271-3385

Senate Bill 162	Notes
1 Application of Receipts; Fund for Domestic Violence Grant Program. Amend RSA 6:12, I(b)(12) to read as follows: (12) Moneys received under RSA 457:29, ***457:32-b, and 631:2-b, V*** which shall be credited to the special fund for domestic violence programs ***established in RSA 173-B:15***.	1.Sections 1, 2, 7, 35-37, 61 and 64 have language taken from 2020 SB 674-FN, request by DHHS. Died on the table in the House. Adds funding from: RSA 457:32b-Special Officiant Licensing and RSA 631:2-b, V Relative to the $50 fee charged for each domestic violence conviction
2 Application of Receipts; Public Health Services Special Fund. Amend RSA 6:12, I(b)(15) to read as follows: (15) Money received under RSA ***125-F:22,*** 143:11***, 143:22-a, 143-A:6,*** and 184:85, which shall be credited to the public health services special fund ***established in RSA 143:11, III***.	2. Adds funding from RSA 125-F:22 civil penalties related to the Radiological Health Program RSA 143:22-a relative to Shellfish Certificate Fees RSA 143-A:6 relative to Food Service Licensure
3 Compensation of Certain State Officers; Health and Human Services Positions Amended. Amend the following position in RSA 94:1-a, I(b), grade GG to read as follows: GG Department of health and human services director of [~~program planning and integrity~~] ***Medicaid enterprise development***	
4 Compensation of Certain State Officers; Health and Human Services Positions Amended. Amend the following positions in RSA 94:1-a, I(b), grade JJ to read as follows: JJ Department of health and human services associate commissioner [~~of~~	

Senate Bill 162	Notes
~~human services and behavioral health~~] JJ Department of health and human services associate commissioner [~~of operations~~] JJ Department of health and human services associate commissioner [~~for population health~~] [~~JJ Department of health and human services associate commissioner, operations~~ ~~JJ Department of health and human services associate commissioner, population health~~] 5 Department of Health and Human Services; Emergency Services Plan. The department of health and human services in collaboration with all New Hampshire hospitals that operate emergency facilities shall draft a plan to be presented to the speaker of the house of representatives, the senate president and the governor's office by September 1, 2021 that details the necessary emergency services offered for medical treatment of both physical and behavioral health. Such a plan shall include any recommendations for future legislation or required funding to ensure sufficient physical and behavioral health services.	5. Directs DHHS to complete an Emergency services plan: -in collaboration with all NH Hospital with emergency facilities -details the necessary emergency services offered for medical treatment of both physical and behavioral health -Includes recommendations for future legislation or required funding to ensure services -Completed by September 1, 2021

Senate Bill 162	Notes
6 New Subparagraph; New Hampshire Retirement System; Definitions. Amend RSA 100-A:1, VIII by inserting after subparagraph (b) the following new subparagraph: (c) The bureau chief for emergency preparedness and response with the department of health and human services, division of health public services who: (1) Has the authority and responsibility to engage in the prevention and control of public health incidents or emergencies; (2) As a job requirement is fully certified as an emergency preparedness official qualified to administer emergency planning, response and recovery activities in the event of natural disasters, public health crises or similar incidents; and (3) As a job requirement shall meet all physical, mental, educational, and other qualifications for continuing certification as an emergency preparedness official that may be established by the certifying authority. 7 Radiological Health Programs; Civil Penalties. Amend RSA 125-F:22, IV to read as follows: IV. Upon request of the department of health and human services, the department of justice is authorized to institute civil action to collect a penalty imposed pursuant to this section. The attorney general shall have the exclusive power to compromise, mitigate, or remit	6. Amends RSA 100-A:1, VIII relative to "permanent fireman" -adds designation and duties for bureau chief of emergency preparedness and response

Senate Bill 162	Notes
such civil penalties as are referred to [~~him~~] ***the attorney general*** for collection. All civil penalties collected under this section shall be forwarded to the state treasurer. The state treasurer shall deposit all moneys received under this section, and interest received on such money, to the public health services special fund, [~~which shall be nonlapsing~~]***, established in RSA 143:11, from which the department of health and human services shall pay expenses incident to the administration of this chapter***.	7. Amend RSA 125-F:22, IV, civil penalties related to the Radiological Health Program -Directs civil penalties to be put into an established fund found in RSA 143:11 relative to licensure and fees from Manufacture and Sale of Beverages. -Designates DHHS to pay for administration of the program from the same fund.
8 Department of Health and Human Services; Office of the Ombudsman. Amend RSA 126-A:4, III to read as follows: III. The department shall establish an office of the ombudsman to provide assistance to clients [~~and employees~~] of the department by investigating and resolving complaints regarding any matter within the jurisdiction of the department including services or assistance provided by the department or its contractors. The ombudsman's office may provide mediation or other means for informally resolving complaints. The records of the ombudsman's office shall be confidential and shall not be disclosed without the consent of the client [~~or employee~~] on whose behalf the complaint is made, except as may be necessary to assist the service provider [~~or the employee's supervisor~~] to resolve the complaint, or as required by law.	8. Amends RSA 126-A:4, III and removes employees from covered persons.
9 Repeal. RSA 126-A:5, II-a, relative to an annual report of an	

Senate Bill 162	Notes
aggregate schedule of payables for class 90 grant lines, is repealed.	
10 New Section; Department of Health and Human Services; Status in Retirement System. Amend RSA 126-A by inserting after section 5-e the following new section: 126-A:5-f Status in Retirement System. For purposes of classification under RSA 100-A, any person who is or becomes the bureau chief for emergency preparedness with the department's division of health public services, shall be included in the definition of group II under RSA 100-A:1, VII(h) and VIII(c) under the retirement system, provided that, notwithstanding RSA 100-A:1, VII(h) or VIII(c), any person not already a group II member for at least 10 years during or prior to his or her appointment shall be eligible for or remain as a group I member for the duration of service as the bureau chief for emergency preparedness.	
11 Repeal. The following are repealed: I. RSA 126-A:50 through RSA 126-A:59, RSA 126-A:61, and RSA 126-A:63, relative to the housing security guarantee program. II. RSA 6:12, I(b)(255), relative to moneys deposited in the homeless housing and access revolving loan fund, established in RSA 126-A:63.	11. Repeals the housing security guarantee program and the revolving loan fund. See RSA 126-A:50-59, RSA 126-A:61, and RSA 126-A:63 Per RSA 6:12,I (b) the fund is directed to general revenue

Senate Bill 162	Notes
12 Youth Access to and Use of Tobacco Products. Amend RSA 126-K:1 to read as follows: 126-K:1 Purpose. The purpose of this chapter is to protect the citizens of New Hampshire from the possibility of addiction, disability, and death resulting from the use of tobacco products by ensuring that tobacco products will not be supplied to persons under the age of 21. ***This chapter shall not apply to individuals who have been issued a registry identification card under RSA 126-X:4 or alternative treatment centers registered under RSA 126-X:7 with respect to the therapeutic use of cannabis.***	12. RSA 126-K:1, specifically the age requirement, does not apply to registered card holders of the Therapeutic Cannabis Program
13 Youth Access to and Use of Tobacco Products; Possession and Use. Amend RSA 126-K:6, I to read as follows: I. No person under 21 years of age shall purchase, attempt to purchase, possess, or use any tobacco product, e-cigarette, device, or e-liquid [~~except individuals who have been issued a registry identification card under RSA 126-X:4 may purchase, possess and use e-liquids containing cannabis and applicable devices as allowed under RSA 126-X~~].	13. Removes language regarding registered card holders
14 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, VII(b) to read as follows: (b) For a visiting qualifying patient, "provider" means an	14. Sections 14- 32 contain language from 2020 SB 97-FN and 2020 SB 703-FN, requests from DHHS. Both died on the table. Amends RSA 126-X:1,VII (b) by removing the language: *"Such visiting patient shall not be eligible to purchase or transfer cannabis from an eligible New Hampshire patient"*

Senate Bill 162	Notes
individual licensed to prescribe drugs to humans in the state of the patient's residence and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances. [~~Such visiting patient shall not be eligible to purchase or transfer cannabis from an eligible New Hampshire patient.~~]	
Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XI to read as follows: XI. "Registry identification card" means a document indicating the date issued***, effective date,*** and expiration date by the department pursuant to RSA 126-X:4 that identifies an individual as a qualifying patient or a designated caregiver. 16 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XVII to read as follows: XVII. "Written certification" means documentation of a qualifying medical condition by a provider pursuant to rules adopted by the department pursuant to RSA 541-A for the purpose of issuing registry identification cards, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a provider-patient relationship. [~~The date of issuance and the patient's qualifying medical condition, symptoms or side effects, the~~	-XI by adding "effective date" to the ID card -XVII by removing the language: "The date of issuance and the patient's qualifying medical condition, symptoms or side effects, the certifying provider's name, medical specialty, and signature shall be specified on the written certification."

Senate Bill 162	Notes
~~certifying provider's name, medical specialty, and signature shall be specified on the written certification.~~]	
17 New Paragraph; Use of Cannabis for Therapeutic Purposes; Protections. Amend RSA 126-X:2 by inserting after paragraph XVI the following new paragraph: XVII. Authorized employees of the department shall not be subject to arrest by state or local law enforcement, prosecution, or penalty under state or municipal law, or search, when possessing, transporting, delivering, or transferring cannabis and cannabis infused products for the purposes of regulatory oversight related to this chapter.	17. Amend RSA 126-X:2 by adding new language: -Authorized employees are not subject to arrest if engage in duties related to regulatory oversight.
18 Use of Cannabis for Therapeutic Purposes; Protections. Amend RSA 126-X:2, IX(c) to read as follows: (c) Deliver, transfer, supply, sell, or dispense cannabis and related supplies and educational materials to qualifying patients [~~who have designated the alternative treatment center to provide for them~~], to designated caregivers on behalf of the qualifying patients [~~who have designated the alternative treatment center~~], or to other alternative treatment centers.	18-Refiling of 2020 SB 697-FN. Laid on the table in the Senate. IX (c) removes "who have designated the alternative treatment center to provide for them"

Senate Bill 162	Notes
19 Use of Cannabis for Therapeutic Purposes; Prohibitions and Limitations on the Therapeutic Use of Cannabis. Amend RSA 126-X:3, VII-VIII to read as follows: VII. The department may revoke the registry identification card of a qualifying patient or designated caregiver for violation of rules adopted by the department or for violation of any other provision of this chapter, ***including for obtaining more than 2 ounces of cannabis in any 10-day period in violation of RSA 126-X:8, XIII(b),*** and the qualifying patient or designated caregiver shall be subject to any other penalties established in law for the violation. VIII. A facility caregiver shall treat cannabis in a manner similar to ***controlled prescription*** medications with respect to its storage, security, and administration when assisting qualifying patients with the therapeutic use of cannabis.	19. Amend RSA 126-X:3, VII-VIII by adding language: "*…including for obtaining more than 2 ounces of cannabis in any 10-day period in violation of RSA 126-X:8, XIII(b)*" -VIII adds the language "controlled prescription"
20 Use of Cannabis for Therapeutic Purposes; Departmental Administration. Amend RSA 126-X:4, I(a)-(b) to read as follows: (a) Written certification [~~as defined in RSA 126-X:1~~] ***which includes the date of issuance, the patient's qualifying medical condition, symptoms, or side effects, and the certifying provider's name, medical specialty, and signature. If a written certification has been previously issued for fewer than 3 years, a provider may extend the written certification, provided that the written certification shall not exceed 3 years***.	20. Amends RSA 126-X:4, I (a) by removing reference to the statute of RSA 126-X:1 and adds language to clarify written certification requirements and provides an option for a 3-year certification period.

Senate Bill 162	Notes
(b) An application or a renewal application accompanied by the application or renewal fee. ***A renewal application and fee shall not be required if the applicant receives an extension to the written certification previously issued for fewer than 3 years.***	(b) adds language: "***A renewal application and fee shall not be required if the applicant receives an extension to the written certification previously issued for fewer than 3 years.***
21 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, I(e) and the introductory paragraph of I(f) to read as follows: (e) Name[~~, address, and telephone number~~] of the applicant's provider. (f) Name[~~, address,~~] and date of birth of the applicant's designated caregiver, if any. A qualifying patient shall have only one designated caregiver, except as follows:	21. Amends RSA 126-X:4 (e), (f) by removing address and telephone number from ID Cards
22 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, II(d) to read as follows: (d) Name, residential and mailing address, and date of birth of each qualifying patient for whom the applicant will act as designated caregiver, except that if the qualifying patient is homeless, no residential address is required. [~~An applicant shall not act as a designated caregiver for more than 5 qualifying patients.~~]	22. Amends RSA 126-X:4 II (d) by removing language "An applicant shall not act as a designated caregiver for more than 5 qualifying patients.
23 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend the introductory paragraph in RSA 126-X:4, IV and RSA 126-X:4, IV(a)-(b) to read as follows:	

Senate Bill 162	Notes
IV. The department shall create and issue a registry identification card to a person applying as a qualifying patient or designated caregiver within 5 days of approving an application or renewal. Each registry identification card shall expire one year after the [~~date of issuance~~] ***effective date of the card***, unless the provider states in the written certification that the certification should expire at an earlier [~~specified date~~] ***or later effective date, not to exceed 3 years***, then the registry identification card shall expire on that date. Registry identification cards shall contain all of the following: (a) Name, mailing address, and date of birth of the qualifying patient or designated caregiver. (b) The date of issuance***, effective date,*** and expiration date of the registry identification card.	23. RSA 126-X:4, IV and RSA 126-X:4, IV(a)-(b) by changing: - "Date of issuance" to "effective date of the card" -"specified date" to "or later effective date not to exceed 3 years" -adds "effective date" to the ID card
24 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, VII(a) to read as follows: VII.(a) The department shall track the number of qualifying patients [~~who have designated each alternative treatment center~~] and issue a weekly written statement to the alternative treatment center identifying the number of qualifying patients [~~who have designated that alternative treatment center~~] along with the registry identification numbers of each qualifying patient and each qualifying patient's designated caregiver.	24. Amend RSA 126-X:4, VII(a) by removing "*who have designated each alternative treatment center*"

Senate Bill 162	Notes
25 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, VIII to read as follows: VIII. In addition to the weekly reports, the department shall also provide written notice to an alternative treatment center which identifies the names and registration identification numbers of a qualifying patient and his or her designated caregiver whenever [~~any~~] ***either*** of the following events occur: (a) A qualifying patient [~~designates the alternative treatment center to serve his or her needs~~] ***is registered as a participating patient*** under this chapter; or (b) [~~A qualifying patient revokes the designation of the alternative treatment center; or~~ ~~(c)~~] A qualifying patient [~~who has designated the alternative treatment center~~] loses his or her status as a qualifying patient under this chapter. 26 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, IX(a) to read as follows: IX.(a) A qualifying patient shall notify the department before changing his or her designated caregiver [~~or alternative treatment center~~]	-VIII by removing: (a) "designates the alternative treatment center to serve his or her needs" (b) "A qualifying patient revokes the designation of the alternative treatment center; or" (c) "who has designated the alternative treatment center" -IX by removing (a) or alternative treatment center

Senate Bill 162	Notes
27 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, XI(a) to read as follows: XI.(a) The department shall create and maintain a confidential registry of each individual who has applied for and received a registry identification card as a qualifying patient or a designated caregiver in accordance with the provisions of this chapter. Each entry in the registry shall contain the qualifying patient's or designated caregiver's name, mailing address, date of birth, date of registry identification card issuance, ***effective date of registry identification,*** date of registry identification card expiration, ***and*** random 10-digit identification number[~~, and registry identification number of the qualifying patient's designated alternative treatment center, if any~~]. The confidential registry and the information contained in it shall be exempt from disclosure under RSA 91-A. 28 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, XI(b)(5) to read as follows: (5) Counsel for the department may notify law enforcement officials about falsified or fraudulent information submitted to the department where counsel has [~~made a legal determination that there is probable cause~~] ***reason*** to believe the information is false or falsified.	-XI (a) by adding "*effective date of registry identification*" by removing "*and registry identification number of the qualifying patient's designated alternative treatment center, if any*" (b)(5) by replacing "*made a legal determination that there is probable cause]* with the word *"reason"*

Senate Bill 162	Notes
29 Use of Cannabis for Therapeutic Purposes; Departmental Rules. Amend RSA 126-X:6, I(b) to read as follows: (b) The form and content of providers' written certifications***, including the administrative process for tracking extensions pursuant to RSA 126-X:4, I***.	29. Amend RSA 126-X:6, I(b) by adding: "*including the administrative process for tracking extensions pursuant to RSA 126-X:4, I.*"[Registry ID Cards]
30 Use of Cannabis for Therapeutic Purposes; Alternative Treatment Centers. Amend RSA 126-X:8, VII(a) to read as follows: (a) Records of the disposal of cannabis that is not distributed by the alternative treatment center to qualifying patients [~~who have designated the alternative treatment center to cultivate for them~~].	30. Amend RSA 126-X:8 VII(a) by removing "*who have designated the alternative treatment center to cultivate for them*"
31 Use of Cannabis for Therapeutic Purposes; Alternative Treatment Centers. Amend RSA 126-X:8, XV(a)-(b) to read as follows: XV.(a) An alternative treatment center shall not possess or cultivate cannabis in excess of the following quantities: (1) Eighty cannabis plants, 160 seedlings, and 80 ounces of usable cannabis, or 6 ounces of usable cannabis per qualifying patient; and (2) Three mature cannabis plants, 12 seedlings, and 6 ounces for each qualifying patient [~~who has designated the alternative treatment center to provide him or her with cannabis for therapeutic use~~] ***registered as a qualifying patient under this chapter***. (b) An alternative treatment center or alternative treatment	XV (a) 2 by removing "*who has designated the alternative treatment center to provide him or her with cannabis for therapeutic use*" And by adding "*registered as a qualifying patient under this chapter.* XV (b)(I) by removing "who has designated the relevant alternative treatment center"

Senate Bill 162	Notes
center agent shall not dispense, deliver, or otherwise transfer cannabis to any person or entity other than: (1) A qualifying patient [~~who has designated the relevant alternative treatment center~~]; or (2) Such patient's designated caregiver; or (3) Another alternative treatment center. 32 Repeal. The following are repealed: I. RSA 126-X:4, I(g), relative to patients designating an alternative treatment center. II. RSA 126-X:4, II(e), relative to street address of the alternative treatment center. III. RSA 126-X:4, IX(e), relative to failure of a qualifying patient or designated caregiver for providing changes to name, address or designated caregiver. IV. RSA 126-X:6, I(e), relative to departmental rules regarding certain fines.	32. Repeal. RSA 126-X:4, I(g), .[Requirement for] patients designating an alternative treatment center II (e), [Requirement for] street address of the alternative treatment center. [on ID Card] IX(e) [Repeals fine for] failure of a qualifying patient or designated caregiver to providing changes to name, address or designated caregiver. IV. RSA 126-X:6, I(e), [Repeals fine]relative to departmental rules regarding certain fines.

Senate Bill 162	Notes
33 New Hampshire Granite Advantage Health Care Trust Fund. Amend RSA 126-AA;3, I(e)-(f) to read as follows: (e) Funds received from the assessment under RSA 404-G; [~~and~~] (f) ***Revenue from the Medicaid enhancement tax to meet the requirements provided in RSA 167:64; and*** ***(g)*** Funds recovered or returnable to the fund that were originally spent on the cost of coverage of the granite advantage health care program**.**	33. Amend RSA 126-AA;3: f) New language: ***Revenue from the Medicaid enhancement tax to meet the requirements provided in RSA 167:64; and*** (g) [Formerly section f] Funds recovered or returnable to the fund that were originally spent on the cost of coverage of the granite advantage health care program**.**
34 Repeal. RSA 126-A:70 and 71, relative to administration of epinephrine, are repealed.	34. Repeal RSA 126-A:70 Definitions for Administration of Epinephrine RSA 126-A:71 Administration of Epinephrine
35 Communicable Disease; Mosquito Control Fund. Amend RSA 141-C:25, I to read as follows: I. There is hereby established a nonlapsing and continually appropriated mosquito control fund to assist cities, towns, and mosquito control districts by providing funding for the purpose of offsetting the cost of mosquito control activities including, but not limited to, the purchase and application of chemical pesticides. The purpose of the fund is to provide financial assistance, when needed, to cities, towns, and mosquito control districts engaging in mosquito control and abatement activities in response to a declared threat to the public health. [~~Any balance~~	35. Amend RSA 141-C:25, I by removing "Any balance remaining in the mosquito control fund at the close of the fiscal year ending June 30, 2009 shall lapse to the general fund.

Senate Bill 162	Notes
~~remaining in the mosquito control fund at the close of the fiscal year ending June 30, 2009 shall lapse to the general fund.~~] 36 Sanitary Production and Distribution of Food; Shellfish Certificate Fees. Amend RSA 143:11, III to read as follows: III. ***There is hereby established in the state treasury the public health services special fund, which shall be kept separate and distinct from all other funds. The fund shall be nonlapsing and continually appropriated to the department of health and human services.*** All fees collected under this subdivision shall be forwarded to the state treasurer[~~. The state treasurer~~] ***who*** shall credit all [~~moneys received under this subdivision,~~] ***such moneys*** and interest received on such money, to [~~a special~~] ***the*** fund from which [~~he~~] ***the department of health and human services*** shall pay all the expenses of the department incident to the administration of this subdivision. [~~This fund shall not lapse.~~]	36. Amend RSA 143:11, III: Shellfish Certificate fees - There is hereby established in the state treasury the public health services special fund, which shall be kept separate and distinct from all other funds. The fund shall be non-lapsing and continually appropriated to the department of health and human services.
37 Sanitary Production and Distribution of Food; Shellfish Certificate Fees. Amend RSA 143:22-a to read as follows: 143:22-a Shellfish Certificate Fees. The commissioner of the department of health and human services shall prescribe and collect fees for certificates for establishments which process or pack shellfish. Such fees shall be in accordance with rules adopted under RSA 541-A. All fees collected under this subdivision shall be forwarded to the state treasurer to be deposited in the [~~general fund~~] ***public health services special***	37. Amend RSA 143:22 (a) By adding: "*public health services special fund established in RSA 143:11. The department of health and human services shall use such funds to pay expenses of the department incident to the administration of this subdivision.*"

Senate Bill 162	Notes
fund established in RSA 143:11. The department of health and human services shall use such funds to pay expenses of the department incident to the administration of this subdivision.	
38 Food Service Licensure; Application. Amend RSA 143-A:6, VI to read as follows: VI. From the amounts collected by the commissioner under paragraph V, up to $300,000 each fiscal year may be included in the state biennial operating budget as restricted revenue to support the activities required in this chapter. ***The state treasurer shall credit all moneys received under this paragraph, and interest received on such money, to the public health services special fund, established under RSA 143:11, from which the department shall pay expenses incident to the administration of this chapter.***	38. Amend RSA 143-A:6, VI By adding: *The state treasurer shall credit all moneys received under this paragraph, and interest received on such money, to the public health services special fund, established under RSA 143:11, from which the department shall pay expenses incident to the administration of this chapter.*
39 Nursing Home Administrators; Patient Accounts. Amend RSA 151-A:15, I to read as follows: I. If within 30 days after the date of a testate or intestate patient's death in any nursing home no petition for probate has been filed under any section of RSA 553 and the gross value of the personal property remaining at the nursing home belonging to the deceased, including any amount left in a patient account, is no more than [~~$5,000~~] ***$10,000***, the nursing home administrator shall file in the probate court in the county where the nursing home is located an affidavit for the purpose of disposing of such deceased patient's estate. The form of the affidavit, and	39. Amend RSA 151-A:15, I -Replaces "$5,000" with "$10,000" regarding Patient Accounts -Applies to affidavits filed on or after the effective date of the section [see Section 40]

Senate Bill 162	Notes
the rules governing proceedings under this section, shall be provided by the probate court pursuant to RSA 547:33. The nursing home administrator shall not file a death certificate with the probate court, but shall attest to the death in the affidavit. If the nursing home patient died testate and if the nursing home administrator has the will or a copy of the will, the nursing home administrator shall file the same in the probate court in the county where the nursing home is located. The probate court shall waive all filing fees. 40 Applicability. Section 39 of this act shall apply to affidavits filed on or after the effective date of this section. 41 Repeal. RSA 151-E:11, II, relative to an annual report on the utilization of non-nursing home services, is repealed.	41. Repeal RSA 151-E:11, II -Annual reporting requirement on non-nursing home services is repealed
42. Protective Services to Adults; Reports of Adult Abuse. Amend the introductory paragraph of RSA 161-F:46 to read as follows: Any person, including, but not limited to, physicians, other health care professionals, social workers, clergy, and law enforcement officials, suspecting or believing in good faith that any adult who is or who is suspected to be vulnerable***, at the time of the incident,*** has been subjected to abuse, neglect, self-neglect, or exploitation or is***, or was*** living in hazardous conditions shall report or cause a report to be made as follows:	42. Amend RSA 161-F:46 -Adds: "*at the time of the incident*" to reporting requirement -Repeals: RSA 161-F:64, relative to an annual report on review of homemaker services. RSA 161-I:4, VI, relative to [required] reports regarding the home and community-based care waiver for the elderly and chronically ill. RSA 165:20-c, relative to liability for support and reimbursement

Senate Bill 162	Notes
43 Repeal. The following are repealed: I. RSA 161-F:64, relative to an annual report on review of homemaker services. II. RSA 161-I:4, VI, relative to reports regarding the home and community-based care waiver for the elderly and chronically ill. III. RSA 165:20-c, relative to liability for support and reimbursement from the state. IV. RSA 165:35, relative to rulemaking for forms and claims for reimbursement from the state. V. RSA 167:3-j, III, relative to semi-annual reports on net savings realized for aid to the permanently and totally disabled grants.	from the state [to town or city] RSA 165:35, relative to rulemaking for forms and claims for reimbursement from the state [regarding RSA 165:20-c] RSA 167:3-j, III, relative to semi-annual reports on net savings realized for aid to the permanently and totally disabled grants.
44 Aid to Assisted Persons; Expense of General Assistance. Amend RSA 165:2-a to read as follows: 165:2-a Expense of General Assistance. The financial responsibility for general assistance for assisted persons shall be the responsibility of the town or city in which the person making application resides, except as otherwise provided in RSA 165:1-c [~~and 165:20-c~~].	44. Amend RSA 165:2-a by removing reference to RSA 165:20-c as repealed in section 43.
45 Public Assistance; Financial Disclosure by Applicants and Recipients. Amend RSA 167:4-a, VI to read as follows: VI. The department, in coordination with financial institutions doing business in the state, may develop and operate a data match system, using automated data exchanges to the maximum extent	45. Amend RSA 167:4-a, VI by removing requirement to provide status report of the data match system to DHHS Oversight Committee

Senate Bill 162	Notes
feasible, in which each financial institution is required to provide, when requested by the department and subject to reasonable reimbursement as set forth in Public Law 110-252, up to 5 years of information regarding the name, record address, social security number or other taxpayer identification number, monthly account balance, and other identifying information for each applicant or recipient who maintains an account at the financial institution, as identified by the department by name and social security number or other taxpayer identification number. The system shall be based on a cost-effective search algorithm and shall include means to assure compliance with the provisions of this section. [~~The department shall provide a status report regarding the implementation of the data match system to the oversight committee on health and human services, established in RSA 126-A:13, on or before November 1, 2010, and annually thereafter, until implementation has been fully completed. The report shall summarize the department's findings and recommendations to date, including savings generated by both incremental asset identification and the time and labor associated with the process, the feedback and reactions of applicants and recipients, any barriers to implementation, anticipated future actions, and the department's assessment of the relative success of the project.~~]	
46 New Section; Child Protection Act; Investigatory Interviews and Evaluations. Amend RSA 169-C by inserting after section 12-f the following new section:	46 Refiling of 2020 SB 550. Request from DHHS. Laid on the table in the Senate. Amend RSA 169-C by inserting new section 12-g:

Senate Bill 162	Notes
169-C:12-g Investigatory Interviews and Evaluations. The court may order a parent, guardian, custodian, or other caregiver to produce a child for the purpose of an investigatory interview, including a multidisciplinary team interview in accordance with RSA 169-C:34-a or an interview or evaluation by any other expert necessary for the purpose of the investigation of suspected abuse or neglect. 47 Child Protection Act; Central Registry. Amend RSA 169-C:35, II to read as follows: II. Upon receipt by the department of a written request and verified proof of identity, an individual shall be informed by the department whether that individual's name is listed in the founded reports maintained in the central registry. It shall be unlawful for any employer other than those providing services pursuant to RSA 169-B, RSA 169-C, RSA 169-D, and RSA 135-C, and those specified in RSA 170-E [~~and~~]***,*** RSA 170-G:8-c***, and RSA 171-A*** to require as a condition of employment that the employee submit his or her name for review against the central registry of founded reports of abuse and neglect. Any violation of this provision shall be punishable as a violation.	The court may order a parent, guardian, custodian, or other caregiver to produce a child for the purpose of an investigatory interview, including a multidisciplinary team interview in accordance with RSA 169-C:34-a or an interview or evaluation by any other expert necessary for the purpose of the investigation of suspected abuse or neglect. 47. Amend RSA 169-C:35, II Central Registry, by allowing employers providing services to individuals covered under RSA 171-A Services for the Developmentally Disabled, review potential employees against the Central Registry.
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Senate Bill 162	Notes
CHAPTER 170-A INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN 170-A:1 Interstate Compact for the Placement of Children. On the effective date of this chapter, based upon the enactment of the Interstate Compact for the Placement of Children into law by the thirty-fifth compacting state, the governor is authorized and directed to execute a compact on behalf of this state with any other state or states legally joining therein in the form substantially as follows: ARTICLE I Purpose The purpose of this Interstate Compact for the Placement of Children is to: I. Provide a process through which children subject to this compact are placed in safe and suitable homes in a timely manner. II. Facilitate ongoing supervision of a placement, the delivery of services, and communication between the states. III. Provide operating procedures that will ensure that children are placed in safe and suitable homes in a timely manner. IV. Provide for the promulgation and enforcement of	This is the 2009 ICPC version which replaces the current version, but is not in effect until passage by 35 states[1]. -Refiling of 2020 SB 698. Request from DHHS. Died on the table in the House. APHSA legislative side by side

[1] American Public Human Services Association (APHSA)

Senate Bill 162	Notes
administrative rules implementing the provisions of this compact and regulating the covered activities of the member states. V. Provide for uniform data collection and information sharing between member states under this compact. VI. Promote coordination between this compact, the Interstate Compact for Juveniles, the Interstate Compact on Adoption and Medical Assistance, and other compacts affecting the placement of and which provide services to children otherwise subject to this compact. VII. Provide for a state's continuing legal jurisdiction and responsibility for placement and care of a child that it would have had if the placement were intrastate. VIII. Provide for the promulgation of guidelines, in collaboration with Indian tribes, for interstate cases involving Indian children as is or may be permitted by federal law. ARTICLE II Definitions As used in this compact: I. "Approved placement" means the public child-placing agency in the receiving state has determined that the placement is both safe and suitable for the child. II. "Assessment" means an evaluation of a prospective placement by a public child-placing agency in the receiving state to determine if the placement meets the individualized needs of the child, including, but not limited to, the child's safety and stability, health and well-being, and	

Senate Bill 162	Notes
mental, emotional, and physical development. An assessment is only applicable to a placement by a public child-placing agency. III. “Child” means an individual who has not attained the age of 18. IV. “Certification” means to attest, declare, or swear to before a judge or notary public. V. “Default” means the failure of a member state to perform the obligations or responsibilities imposed upon it by this compact or the bylaws or rules of the Interstate Commission. VI. “Home study” means an evaluation of a home environment conducted in accordance with the applicable requirements of the state in which the home is located and that documents the preparation and the suitability of the placement resource for placement of a child in accordance with the laws and requirements of the state in which the home is located. VII. “Indian tribe” means any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for services provided to Indians by the Secretary of the Interior because of their status as Indians, including any Alaskan native village as defined in section 3(c) of the Alaska Native Claims Settlement Act, 43 U.S.C. section 1602(c). VIII. “Interstate Commission for the Placement of Children” means the commission that is created under Article VIII of this compact and which is generally referred to as the “Interstate Commission.”	

Senate Bill 162	Notes
IX. "Jurisdiction" means the power and authority of a court to hear and decide matters. X. "Legal risk placement" or "legal risk adoption" means a placement made preliminary to an adoption where the prospective adoptive parents acknowledge in writing that a child can be ordered returned to the sending state or the birth mother's state of residence, if different from the sending state, and a final decree of adoption shall not be entered in any jurisdiction until all required consents are obtained or are dispensed with in accordance with applicable law. XI. "Member state" means a state that has enacted this compact. XII. "Noncustodial parent" means a person who, at the time of the commencement of court proceedings in the sending state, does not have sole legal custody of the child or has joint legal custody of a child, and who is not the subject of allegations or findings of child abuse or neglect. XIII. "Nonmember state" means a state which has not enacted this compact. XIV. "Notice of residential placement" means information regarding a placement into a residential facility provided to the receiving state, including, but not limited to, the name, date, and place of birth of the child, the identity and address of the parent or legal guardian, evidence of authority to make the placement, and the name and address of the facility in which the child will be placed. Notice of residential placement shall also include information regarding a discharge and any	

Senate Bill 162	Notes
unauthorized absence from the facility. XV. "Placement" means the act by a public or private child-placing agency intended to arrange for the care or custody of a child in another state. XVI. "Private child-placing agency" means any private corporation, agency, foundation, institution, or charitable organization, or any private person or attorney, that facilitates, causes, or is involved in the placement of a child from one state to another and that is not an instrumentality of the state or acting under color of state law. XVII. "Provisional placement" means a determination made by the public child-placing agency in the receiving state that the proposed placement is safe and suitable, and, to the extent allowable, the receiving state has temporarily waived its standards or requirements otherwise applicable to prospective foster or adoptive parents so as to not delay the placement. Completion of the receiving state requirements regarding training for prospective foster or adoptive parents shall not delay an otherwise safe and suitable placement. XVIII. "Public child-placing agency" means any government child welfare agency or child protection agency or a private entity under contract with such an agency, regardless of whether the entity acts on behalf of a state, a county, a municipality, or another governmental unit, and which facilitates, causes, or is involved in the placement of a child from one state to another. XIX. "Receiving state" means the state to which a child is sent,	

Senate Bill 162	Notes
brought, or caused to be sent or brought. XX. “Relative” means someone who is related to the child as a parent, stepparent, sibling by half or whole blood or by adoption, grandparent, aunt, uncle, or first cousin or a nonrelative with such significant ties to the child that the nonrelative may be regarded as a relative as determined by the court in the sending state. XXI. “Residential facility” means a facility providing a level of care that is sufficient to substitute for parental responsibility or foster care and that is beyond what is needed for assessment or treatment of an acute condition. For purposes of the compact, the term “residential facility” does not include institutions primarily educational in character, hospitals, or other medical facilities. XXII. “Rule” means a written directive, mandate, standard, or principle issued by the Interstate Commission promulgated pursuant to Article XI of this compact that is of general applicability and that implements, interprets, or prescribes a policy or provision of the compact. A rule has the force and effect of an administrative rule in a member state and includes the amendment, repeal, or suspension of an existing rule. XXIII. “Sending state” means the state from which the placement of a child is initiated. XXIV. “Service member’s permanent duty station” means the military installation where an active duty United States Armed Services member is currently assigned and is physically located under competent orders that do not specify the duty as temporary.	

Senate Bill 162	Notes
XXV. "Service member's state of legal residence" means the state in which the active duty United States Armed Services member is considered a resident for tax and voting purposes. XXVI. "State" means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, and any other territory of the United States. XXVII. "State court" means a judicial body of a state that is vested by law with responsibility for adjudicating cases involving abuse, neglect, deprivation, delinquency, or status offenses of individuals who have not attained the age of 18. XXVIII. "Supervision" means monitoring provided by the receiving state once a child has been placed in a receiving state pursuant to this compact.	
ARTICLE VI Placement Authority I. Except as otherwise provided in this compact, no child subject to this compact shall be placed in a receiving state until approval for such placement is obtained. II. If the public child-placing agency in the receiving state does not approve the proposed placement, then the child shall not be placed. The receiving state shall provide written documentation of any such determination in accordance with the rules promulgated by the Interstate	

Senate Bill 162	Notes
Commission. Such determination is not subject to judicial review in the sending state. III. If the proposed placement is not approved, any interested party shall have standing to seek an administrative review of the receiving state's determination. (a) The administrative review and any further judicial review associated with the determination shall be conducted in the receiving state pursuant to its applicable administrative procedures act. (b) If a determination not to approve the placement of the child in the receiving state is overturned upon review, the placement shall be deemed approved; provided, however, that all administrative or judicial remedies have been exhausted or the time for such remedies has passed. ARTICLE VII Placing Agency Responsibility I. For the interstate placement of a child made by a public child-placing agency or state court: (a) The public child-placing agency in the sending state shall have financial responsibility for: (1) The ongoing support and maintenance for the child during the period of the placement, unless otherwise provided for in the receiving state; and (2) As determined by the public child-placing agency in	

Senate Bill 162	Notes
the sending state, services for the child beyond the public services for which the child is eligible in the receiving state. (b) The receiving state shall only have financial responsibility for: (1) Any assessment conducted by the receiving state; and (2) Supervision conducted by the receiving state at the level necessary to support the placement as agreed upon by the public child-placing agencies of the receiving and sending states. (c) Nothing in this section shall prohibit public child-placing agencies in the sending state from entering into agreements with licensed agencies or persons in the receiving state to conduct assessments and provide supervision. II. For the placement of a child by a private child-placing agency preliminary to a possible adoption, the private child-placing agency shall be: (a) Legally responsible for the child during the period of placement as provided for in the law of the sending state until the finalization of the adoption. (b) Financially responsible for the child absent a contractual agreement to the contrary. III. The public child-placing agency in the receiving state shall provide timely assessments, as provided for in the rules of the Interstate Commission. IV. The public child-placing agency in the receiving state shall	

Senate Bill 162	Notes
provide, or arrange for the provision of, supervision and services for the child, including timely reports, during the period of the placement. V. Nothing in this compact shall be construed to limit the authority of the public child-placing agency in the receiving state from contracting with a licensed agency or person in the receiving state for an assessment or the provision of supervision or services for the child or otherwise authorizing the provision of supervision or services by a licensed agency during the period of placement. VI. Each member state shall provide for coordination among its branches of government concerning the state's participation in and compliance with the compact and Interstate Commission activities through the creation of an advisory council or use of an existing body or board. VII. Each member state shall establish a central state compact office which shall be responsible for state compliance with the compact and the rules of the Interstate Commission. VIII. The public child-placing agency in the sending state shall oversee compliance with the provisions of the Indian Child Welfare Act, 25 U.S.C. section 1901 et seq., for placements subject to the provisions of this compact, prior to placement. IX. With the consent of the Interstate Commission, states may enter into limited agreements that facilitate the timely assessment and provision of services and supervision of placements under this compact.	

Senate Bill 162	Notes
ARTICLE VIII Interstate Commission for the Placement of Children The member states hereby establish, by way of this compact, a commission known as the "Interstate Commission for the Placement of Children." The activities of the Interstate Commission are the formation of public policy and are a discretionary state function. The Interstate Commission shall: I. Be a joint commission of the member states and shall have the responsibilities, powers, and duties set forth herein and such additional powers as may be conferred upon it by subsequent concurrent action of the respective legislatures of the member states. II. Consist of one commissioner from each member state who shall be appointed by the executive head of the state human services administration with ultimate responsibility for the child welfare program. The appointed commissioner shall have the legal authority to vote on policy-related matters governed by this compact binding the state. (a) Each member state represented at a meeting of the Interstate Commission is entitled to one vote. (b) A majority of the member states shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. (c) A representative shall not delegate a vote to another member state. (d) A representative may delegate voting authority to	

Senate Bill 162	Notes
another person from that state for a specified meeting. III. Include, in addition to the commissioners of each member state, persons who are members of interested organizations as defined in the bylaws or rules of the Interstate Commission. Such members shall be ex officio and shall not be entitled to vote on any matter before the Interstate Commission. IV. Establish an executive committee which shall have the authority to administer the day-to-day operations and administration of the Interstate Commission. The executive committee shall not have the power to engage in rulemaking.	
ARTICLE IX Powers and Duties of the Interstate Commission The Interstate Commission shall have the following powers: I. To promulgate rules and take all necessary actions to effect the goals, purposes, and obligations as enumerated in this compact. II. To provide for dispute resolution among member states. III. To issue, upon request of a member state, advisory opinions concerning the meaning or interpretation of the interstate compact, its bylaws, rules, or actions. IV. To enforce compliance with this compact or the bylaws or rules of the Interstate Commission pursuant to Article XII. V. Collect standardized data concerning the interstate placement	

Senate Bill 162	Notes
of children subject to this compact as directed through its rules, which shall specify the data to be collected, the means of collection and data exchange, and reporting requirements. VI. To establish and maintain offices as may be necessary for the transacting of its business. VII. To purchase and maintain insurance and bonds. VIII. To hire or contract for services of personnel or consultants as necessary to carry out its functions under the compact and establish personnel qualification policies and rates of compensation. IX. To establish and appoint committees and officers, including, but not limited to, an executive committee as required by Article X. X. To accept any and all donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose thereof. XI. To lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve, or use any property, real, personal, or mixed. XII. To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed. XIII. To establish a budget and make expenditures. XIV. To adopt a seal and bylaws governing the management and operation of the Interstate Commission. XV. To report annually to the legislatures, the governors, the judiciary, and the state advisory councils of the member states concerning	

Senate Bill 162	Notes
the activities of the Interstate Commission during the preceding year. Such reports shall also include any recommendations that may have been adopted by the Interstate Commission. XVI. To coordinate and provide education, training, and public awareness regarding the interstate movement of children for officials involved in such activity. XVII. To maintain books and records in accordance with the bylaws of the Interstate Commission. XVIII. To perform such functions as may be necessary or appropriate to achieve the purposes of this compact. ARTICLE X Organization and Operation of the Interstate Commission I. Organization. (a) Within 12 months after the first Interstate Commission meeting, the Interstate Commission shall adopt rules to govern its conduct as may be necessary or appropriate to carry out the purposes of the compact. (b) The Interstate Commission's rules shall establish conditions and procedures under which the Interstate Commission shall make its information and official records available to the public for inspection or copying. II. Meetings. (a) The Interstate Commission shall meet at least once each	

Senate Bill 162	Notes
calendar year. The chairperson may call additional meetings and, upon the request of a simple majority of the member states, shall call additional meetings. (b) Public notice shall be given by the Interstate Commission of all meetings, and all meetings shall be open to the public. (c) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or other electronic communication. III. Officers and staff. (a) The Interstate Commission may, through its executive committee, appoint or retain a staff director for such period, upon such terms and conditions, and for such compensation as the Interstate Commission may deem appropriate. The staff director shall serve as secretary to the Interstate Commission but shall not have a vote. The staff director may hire and supervise such other staff as may be authorized by the Interstate Commission. (b) The Interstate Commission shall elect, from among its members, a chairperson and a vice chairperson of the executive committee, and other necessary officers, each of whom shall have such authority and duties as may be specified in the bylaws. IV. Qualified immunity, defense, and indemnification. (a) The Interstate Commission's staff director and its employees shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or	

Senate Bill 162	Notes
personal injury or other civil liability caused or arising out of or relating to an actual or alleged act, error, or omission that occurred or that such person had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities; provided, however, that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by a criminal act or the intentional or willful and wanton misconduct of such person. (b)(1) The liability of the Interstate Commission's staff director and employees or Interstate Commission representatives, acting within the scope of such person's employment or duties, for acts, errors, or omissions occurring within such person's state may not exceed the limits of liability set forth under the Constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury, or liability caused by a criminal act or the intentional or willful and wanton misconduct of such person. (2) The Interstate Commission shall defend the staff director and its employees and, subject to the approval of the attorney general or other appropriate legal counsel of the member state, shall defend the commissioner of a member state in a civil action seeking to impose liability arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment,	

Senate Bill 162	Notes
duties, or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities; provided, however, that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person. (3) To the extent not covered by the state involved, a member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities; provided, however, that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons. ARTICLE XI Rulemaking Functions of the Interstate Commission I. The Interstate Commission shall promulgate and publish rules in order to effectively and efficiently achieve the purposes of the compact. II. Rulemaking shall occur pursuant to the criteria set forth in this article and the bylaws and rules adopted pursuant thereto. Such rulemaking shall substantially conform to the principles of the "Model	

Senate Bill 162	Notes
State Administrative Procedures Act," 1981 Act, Uniform Laws Annotated, Vol. 15, p. 1 (2000), or such other administrative procedure acts as the Interstate Commission deems appropriate, consistent with due process requirements under the United States Constitution as now or hereafter interpreted by the United States Supreme Court. All rules and amendments shall become binding as of the date specified, as published with the final version of the rule as approved by the Interstate Commission. III. When promulgating a rule, the Interstate Commission shall, at a minimum: (a) Publish the proposed rule's entire text stating the reasons for that proposed rule; (b) Allow and invite any and all persons to submit written data, facts, opinions, and arguments, which information shall be added to the record and made publicly available; and (c) Promulgate a final rule and its effective date, if appropriate, based on input from state or local officials or interested parties. IV. Rules promulgated by the Interstate Commission shall have the force and effect of administrative rules and shall be binding in the compacting states to the extent and in the manner provided for in this compact. V. Not later than 60 days after a rule is promulgated, an	

Senate Bill 162	Notes
interested person may file a petition in the United States District Court for the District of Columbia or in the federal district court where the Interstate Commission's principal office is located for judicial review of such rule. If the court finds that the Interstate Commission's action is not supported by substantial evidence in the rulemaking record, the court shall hold the rule unlawful and set it aside. VI. If a majority of the legislatures of the member states rejects a rule, those states may by enactment of a statute or resolution in the same manner used to adopt the compact cause that such rule shall have no further force and effect in any member state. VII. The existing rules governing the operation of the Interstate Compact on the Placement of Children superseded by this act shall be null and void no less than 12 months but no more than 24 months after the first meeting of the Interstate Commission created hereunder, as determined by the members during the first meeting. VIII. Within the first 12 months of operation, the Interstate Commission shall promulgate rules addressing the following: (a) Transition rules. (b) Forms and procedures. (c) Timelines. (d) Data collection and reporting. (e) Rulemaking. (f) Visitation. (g) Progress reports and supervision.	

Senate Bill 162	Notes
(h) Sharing of information and confidentiality. (i) Financing of the Interstate Commission. (j) Mediation, arbitration, and dispute resolution. (k) Education, training, and technical assistance. (l) Enforcement. (m) Coordination with other interstate compacts. IX. Upon determination by a majority of the members of the Interstate Commission that an emergency exists: (a) The Interstate Commission may promulgate an emergency rule only if it is required to: (1) Protect the children covered by this compact from an imminent threat to their health, safety, and well-being; (2) Prevent loss of federal or state funds; or (3) Meet a deadline for the promulgation of an administrative rule required by federal law. (b) An emergency rule shall become effective immediately upon adoption, provided that the usual rulemaking procedures provided hereunder shall be retroactively applied to the emergency rule as soon as reasonably possible, but no later than 90 days after the effective date of the emergency rule. (c) An emergency rule shall be promulgated as provided for in the rules of the Interstate Commission.	
ARTICLE XII	

Senate Bill 162	Notes
Oversight, Dispute Resolution, and Enforcement I. Oversight. (a) The Interstate Commission shall oversee the administration and operation of the compact. (b) The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and the rules of the Interstate Commission and shall take all actions necessary and appropriate to effectuate the compact's purposes and intent. The compact and its rules shall be binding in the compacting states to the extent and in the manner provided for in this compact. (c) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact. (d) The Interstate Commission shall be entitled to receive service of process in any action in which the validity of a compact provision or rule is the issue for which a judicial determination has been sought and shall have standing to intervene in any proceedings. Failure to provide service of process to the Interstate Commission shall render any judgment, order, or other determination, however so captioned or classified, void as to this compact, its bylaws, or rules of the Interstate Commission. II. Dispute resolution. (a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are	

Senate Bill 162	Notes
subject to the compact and which may arise among member states and between (b) member and nonmember states. (b) The Interstate Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes among compacting states. The costs of such mediation or dispute resolution shall be the responsibility of the parties to the dispute. III. Enforcement. If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact, its bylaws, or rules of the Interstate Commission, the Interstate Commission may: (a) Provide remedial training and specific technical assistance; (b) Provide written notice to the defaulting state and other member states of the nature of the default and the means of curing the default. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; (c) By majority vote of the members, initiate against a defaulting member state legal action in the United States District Court for the District of Columbia or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal office, to enforce compliance with the provisions of the compact, its bylaws, or rules of the Interstate Commission. The relief sought may include both injunctive relief and damages. In the event	

Senate Bill 162	Notes
judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees; or (d) Avail itself of any other remedies available under state law or the regulation of official or professional conduct. ARTICLE XIII Financing of the Commission I. The Interstate Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities. II. The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff, which must be in a total amount sufficient to cover the Interstate Commission's annual budget as approved by its members each year. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states. III. The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet those obligations, nor shall the Interstate Commission pledge the credit of any of the member states, except by and with the authority of the member state. IV. The Interstate Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the	

Senate Bill 162	Notes
Interstate Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Interstate Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Interstate Commission. ARTICLE XIV Member States, Effective Date, and Amendment I. Any state is eligible to become a member state. II. The compact shall become effective and binding upon legislative enactment of the compact into law by no less than 35 states. The effective date shall be the later of July 1, 2007, or upon enactment of the compact into law by the thirty-fifth state. Thereafter, it shall become effective and binding as to any other member state upon enactment of the compact into law by that state. The executive heads of the state human services administration with ultimate responsibility for the child welfare program of nonmember states or their designees shall be invited to participate in the activities of the Interstate Commission on a nonvoting basis prior to adoption of the compact by all states. III. The Interstate Commission may propose amendments to the compact for enactment by the member states. No amendment shall become effective and binding on the member states unless and until it is enacted into law by unanimous consent of the member states.	

Senate Bill 162	Notes
ARTICLE XV Withdrawal and Dissolution I. Withdrawal. (a) Once effective, the compact shall continue in force and remain binding upon each and every member state, provided that a member state may withdraw from the compact by specifically repealing the statute which enacted the compact into law. (b) Withdrawal from this compact shall be by the enactment of a statute repealing the compact. The effective date of withdrawal shall be the effective date of the repeal of the statute. (c) The withdrawing state shall immediately notify the president of the Interstate Commission in writing upon the introduction of legislation repealing this compact in the withdrawing state. The Interstate Commission shall then notify the other member states of the withdrawing state's intent to withdraw. (d) The withdrawing state is responsible for all assessments, obligations, and liabilities incurred through the effective date of withdrawal. (e) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the compact or upon such later date as determined by the members of the Interstate	

Senate Bill 162	Notes
Commission. II. Dissolution of compact. (a) This compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the compact to one member state. (b) Upon the dissolution of this compact, the compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws. ARTICLE XVI Severability and Construction I. The provisions of this compact shall be severable, and, if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the compact shall be enforceable. II. The provisions of this compact shall be liberally construed to effectuate its purposes. III. Nothing in this compact shall be construed to prohibit the concurrent applicability of other interstate compacts to which the states are members. ARTICLE XVII Binding Effect of Compact and Other Laws I. Other laws. Nothing in this compact prevents the enforcement	

Senate Bill 162	Notes
of any other law of a member state that is not inconsistent with this compact. II. Binding effect of the compact. (a) All lawful actions of the Interstate Commission are binding upon the member states. (b) All agreements between the Interstate Commission and the member states are binding in accordance with their terms. (c) In the event any provision of this compact exceeds the constitutional limits imposed on the legislature or executive branch of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state. ARTICLE XVIII Indian Tribes Notwithstanding any other provision in this compact, the Interstate Commission may promulgate guidelines to permit Indian tribes to utilize the compact to achieve any or all of the purposes of the compact as specified in Article I. The Interstate Commission shall make reasonable efforts to consult with Indian tribes in promulgating guidelines to reflect the diverse circumstances of the various Indian tribes. 49 Adoption; Assessment. Amend RSA 170-B:18, IV to read as follows: IV. The department or a licensed child-placing agency making	49. Amend 170-B18, IV by replacing the word "*on*" with the word "*for*" 50. ICPC will take effect on the date it is certified that 35 states have enacted the 2009 version.

Senate Bill 162	Notes
the required assessment may request other departments or licensed child-placing agencies within or outside this state to make the assessment or designated portions thereof as may be appropriate. Where such written assessments are made, a written report shall be filed with the court; provided, however, said report shall not violate RSA 170-A, the interstate compact [~~on~~] ***for*** the placement of children.	
50 Applicability Sections 48-49 of this act, relative to the 2009 edition of the Interstate Compact for the Placement of Children, shall take effect on the date that the commissioner of the department of health and human services certifies to the director of the office of legislative services and the secretary of state that 35 compacting states, including New Hampshire, have enacted the 2009 edition of the Interstate Compact for the Placement of Children.	
51 Child Day Care Licensing; Definitions RSA 170-E:2, IV(g) is repealed and reenacted to read as follows:	51. RSA 170-E:2, IV(g) Repealed and reenacted
(g) "School-age program" means a child day care agency providing child day care before or after, or before and after, regular school hours, and **all day any time school is not in session**, for 6 or more children enrolled in school, who are 4 years and 8 months of age or older, and which is not licensed under RSA 170-E:56. The number of children shall include all children present during the period of the program,	Current statute with changes: School-age program" means a child day care agency providing child day care ~~for up to 5 hours per school day~~, before or after, or before and after, regular school hours, and ~~all day during school holidays and vacations~~, and which is not licensed under RSA 170-E:56, for 6 or more children who are 4 years and 8 months of age or older. The number of children shall include all children present during the period of the program, including those children related to the caregiver.

Senate Bill 162	Notes
including those children related to the caregiver. 52 New Section; Residential Care and Child-Placing Agency Licensing; Deemed Licensed. Amend RSA 170-E by inserting after section 31 the following new section: 170-E:31-a Deemed Licensed. Any qualified residential treatment program accredited by organizations as specified in Title 42 of the Social Security Act, 42 U.S.C. section 672(k)(4)(G), as amended, shall submit a completed license application or renewal application. Such child care institutions and child care agencies defined as group homes, specialized care, or homeless youth programs, shall be deemed licensed under this subdivision and shall be exempt from inspections carried out under RSA 170-E:31, IV. This section shall only apply to the activities or portions of the facility or agency accredited under Title 42 of the Social Security Act, 42 U.S.C. section 672(k)(4)(G), as amended.	52. Amend RSA 170-E:31 by inserting new section (a) qualified residential treatment program under Title 42 of the Social Security Act, 42 U.S.C. section 672(k)(4)(G) 1. shall submit license application or renewal application 2. Group homes, specialized care, or homeless youth programs are deemed licensed under this subdivision 3. are exempt from inspections carried out under RSA 170-E:31, IV [regarding minimum once yearly inspections]
53 Recreation Camp Licensing; Availability of Epinephrine Auto-Injector. Amend RSA 170-E:61 to read as follows: 170-E:61 Availability of Epinephrine Auto-Injector. The recreational camp nurse or, if a nurse is not assigned to the camp, the recreational camp administrator shall maintain for the use of a child with severe allergies at least one epinephrine auto-injector, provided by the child or the child's parent or guardian, [~~in the nurse's office or in a similarly accessible location~~] ***which shall be readily accessible to the recreational camp staff caring for children requiring such medications***.	53. Amend RSA 170-E:61 by replacing "in the nurse's office or in a similarly accessible location" with "***which shall be readily accessible to the recreational camp staff caring for children requiring such medications***."

Senate Bill 162	Notes
54 New Section; Recreation Camp Licensing; Availability of Asthma Inhalers. Amend RSA 170-E by inserting after section 63 the following new section: 170-E:63-a Availability of Asthma Inhalers. The recreational camp nurse or, if a nurse is not assigned to the camp, the recreational camp administrator shall maintain for the use of a child with asthma at least one metered dose inhaler or a dry powder inhaler, provided by the child or the child's parent or guardian, which shall be readily accessible to the recreational camp staff caring for children requiring such medications.	54. Amend RSA 170-E:63 Adds new section allowing asthma inhalers to be available for recreational staff
55 New Paragraph; Services for Children, Youth, and Families; Peer Support Program. Amend RSA 170-G:3 by inserting after paragraph VII the following new paragraph: VIII. The commissioner may establish a confidential peer support program for the purpose of providing critical incident stress management and crisis intervention services for staff exposed to critical incidents and trauma through the course of their employment. (a) In this section: (1) "Critical incident" means any incident that has a high emotional impact on the responders, or is beyond the realm of a person's usual experience that overwhelms his or her sense of vulnerability and/or lack of control over the situation. (2) "Critical incident stress" means a normal reaction to	55. Refiling of 2020 SB 634. Requested by DHHS. Died on the table in the House. Amend RSA 170-G:3 by adding new section VII -Commissioner may establish Peer support program -Provides critical incident stress management and crisis intervention services for staff -Defines: 1. “critical incident” and 2. “critical incident stress” 3. Critical incident stress management 4. Critical incident stress management and crisis intervention services" 5.Critical incident stress management team and team member 6. Debriefing [as “not counseling”] 7. Confidentiality practice

Senate Bill 162	Notes
an abnormal event that has the potential to interfere with normal functioning and that results from the response to a critical incident or long-term occupational exposure to a series of critical incident responses over a period of time that are believed to be causing debilitating stress that is affecting an emergency service provider and his or her work performance or family situation. This may include, but is not limited to, physical and emotional illness, failure of usual coping mechanisms, loss of interest in the job, personality changes, or loss of ability to function. (3) "Critical incident stress management" means a process of crisis intervention designed to assist employees in coping with the psychological trauma resulting from response to a critical incident. (4) "Critical incident stress management and crisis intervention services" means consultation, counseling, debriefing, defusing, intervention services, management, prevention, and referral provided by a critical incident stress management team member. (5) "Critical incident stress management team" or "team" means the group of one or more trained volunteers, including members of peer support groups who offer critical incident stress management and crisis intervention services following a critical incident or long term or continued, debilitating stress being experienced by employees and affecting them or their family situation. (6) "Critical incident stress management team member" or "team member" means an employee, including any specially trained to provide critical incident stress management and crisis intervention	

Senate Bill 162	Notes
services as a member of an organized team. (7) "Debriefing" means a closed, confidential discussion of a critical incident relating to the feelings and perceptions of those directly involved prior to, during, and after a stressful event. It is intended to provide support, education, and an outlet for associated views and feelings. Debriefings do not provide counseling or an operational critique of the incident. (b)(1) Any information divulged to the team or a team member during the provision of critical incident stress management and crisis intervention services shall be kept confidential and shall not be disclosed to a third party or in a criminal, civil, or administrative proceeding. Records kept by critical incident stress management team members are not subject to subpoena, discovery, or introduction into evidence in a criminal, civil, or administrative action. Except as provided in subparagraph (c), no person, whether critical incident stress management team member or team leader providing or receiving critical incident stress management and crisis intervention services, shall be required to testify or divulge any information obtained solely through such crisis intervention.	
(2) In any civil action against any individual, or the department, including the state of New Hampshire, arising out of the conduct of a member of such team, this section is not intended and shall not be admissible to establish negligence in any instance where requirements herein are higher than the standard of care that would	Addresses civil action arising from conduct of aforementioned team member

Senate Bill 162	Notes
otherwise have been applicable in such action under state law. (c) A communication shall not be deemed confidential pursuant to this section if: (1) The communication indicates the existence of a danger to the individual who receives critical incident stress management and crisis intervention services or to any other person or persons; (2) The communication indicates the existence of past child abuse or neglect of the individual, abuse of an adult as defined by law, or family violence as defined by law; or (3) The communication indicates the existence of a danger to the individual who receives critical incident stress management and crisis intervention services or to any other person or persons.	
56 New Paragraph; Services for Children, Youth, and Families; Procurement Model for Services. Amend RSA 170-G:4-d by inserting after paragraph I the following new paragraph: I-a. The commissioner shall employ a procurement model for administering the provision of therapeutic-based residential behavioral health treatment services provided pursuant to RSA 170-G and RSA 135-F. All contracts shall incorporate the use of trauma-focused models of care. In cases where the unique needs of a juvenile or the capacity of a contracted provider prevent the use of a contracted provider, the commissioner may approve and shall pay for placement with another certified provider on a temporary basis if the commissioner determines	56. Amend RSA 170-G:4-d by inserting section I-a -Commissioner shall employ procurement model for residential behavioral health treatment services pursuant to: RSA170-G : Services for Children, Youth, and Families RSA 135-F: System of Care for Children's Mental Health - All contracts shall incorporate the use of trauma-focused models of care. -In unique cases, the commissioner may approve and pay for temporary alternative placements for juveniles.

Senate Bill 162	Notes
that the placement is necessary to meet the juvenile's immediate treatment needs.	
57 Repeal. RSA 170-G:8-b, IV, relative to an annual report of informational materials relating to missing children issues and matters, is repealed.	57.Repeal RSA 170-G:8-b, IV "Each year the department shall issue a report describing its performance of the functions specified in this section…"
58 Services for the Developmentally Disabled; Funding for Wait List. Amend the introductory paragraph of RSA 171-A:1-a, I to read as follows: I. The department of health and human services and area agencies shall provide services to eligible persons under this chapter and persons eligible for the brain injury program under RSA 137-K in a timely manner. The department and area agencies shall provide ***funding for*** services in such a manner that:	58. Refiling from 2020 SB 714-FN, request from DHHS. Laid on the table in Senate. Amend RSA 171-A:1-a -Intro paragraph, adds "funding for" -Directs creation of a coverage plan for services by 10/1/21 -Plan will estimate number of eligible individuals, cost of services and reimbursement mechanisms -Designates collaboration between DHHS, DOE, DRC-NH and 10 area representatives
59 Coverage Plan for Services to Individuals with Developmental Disabilities. The department of health and human services in collaboration with the department of education, the Disability Rights Center-New Hampshire, and the representatives of the 10 area agencies shall develop a plan by October 1, 2021 that provides coverage for services to individuals with developmental disabilities aged 18-21 enrolled in school and determined eligible for developmental services that are not the responsibility of the local education agency, another state agency, or another division of the department. Such a plan shall estimate the	

Senate Bill 162	Notes
number of eligible individuals likely to need such services, the costs of providing such services, and reimbursement mechanisms for service providers.	
60 Services for the Developmentally Disabled; Wait List. Amend RSA 171-A:1-a, II to read as follows: II. [~~Beginning with the fiscal year ending June 30, 2010, and thereafter,~~] The department of health and human services shall incorporate ***in its appropriation requests*** the cost of fully funding services to eligible persons, in accordance with the requirements of paragraph I, and as otherwise required under RSA 171-A, and the legislature shall appropriate sufficient funds to meet such costs and requirements.	60. Amend RSA 171-A:1-a, II Repeals existing date -Direct DHHS to include services cost "in its appropriation request" -Legislature will appropriate sufficient funds
61 Fund for Domestic Violence Grant Program. Amend RSA 173-B:15 to read as follows: 173-B:15 Fund for Domestic Violence Grant Program. A special fund for domestic violence programs is established. The sole purpose of the fund shall be to provide revenues for the domestic violence program established in RSA 173-B:16, and shall not be available for any other purpose. The state treasurer shall deposit all fees received by the department under RSA 457:29***, 457:32-b, and 631:2-b, V*** in the fund. All moneys deposited in the fund shall be continually appropriated for the purposes of the domestic violence grant program and shall not lapse.	61. Amend RSA 173-B:15 Adds funding from ***457:32-b, and 631:2-b, V*** as referenced in Section 1

Senate Bill 162	Notes
62 Granite Workforce Program. Amend 2018, 342:9, as amended by 2019, 346:158, to read as follows: 342:9 Termination of Granite Workforce Program. I. The commissioner of the department of health and human services shall be responsible for determining, every 3 months commencing no later than December 31, 2018, whether available TANF reserve funds total at least $5,000,000. If at any time the commissioner determines that available TANF reserve funds have fallen below $5,000,000, the commissioners of the departments of health and human services and employment security shall, within 20 business days of such determination, terminate the granite workforce program. The commissioners shall notify the governor, the speaker of the house of representatives, the president of the senate, the chairperson of the fiscal committee of the general court, and granite workforce participants of the program's pending termination. ***The commissioners shall have the discretion to limit granite workforce program services based on the availability of appropriated, available, or reserve funds.*** II. If at any time the New Hampshire granite advantage health care program, established under RSA 126-AA, terminates, the commissioners of the departments of health and human services and employment security shall terminate the granite workforce program. The date of the granite workforce program's termination shall align with that of the New Hampshire granite advantage health care program.	62. Amend 2018, 342:9, as amended by 2019, 346:158, Adds language: *The commissioners shall have the discretion to limit granite workforce program services based on the availability of appropriated, available, or reserve funds.* Adds section III: *If the work and community engagement waiver is held invalid, or is not approved, or is withdrawn by the Centers for Medicare and Medicaid Services, the granite workforce program shall be suspended until such time that the work and community engagement waiver is approved or revalidated.*

Senate Bill 162	Notes
III. If the work and community engagement waiver is held invalid, or is not approved, or is withdrawn by the Centers for Medicare and Medicaid Services, the granite workforce program shall be suspended until such time that the work and community engagement waiver is approved or revalidated.	
63 Health Facility Licensure; Effective Dates Amended. Amend 2020, 39:72, V-VI to read as follows: V. Sections 55-57[~~, 64-67, and 69~~] ***and 64*** of this act shall take effect July 1, 2020. VI. Sections 5[~~,~~] ***and*** 60[~~, and 68~~] of this act shall take effect July 1, 2021.	63. Modifies effective dates from [2020, 39:72, V-VI] Section 67 Health Facility Licensure; Information Confidential. Takes effect July 29, 2020 [Amend [RSA 151:13]] Section 69 Contingency; HB 1623; Renumbering. Takes effect July 29, 2020
64 Milk Sanitation Code; Terms Defined. Amend RSA 184:79, XIII to read as follows: XIII. The term "milk plant" means any place, premises, or establishment where milk or milk products are collected, handled, processed, stored, pasteurized, bottled, packaged, or prepared for distribution, except an establishment where milk or milk products are sold at retail only. ***This term shall include wash stations where milk tank trucks are cleaned and sanitized.***	64. Amend [RSA 184:79, XIII] -Adds language: *This term shall include wash stations where milk tank trucks are cleaned and sanitized.*
65 Milk Sanitation Code; License Fees. Amend RSA 184:85, IV to read as follows:	65. Funds will be forwarded to fund referenced in Section 2 "*the public health services* special fund *established in RSA 143:11*"

Senate Bill 162	Notes
IV. All fees collected under this section shall be forwarded to the state treasurer. The state treasurer shall credit all moneys received under this section, and interest received on such money, to [~~a~~] ***the public health services*** special fund ***established in RSA 143:11,*** from which [~~he~~] ***the department*** shall pay all the expenses of the department incident to the licensing and regulation of milk plants, milk distributors and milk producer-distributors. [~~This fund shall not lapse.~~]	
66 New Subdivision; Administration of Epinephrine. Amend RSA 329 by inserting after section 1-g the following new subdivision: Administration of Epinephrine 329:1-h Administration of Epinephrine. I. In this section: (a) "Administer" means the direct application of an epinephrine auto-injector to the body of an individual. (b) "Authorized entity" means any entity or organization in which allergens capable of causing anaphylaxis may be present, including recreation camps and day care facilities. Authorized entity shall not include an elementary or secondary school or a postsecondary educational institution eligible to establish policies and guidelines for the emergency administration of epinephrine under RSA 200-N. (c) "Epinephrine auto-injector" means a single-use device used for the automatic injection of a premeasured dose of epinephrine into the human body.	66. Refiling of 2020 SB 642-FN, died on the table in the house. Amend RSA 329 by inserting new section, 329:1-h Overview of section: 1. Definitions 2. Practitioners and Pharmacists may administer 3. Storage and maintenance only by employees or agents that have completed required training in paragraph V 4. Administration only by those who have completed an anaphylaxis training program to anyone experiencing an anaphylactic event 5. Shall complete anaphylaxis training program every two years by nationally-recognized organization. Includes proper storage and administration and recognition of signs of anaphylaxis. 6. Liability addressed

Senate Bill 162	Notes
(d) "Health care practitioner" means a person who is lawfully entitled to prescribe, administer, dispense, or distribute controlled drugs. (e) "Provide" means to furnish one or more epinephrine auto-injectors to an individual. II. A health care practitioner may prescribe epinephrine auto-injectors in the name of an authorized entity for use in accordance with this section, and pharmacists and health care practitioners may dispense epinephrine auto-injectors pursuant to a prescription issued in the name of an authorized entity. III. An authorized entity may acquire and maintain a supply of epinephrine auto-injectors pursuant to a prescription issued in accordance with this section. Such epinephrine auto-injectors shall be stored in a location readily accessible in an emergency and in accordance with the instructions for use, and any additional requirements that may be established by board of medicine. An authorized entity shall designate employees or agents who have completed the training required by paragraph V to be responsible for the storage, maintenance, control, and general oversight of epinephrine auto-injectors acquired by the authorized entity. IV. An employee or agent of an authorized entity, or other individual, who has completed the training required by paragraph V may use epinephrine auto-injectors prescribed pursuant to this section to: (a) Provide an epinephrine auto-injector to any individual who the employee agent or other individual believes in good faith is	

Senate Bill 162	Notes
experiencing anaphylaxis, or the parent, guardian, or caregiver of such individual, for immediate administration, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy. (b) Administer an epinephrine auto-injector to any individual who the employee, agent, or other individual believes in good faith is experiencing anaphylaxis, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy. V.(a) An employee, agent, or other individual described in paragraph IV shall complete an anaphylaxis training program at least every 2 years, following completion of the initial anaphylaxis training program. Such training shall be conducted by a nationally-recognized organization experienced in training unlicensed persons in emergency health care treatment or an entity or individual approved by the board of medicine. Training may be conducted online or in person and, at a minimum, shall cover: (1) How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; (2) Standards and procedures for the storage and administration of an epinephrine auto-injector; and (3) Emergency follow-up procedures. (b) The entity or individual that conducts the training shall issue a certificate, on a form developed or approved by the board of	

Senate Bill 162	Notes
medicine to each person who successfully completes the anaphylaxis training program. VI. No authorized entity that possesses and makes available epinephrine auto-injectors and its employees, agents, and other individuals, or health care practitioner that prescribes or dispenses epinephrine auto-injectors to an authorized entity, or pharmacist or health care practitioner that dispenses epinephrine auto-injectors to an authorized entity, or individual or entity that conducts the training described in paragraph V, shall be liable for any injuries or related damages that result from any act or omission pursuant to this section, unless such injury or damage is the result of willful or wanton misconduct. The administration of an epinephrine auto-injector in accordance with this section shall not be considered to be the practice of medicine or any other profession that otherwise requires licensure. This section shall not be construed to eliminate, limit, or reduce any other immunity or defense that may be available under state law. An entity located in this state shall not be liable for any injuries or related damages that result from the provision or administration of an epinephrine auto-injector outside of this state if the entity would not have been liable for such injuries or related damages had the provision or administration occurred within this state, or is not liable for such injuries or related damages under the law of the state in which such provision or administration occurred.	

Senate Bill 162	Notes
67 Guardians and Conservators; Termination of Guardianship. Amend RSA 464-A:40, V(a) to read as follows: V.(a) If, within 30 days after the date of a testate or intestate ward's death, no petition for probate has been filed under any section of RSA 553 and the gross value of the personal property remaining in the possession of the guardian belonging to the deceased, including any amount left in designated accounts for the ward, is no more than [~~$5,000~~] ***$10,000***, the guardian may file in the probate court in the county having jurisdiction over the guardianship an affidavit for the purpose of disposing of such deceased ward's estate. Once approved by the court, the guardian shall be authorized to dispose of the ward's accounts in a manner consistent with the court's order. The form of the affidavit, and the rules governing proceedings under this section, shall be provided by the probate court pursuant to RSA 547:33. 68 Custody and Escheat of Unclaimed or Abandoned Property; Filing of Claim. Amend RSA 471-C:26, I(c)(2)-(3) to read as follows: (2) Except as provided in subparagraphs (5)-(7), in the case of a closed estate where the unclaimed property is valued at less than [~~$5,000~~] ***$10,000*** and does not include securities in share form, in accordance with the final distribution of assets as approved by the probate court. (3) Except as provided in subparagraphs (5)-(7), in the absence of an open estate or probate court decree of final distribution, and the unclaimed property is valued at less than [~~$5,000~~] ***$10,000*** and does	67. Amend RSA 464-A:40, V(a) -Replaces $5,000 with $10,000

Senate Bill 162	Notes
not include securities in share form, by the surviving spouse of the deceased owner, or, if there is no surviving spouse, then to the next of kin in accordance with the provisions of RSA 561:1. 69 Applicability. Sections 67-68 of this act shall apply to affidavits or claims filed on or after the effective date of this section. 70 New Subparagraph; New Hampshire Retirement System; Definitions. Amend RSA 100-A:1, VII by inserting after subparagraph (g) the following new subparagraph: (h) The bureau chief for emergency preparedness and response with the department of health and human services, division of health public services who: (1) Has the authority and responsibility to engage in the prevention and control of public health incidents or emergencies; (2) As a job requirement is fully certified as an emergency preparedness official qualified to administer emergency planning, response and recovery activities in the event of natural disasters, public health crises or similar incidents; and	

Senate Bill 162	Notes
(3) As a job requirement shall meet all physical, mental, educational, and other qualifications for continuing certification as an emergency preparedness official that may be established by the certifying authority. 71 Department of Health and Human Services; Plan for Legislation. The department of health and human services shall consult with representatives of case management agencies and providers to discuss potential licensure of case managers and present a plan for draft legislation to the speaker of the house of representatives and the senate president by November 1, 2021. 72 Effective Date. I. Sections 48-49 of this act shall take effect as provided in section 50 of this act. II. Sections 3-4, 6, 10, 12-32, and 70 of this act shall take effect 60 days after its passage. III. Sections 39-40 and 67-69 of this act shall take effect July 1, 2021. IV. The remainder of this act shall take effect upon its passage.	