

# Bill as Introduced

HB 565 - AS INTRODUCED

2021 SESSION

21-0694  
08/10

HOUSE BILL

**565**

AN ACT

establishing a committee to study charitable gaming.

SPONSORS:

Rep. Ames, Ches. 9; Rep. Almy, Graf. 13; Rep. Walz, Merr. 23

COMMITTEE:

Ways and Means

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ANALYSIS

This bill establishes a committee to study charitable gaming.

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Explanation:

Matter added to current law appears in *bold italics*.

Matter removed from current law appears ~~[in brackets and struck through]~~

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty One*

AN ACT                    establishing a committee to study charitable gaming.

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

1            1 Committee Established. There is established a committee to study the regulatory structure of  
2 charitable gaming.

3            2 Membership and Compensation.

4            I. The members of the committee shall be as follows:

5            (a) Three members of the house of representatives, appointed by the speaker of the  
6 house of representatives.

7            (b) Two members of the senate, appointed by the president of the senate.

8            II. Members of the committee shall receive mileage at the legislative rate when attending to  
9 the duties of the committee.

10          3 Duties. The committee shall:

11            I. Study the oversight and enforcement of charitable gaming in New Hampshire and how  
12 that regulatory structure, including staffing levels for auditors, inspectors and other oversight  
13 positions, compares with best-practice regulatory standards for the gaming industry and regulatory  
14 structures used in other jurisdictions.

15            II. Review the recommendations of prior study commissions with respect to the regulatory  
16 structure of charitable gaming in New Hampshire and determine to what degree those  
17 recommendations have been addressed, including but not limited to recommendations relating to  
18 oversight, enforcement, control measures, technology and staffing.

19            III. Study the amounts and distribution of revenues generated by each charitable gaming  
20 operator to the state and to the charities served by that operator, including all costs borne by the  
21 operator and charities.

22            IV. Study the methods used by charitable gaming operators to select the charities that will  
23 be given dates at the operators' facilities, including the methods used when there is a "wait list" at  
24 the facilities.

25          4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from  
26 among the members. The first meeting of the committee shall be called by the first-named house  
27 member. The first meeting of the committee shall be held within 45 days of the effective date of this  
28 section. Four members of the committee shall constitute a quorum.

29          5 Report. The committee shall report its findings and any recommendations for proposed  
30 legislation to the speaker of the house of representatives, the president of the senate, the house  
31 clerk, the senate clerk, the governor, and the state library on or before November 1, 2022.

1        6 Effective Date. This act shall take effect upon its passage.

# Amendments

Amendment to HB 565

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

2

3 AN ACT relative to community mental health programs and involuntary emergency  
4 admission examinations.  
5

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

7

8 1 Definition; Community Mental Health Program. Amend RSA 135-C:2, IV to read as follows:

9 IV. "Community mental health program" means a program established and administered by  
10 the state, city, town, or county, *private entity*, or a nonprofit corporation for the purpose of  
11 providing mental health services to the residents of the area and which minimally provides  
12 emergency, medical or psychiatric screening and evaluation, case management, and psychotherapy  
13 services.

14 2 New Paragraph; Involuntary Emergency Admission Examination. Amend RSA 125-C:28 by  
15 inserting after paragraph III the following new paragraph:

16 IV. The licensed general hospital or other site designated by the community mental health  
17 program serving the area may place a person who meets the criteria of RSA 135-C:27, I-II in medical  
18 protective custody until an involuntary emergency admission certificate can be fully completed. If a  
19 person is being held in medical protective custody by a licensed general hospital or other site  
20 designated by the community mental health program serving the area, the person, or authorized  
21 representative, may request a record review by the department of health and human services to  
22 challenge their medical protective custody determination if the protective custody arrangement lasts  
23 more than 48 hours. The department of health and human services shall perform the record review  
24 within 24 hours, not including Sundays and holidays, and determine whether the criteria in RSA  
25 135-C:27, I-II are met. If the department of health and human services determines that the criteria  
26 are not met, medical protective custody shall end. If the department of health and human services  
27 determines that the criteria are met, medical protective custody may continue. A person shall not be  
28 held in medical protective custody for more than 7 days.

29 3 Effective Date. This act shall take effect upon its passage.

2021-1888s

AMENDED ANALYSIS

This bill includes private entity in the definition of community mental health program and allows a licensed general hospital or other site designated by the community mental health program serving the area to place a person who meets certain criteria in medical protective custody.

UNAPPROVED

# Committee Minutes



# SENATE CALENDAR NOTICE

## Ways and Means

Sen Bob Giuda, Chair  
Sen Lou D'Allesandro, Vice Chair  
Sen Gary Daniels, Member  
Sen Erin Hennessey, Member  
Sen Cindy Rosenwald, Member

Date: April 8, 2021

### HEARINGS

Monday	04/12/2021	
(Day)	(Date)	
Ways and Means	REMOTE 000	9:00 a.m.
(Name of Committee)	(Place)	(Time)
9:00 a.m.	<b>HB 154-LOCAL</b>	relative to community revitalization tax relief incentives.
9:15 a.m.	<b>HB 330</b>	relative to sports book locations.
9:30 a.m.	<b>HB 533</b>	establishing a division of investigation and compliance in the lottery commission.
9:45 a.m.	<b>HB 565</b>	establishing a committee to study charitable gaming.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: <https://www.zoom.us/j/92700840475>
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location): 1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: +19292056099,,92700840475# or +13017158592,,92700840475#

4. Webinar ID: 927 0084 0475

5. To view/listen to this hearing on YouTube, use this link:

<https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA>

6. To sign in to speak, register your position on a bill and/or submit testimony, use this link:

<http://gencourt.state.nh.us/remotecommittee/senate.aspx>

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: [remotesenate@leg.state.nh.us](mailto:remotesenate@leg.state.nh.us) or call (603-271-6931).

### EXECUTIVE SESSION MAY FOLLOW

**Sponsors:**

**HB 154-LOCAL**

Rep. Conley

Rep. Cleaver

**HB 330**

Rep. Lang

Rep. Moffett

**HB 533**

Rep. Abrami

**HB 565**

Rep. Ames

Rep. Vann

Sen. Watters

Rep. Wallace

Rep. Belanger

Rep. Abbas

Rep. Almy

Rep. Grassie

Rep. Bordes

Rep. T. Lekas

Rep. Doucette

Rep. Walz

Rep. Andrew Bouldin

Rep. Pearl

Rep. Trotter

Sonja Caldwell 271-2117

Bob J. Giuda  
Chairman

**Senate Ways and Means Committee**  
*Sonja Caldwell 271-2117*

**HB 565**, establishing a committee to study charitable gaming.

**Hearing Date:** April 12, 2021

**Members of the Committee Present:** Senators Giuda, D'Allesandro, Daniels, Hennessey and Rosenwald

**Members of the Committee Absent :** None

**Bill Analysis:** This bill establishes a committee to study charitable gaming.

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**Sponsors:**

Rep. Ames

Rep. Almy

Rep. Walz

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**Who supports the bill:** Rep. Edith Tucker, Rep. Dick Ames, Rep. Norman Major, Amie Lathrop, Eric Pauer

**Who opposes the bill:** No one

**Who is neutral on the bill:** Charlie McIntyre

**Summary of testimony presented in support:**

**Rep. Ames**

- This bill is almost identical to the provisions of Part IV of SB100.
- Both bills would set up a committee to study all aspects of charitable gaming.
- So many questions arise in the context of charitable gaming. The idea is to look at the larger context. For example, historic horse racing is a hybrid in terms of where it lands legally. RSA284 is the original horse racing statute and RSA287 is where charitable gaming resides.
- There is a fairly serious need for a hard look at how this all works out. One of the things that should be studied is who the charitable organizations are that participate in charitable gaming. He noted that the legislature has had bills that ask to expand the definition of charitable gaming. There are different requirements for bingo than games of chance.
- He noted that the legislature must determine how to handle the two bills going forward.

**Sen. Giuda** asked him how this bill is different from SB100.

**Rep. Ames** said that in terms of the composition of the committee, both bills call for 3 House members and 2 Senate members, however SB100 stipulates that one senator be a member of the Ways and Means Committee and one be a member of the Finance committee. SB100 has the same stipulation for the House members. The senate bill calls for the study committee to be convened by first named senator and the house bill calls for the study committee to be convened by the first named house member.

**Neutral Information Presented:**

**Charlie McIntyre – Executive Director of NH Lottery Commission**

- The Lottery Commission has no opposition to the committee.

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Date Hearing Report completed: April 12, 2021

## SENATE CALENDAR NOTICE

### Health and Human Services

Sen Jeb Bradley, Chair  
Sen James Gray, Vice Chair  
Sen Kevin Avar, Member  
Sen Tom Sherman, Member  
Sen Rebecca Whitley, Member

Date: June 4, 2021

### HEARINGS

Tuesday	06/08/2021	
(Day)	(Date)	
Health and Human Services	REMOTE 000	10:00 a.m.
(Name of Committee)	(Place)	(Time)

10:00 a.m.

Hearing on proposed Amendment #2021-1888s, relative to community mental health programs and involuntary emergency admission examinations, to **HB 565**, establishing a committee to study charitable gaming.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: <https://www.zoom.us/j/97518824003>
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location): 1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: 13126266799,,97518824003# or 16465588656,,97518824003#
4. Webinar ID: 975 1882 4003
5. To view/listen to this hearing on YouTube, use this link:  
<https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA>
6. To sign in to speak, register your position on a bill and/or submit testimony, use this link:  
<http://gencourt.state.nh.us/remotecommittee/senate.aspx>

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**EXECUTIVE SESSION MAY FOLLOW**

**Sponsors:**

**HB 565**  
Rep. Ames

Rep. Almy

Rep. Walz

Kirsten Koch 271-3266

Jeb Bradley  
Chairman

# Senate Health and Human Services Committee

*Kirsten Koch 271-3266*

**Amendment #2021-1888s to HB 565**, relative to community mental health programs and involuntary emergency admission examinations.

**Hearing Date:** June 8, 2021

**Time Opened:** 10:04 a.m.

**Time Closed:** 11:59 a.m.

**Members of the Committee Present:** Senators Sherman, Whitley, Gray and Bradley

**Members of the Committee Absent :** Senator Avard

**Bill Analysis:** This bill establishes a committee to study charitable gaming.

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**Amendment Sponsor:**

Sen. Bradley

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**Who supports the bill:** Jonathan Ballard, NH DHHS; Eric Pauer.

**Who opposes the bill:** There are 96 names signed in opposition to this amendment. To view the sign in sheet, please contact Kirsten Koch at [kirsten.koch@leg.state.nh.us](mailto:kirsten.koch@leg.state.nh.us)

**Who is neutral on the bill:** None.

**Summary of Testimony Presented:**

**Senator Bradley, District 3**

- Senator Bradley said, DHHS asked to bring this amendment after the recent NH Supreme Court hearing.
- Senator Bradley said, this bill was pulled off the table by certain rules. It would require a two-thirds vote to pass the Senate.

**Commissioner Lori Shibinette, Dr. Jonathan Ballard, Melissa St. Cyr, esq., New Hampshire Department of Health and Human Services**

- The department testified in support of the amendment.
- Commissioner Shibinette said her testimony will provide a synopsis of legislation.
- Commissioner Shibinette said, involuntary emergency admission, known as IEA, results in the inability to choose a site of care, loss of access to belongings, no access to family, placement in a windowless room. These patients are placed in IEA because they need this level of security.
- Commissioner Shibinette said, this legislation targets patients that do not need to be placed in IEA. This includes patients under the influence, elderly patients with dementia,

patients who choose to voluntarily stay, or homeless patients. These patients do not need an IEA

- Commissioner Shibinette said, 40% of all IEAs were rescinded. IEA should be a last resort.
- Commissioner Shibinette said, this amendment should not extend the time of an IEA. The amendment provides a tool for providers to hold an unsafe person for up to 3 days, whose condition is not related to mental illness, for example, substance abuse.
- Commissioner Shibinette said, in the last 3 weeks, here are some of the numbers for NH hospital:
  - The average wait time is less than a day.
  - 7 people referred today and will be admitted this afternoon if they meet IEA criteria.
  - The NH hospital has deferred 25 patients due to developmental disability, 15 patients were deferred because of substance abuse, 3 deferred for other reasons, 3 admitted voluntarily, and 1 deferred because of substance abuse.
- Commissioner Shibinette said, the department is pushing for this amendment because providers need 3 days to fully assess a patient on whether they need an IEA. This time frame allows patients to sober up and for providers to determine the right path for success for that patient.
- Commissioner Shibinette said, we have heard a lot of feedback from stakeholders, but not solutions.
- Dr. Jonathan Ballard said, the provider must determine if the condition is due to a medical cause or mental illness. These patients need care and need to be placed into safety. IEA to a mental health hospital is not always the right answer. If mental illness is the result of a medical condition, or substance abuse, then we need time to assess the condition. The amendment allows time for a medical evaluation. Providers need a tool to allow for time for medical evaluation. This is a very pressing issue.
- Senator Whitley said, I want to recognize all the work the department has done to try to solve this problem. It is clear to me that this legislation was brought to make sure there are not any inappropriate IEA's. It may not get use where we need to be, but it does increase the time folks are held without due process. Have we considered other alternatives? Has an augmented triage been considered?
  - Commissioner Shibinette said, NH Hospital does that almost every day, if not 3-4 times a week. That is where those 25 patients I mentioned came from. That is the population we have targeted with the amendment. The population that should not have been IEA'd to begin with. These are patients that came in on a Saturday night and need to sober up. I absolutely agree that someone with mental illness should be IEA'd. A triage list with all the hospitals has not been done.
- Senator Whitley asked, are there any additional barriers to create a more robust augmented triage list?
  - Commissioner Shibinette said, there are no policy barriers. What is the goal of that triage? All the DRF's that have the list get the same referrals we do and can fill their beds. But if nobody has open beds then we still have the same problem. If someone is very sick, then they get moved to the top of the list.
- Senator Whitley said, it is great to hear where we are with the adult wait list. Can you share the steps taken on how we got the list down to where we are now?



- Commissioner Shibinette said, we offered incentive pay to long term care facilities and they took at least 25 patients from NH Hospital. That opened 24 additional beds. We took the temporary kids' unit and converted it back to adults, which opened 10 beds. This resulted increased capacity. We have done this before. We moved the kids to Hampstead. Eventually the list went back up. We opened transitionally housing. Then the list went back up. This is the last flexibility I have to create additional capacity. Hampstead is still down a unit due to staffing. Border hospitals are in the process of working with us.
- Senator Whitley asked, can you share the ongoing barriers for standing up mobile crisis units?
  - Commissioner Shibinette said, we are currently working on that and setting up mobile crisis units. We made the promise 50 years ago that people with mental illness will not have to live out their life in an institution. They can get community care. The Supreme Court said we need to be in compliance immediately. There were probable cause hearings. We did not have the time to come into compliance. We have been in compliance for the last 2 weeks or so. What is right for the patient and NH is care in the community, by the community, not care by the government or the state.
- Senator Gray said, my question is about the status quo with the court order. The court hearing must be within 72 hours. The person must be detained for their own good. Is it an option to hold them until a bed is available?
  - Commissioner Shibinette said, once probable cause is found, then they are in the care of the state hospital. The other hospitals are not willing to have the hearings.
- Senator Gray asked, the hospitals are not willing to hold the hearings, or hold the people?
  - Commissioner Shibinette said, the hospitals not willing to hold the hearings. They felt that was a liability and safety issue. Once the hearing happens, the law says that person needs to be in a DRF. We are responsible for their care.
- Senator Bradley asked, what happens when they have the hearing and they are in the care of the state, and there are no beds?
  - Commissioner Shibinette said, the only place they have a hearing is when they are at a DRF.
- Senator Bradley asked, what happens when there are no DRF beds at the hospital? Then is there an inability to have a hearing?
  - Commissioner Shibinette said, exactly. That is what lead to the lawsuit. The hospital has an option to release the patient or transfer the patient to NH Hospital. Then if the judge found no probable cause, we worked with each patient to make sure it would be safest for the patient to either commit to a voluntary stay, IEA, or create an acceptable discharge plan.
- Ms. St. Cyr said, the law says the patient needs to be immediately transferred to DRF or NH hospital. If we do not have beds available, then they have to wait. If the wait list creeps back up again, and individuals are waiting after their certificate is complete, then they need a probable cause hearing. But the hearings cannot occur until they are in the hospital.
- Senator Whitley asked, what have you heard from the hospitals that are the barriers to getting this process done?

- Ms. St. Cyr said, the hospitals believe there is a liability. They are not comfortable with hearings being conducted. The individual becomes upset if probable cause is found, and the hospital staff may not be able to manage the individual's behavior. The best answer to this question would probably be from the NH Hospital Association.
- Senator Gray asked, this allows you to put the patient in medical custody for 7 days and extended that?
  - Commissioner Shabinette said, that was changed to 3 days. The provider does not know what is wrong with the patient. This gives the providers 72 hours to determine if an IEA needs to be done or another consult. The amendment provides a tool that gives providers the option to hold someone. Doctors may know a patient is not experiencing mental illness, but the provider needs more time to assess what may actually be wrong. For example, waiting for a patient to sober up so they can be assessed when the patient is no longer under the influence. The wait list has gone through the roof when too many people are inappropriately on IEA.
- Dr. Ballard said, we need the tool set to provide time to assess medical conditions in patients.
- Senator Gray said, what we need is a way for the doctor to say "I think there is a drug or alcohol condition" that allows a patient to be held.
  - Commissioner Shabinette said, that is exactly what we were shooting for. A tool that allows providers to say, "I need X amount of time to do a full assessment" whether that be an x-ray, MRI, or a consult."
- Senator Gray said, the problem I have is with the statute cited (RSA 135).
  - Ms. St. Cyr said, under the RSA "danger to themselves or others" and "mental illness" are not the same thing. If they are under the influence and attacked a police officer, and the person has no history of mental illness, but they are clearly a danger, then providers can hold the person and assess them.
- Senator Whitley said, I have similar concerns to Senator Gray. Is extending the time period for IEA the right solution?
  - Ms. St. Cyr said, we are not extending the IEA. It is for a patient that does not need an IEA but needs to stay for other treatment. We can make it clearer in the language. The doctors have said to us the current system forces them to place a patient in an inappropriate IEA because they have no other tools. This is for individuals not subject to an IEA. I think the statute has confusing language.
- Commissioner Shabinette said, these patients are being held on an IEA, but the IEA is being rescinded because it is not appropriate. We are trying to create a parallel path for those who need to be held, but do not need to be held under an IEA. The target for this is for people that do not need an IEA but need to be held for medical assessment. This legislation is for people that do not need to be IEA'd.
- Senator Bradley said, Section 1 adds "private entity." There has been some opposition to that too. Can you comment on that?
  - Commissioner Shabinette said, I cannot imagine why anyone, knowing the shortages contributing to the mental health problem in this state, would oppose bringing any additional provider in to help. These national providers would have to follow the same rules and regulations as those in this state do.

## **Ken Norton, NAMI-NH**

- Mr. Norton said, NAMI-NH supports the Section 1 changes, but opposes the rest of the amendment.
- Mr. Norton said, it has only been 10 years since IEA existed. People used to be admitted to NH Hospital right away. The person was first medically cleared by ER staff.
- Mr. Norton said, proper mental health treatment is not available in the ER. If more beds would be available, there would be fewer IEA's.
- Mr. Norton said, the care of people with mental illness is not the responsibility of the state. Hospitals and local community centers need to do more.
- Mr. Norton said, people are being inappropriately IEA'd.
- Mr. Norton said, I am surprised to see this come so quickly after the supreme court decision. I believe the department has the best intentions bringing this legislation. Releasing patients who may be a danger to themselves, or others is not in the best interest of the patient or the public.
- Mr. Norton said, we do not support the amendment as written, but we are willing to work with the committee and department on getting this right.
- Senator Gray said, going back to what the department said, there are a number of people that need to be retained. If we restructured this, we could get them out of the statistics and better focus on those with mental illness. Do you believe we should retain people who are a danger to themselves?
  - Mr. Norton said, it is hard to sort out. It is clear people who met the current criteria for being a danger were immediately processed for IEA. We would be supportive of this custody.
- Senator Whitley said, we can all agree public safety and individual safety is critical. We can also agree this amendment does not solve this problem. We need more training. Are there any barriers to these solutions?
  - Mr. Norton said, I may not be the best to answer this question on barriers. A more intensive triage process would be helpful.

## **Gilles Bissonette, esq., ACLU-NH & Class Plaintiff Counsel in *Doe v. Commissioner***

- Mr. Bissonette said he was testifying in both of his capacities.
- Mr. Bissonette said he is testifying to defend the rights of those not getting probable cause hearings within 3 days.
- Mr. Bissonette said he opposes the amendment as drafted because it creates a detention system without due process.
- Mr. Bissonette said, the wait list issue has been going on for years. Due process is a bedrock constitutional principal. Individuals have the right to a prompt hearing to detest detention.
- Mr. Bissonette said, in 2020 there were 252 cases with no probable cause found. That is 12% of IEA's filed.
- Mr. Bissonette said, early intervention is important, as well as diverting people from ER's and opening beds. DRF beds for those that only truly need help quickly.
- Mr. Bissonette said, we do not oppose a custody review process after certificate and assessment, but it must happen within a 3-day window.

- Mr. Bissonette offered 5 proposals and referred the committee members to review his written testimony for more details.
  - (1) The first proposal is closest to the amendment. It allows for some review. A person who is subjected to IEA can ask for a custody review within 24 hours. DHHS can act in a triage capacity. This will not prolong the process.
  - (2) The second proposal requires the courts to get IEA certificate and petition. This is important if the wait list grows. DHHS can intervene. The court can begin scheduling.
  - (3) The third proposal requires a timely provider consult and does not release patients that are a danger to themselves or others.
  - (4) The fourth proposal addresses the issues that IEA patients only receive notice of rights when being transferred to DRF, when that could be after weeks of being detained. Patients should get this notice immediately.
  - (5) The fifth proposal puts into statute that patients have a prompt right of appeal. To be transparent, the court system does oppose this proposal because of the burden it would place on the court system.
- Mr. Bissonette said he is happy to work on a solution with stakeholders.
- Senator Whitley said, regarding the fourth proposal, is it the case that folks in the ER do not get notice?
  - Mr. Bissonette said, they only get notice when they are admitted to a DRF. If they get immediately delivered, it is not a problem. But when there is a wait list, then they have no idea what their rights are during that waiting period.

#### **Mike Skibbie, Disability Rights Center NH**

- Mr. Skibbie said he opposes the amendment because it removes protections for improper confinement. However, it is a solution for those that do not meet IEA requirements
- Mr. Skibbie said, what appears in writing does not seem to match the presentation made by DHHS. The statute referenced does not match the IEA standard discussed by DHHS.
- Mr. Skibbie said, why is the result of the Doe case to do medical assessment before transferring patients?
- Mr. Skibbie said, a police officer can take someone who is dangerous into custody. That custody could be a jail or an ER. The committee should direct their intentions to that statute.
- Mr. Skibbie said, there are problems with areas of procedure. There is option for judicial review. The standard for IEA is a legal standard. A magistrate must review it. There is a legal standard for confinement. Judicial review must occur within 48 hours for those confined for criminal action. There is also currently no requirement for the person to be informed of their rights, be notified they can have access to a lawyer, or apply for judicial review.
- Mr. Skibbie referenced a Senate bill from 2019 that allows for a patient to divert for community services.

#### **Steve Ahnen, President of the NH Hospital Association**

- Mr. Ahnen testified in opposition to the amendment.

- Mr. Ahnen said, the state's mental health problem did not happen overnight. The 10-year plan is going in the right direction. Commissioner Shibinette's efforts have been significant and resulted in effective solutions.
- Mr. Ahnen said, the amendment would create a perpetuate system in delaying patients.
- Mr. Ahnen said, with this amendment coming at the end of this Session, there is no time left to work on this with stakeholders. We need a collaborative approach, more education and partnership with the NH Hospital.
- Mr. Ahnen said, the challenge for clinicians is their decisions are made based on the presentation of the patient in front of them.
- Senator Whitley, could you share what the hospitals see as barriers to these hearings when folks are in the ER?
  - Mr. Ahnen said, The safety and security of the patient, staff, and other patients. This is a barrier we cannot get beyond. When an IEA is certified, then the patient needs to move immediately to get the care they need and due process they deserve.

### **Lisa Madden, Riverbend Community Mental Health and Concord Hospital**

- Ms. Madden testified in opposition to the amendment.
- Ms. Madden first addressed Part 1 of the amendment.
- Ms. Madden said, we need an intentional plan for regional services. Right now, some services are reimbursable, and some are not. Adding private entities in Section 1 will erode the ability for the community centers to provide care and maintain financial integrity. Increased resources for CMHC's were welcomed by community mental health centers. More financial resources will directly improve access to services.
- Ms. Madden said, we are 100% committed to a solution for the mental health and addiction crisis.
- Ms. Madden then addressed Part 2 of the amendment.
- Ms. Madden said, providers are not taking away civil liberties. The IEA status is done with careful regard to health and community safety. Such a change would run around the recent supreme court decision.
- Ms. Madden said, we need to fund community services. We have long requested money for the housing rate. We need more money to stay open. Non-CMHC providers have been getting higher rates of funding. We need more housing and beds for those who cannot return to their communities.

### **Virginia Nossiff**

- Ms. Nossiff shared a personal anecdote about her son who was hallucinating and was held in a hospital for 2 and a half weeks.

### **Karen Trudel**

- Ms. Trudel said she strongly opposes this amendment as written.
- Ms. Trudel shared an anecdote about the challenges she faced while being a patient at the NH Hospital.
- Ms. Trudel suggested establishing a mental health unit in the gym at NHTI and extending wrap-around services.

### **Danielle Van Dusen**

- Ms. Van Dusen said she is a licensed clinical mental health counselor and said she experiences mental health issues herself.
- Ms. Van Dusen said, this legislation should be focused, not within the hospital or DHHS, but on other services.
- Ms. Madden said, this amendment is not a solution, nor is it helpful.

**Gary Apfel, esq.**

- Mr. Apfel said he is Jane Doe's attorney (*Doe v. Commissioner*), although he is speaking here in his individual capacity.
- Mr. Apfel said, we are getting lost in labels.
- Mr. Apfel said, my client could not attest to her conditions. There were allegations made against her from a third party.
- Mr. Apfel said, this amendment adds another 7 days.
- Mr. Apfel suggested a 24-hour limit.

**Representative Megan Murray, Hillsborough 22**

- Rep. Murray said the language in the amendment could create confusion.
- Rep. Murray said, people struggling with mental health deserve expediency and dignity.
- Rep. Murray said she had issues with the language on Line 26, specifically the language that DHHS would bear the determination.
- Rep. Murray said she was testifying on behalf of her constituents that have struggled financially to pay for mental health care.

**Representative Nicole Klein-Knight, Hillsborough 11**

- Rep. Klein-Knight said, the mentally ill are used to a system that cannot help. The state does not care. Children have it way worse than adults. Children are waiting in the ER. This amendment seeks to cause more damage.

**Debra Green**

- Ms. Green shared a personal anecdote about how she had been hospitalized 12 times for suicidal depression.
- Ms. Green said, we all have the same goal to help the patients. We need to find a way to do that.

**Representative Amanda Toll, Cheshire 16**

- Rep. Toll said, people need to get the services that they need as soon as possible.
- Rep. Toll said, disregarding a supreme court decision is not responsible.
- Rep. Toll said, an IEA is a traumatic experience for all patients that experience it.

**Louise Spencer**

- Ms. Spencer said she was testifying in opposition to the second part of the amendment, however she said opposes the entire amendment.
- Ms. Spencer said she is concerned about civil liberties.
- Ms. Spencer said, separate folks who need an IEA and may need some protective custody.

- Ms. Spencer said she is the founder of the Kent Street Coalition, but she is testifying in her individual capacity.

#### **Representative Ken Snow, Hillsborough 19**

- Rep. Snow said, the barrier for probable cause hearing is available judges. Perhaps we could have hearings conducted remotely to allow due process to be completed in a reasonable time frame.

#### **Representative Timothy Horrigan, Strafford 6**

- Rep. Horrigan said he agreed with the House Representatives that have testified in opposition to the amendment.
- Rep. Horrigan said, with this amendment it seems as though anybody could take custody of mentally ill individuals.

KNK

Date Hearing Report completed: June 9, 2021

# Speakers



<b>Name</b>	<b>Representing</b>	<b>Position</b>	<b>Testifying</b>
Tucker Rep. Edith	House Ways and Means & Myself	Support	Yes
Ames Dick	State Rep House District Cheshire 9	Support	Yes
McIntyre Charlie	Myself	Neutral	No
major Norman	Myself	Support	No
Lathrop Amie	My Self	Support	No
Pauer Eric	Myself	Neutral	No

## Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB565 on 2021-06-  
Support: 2   Oppose: 91   Neutral: 0   Total to Testify: 19

<b>Name</b>	<b>Email Address</b>	<b>Phone</b>	<b>Title</b>	<b>Representing</b>	<b>Position</b>	<b>Testifying</b>
Letellier, Carolyn	Cgerath@yahoo.com	Not Given	A Member of the Public	Myself/ family member currently in treatment at nh hospital	Oppose	Yes
Nossiff, Virginia	ginrossiff@gmail.com	603.630.3574	A Member of the Public	Myself	Oppose	Yes
Trudel, Karen	tktrudel1@gmail.com	16034942726	A Member of the Public	Karen Trudel	Oppose	Yes
Bissonnette, Gilles	gilles@aclu-nh.org	603-227-6678	A Lobbyist	ACLU-NH/Class Plaintiffs in Doe v. Commissioner	Oppose	Yes
Van Dusen, Danielle	lilaeden@gmail.com	603.969.2267	A Member of the Public	Myself	Oppose	Yes
Ahnen, Steve	sahnen@nhha.org	603-415-4250	A Lobbyist	NH Hospital Association	Oppose	Yes
Apfel, Gary	gna@simulaw.com	(603) 359-06	A Member of the Public	Myself	Oppose	Yes
skibbie, michael	mikes@drcnh.org	603.568.5093	A Lobbyist	Disability Rights Center -- NH	Oppose	Yes
Norton, Ken	knorton@naminh.org	6032255359Ex	A Lobbyist	NAMI NH - The National Alliance on Mental Illness	Oppose	Yes
Brisson, Neysa	Ndvoice@yahoo.com	603.540.6168	A Member of the Public	My minor son	Oppose	Yes
Murray, Megan	megan.murray@leg.state.nh.us	Not Given	An Elected Official	Hillsborough District 22	Oppose	Yes
Klein Knight, Nicole	nklein@cca.edu	603.380.8074	An Elected Official	Myself	Oppose	Yes
Green, Debra	debido0973@yahoo.com	603.562.8177	A Member of the Public	Myself	Oppose	Yes
Ballard, Jonathan	jonathan.ballard@dhhs.nh.gov	Not Given	State Agency Staff	DHHS	Support	Yes
Toll, Amanda	amandayogaforyou@gmail.com	603.860.1994	An Elected Official	Myself	Oppose	Yes
Spencer, Louise	lpskentstreet@gmail.com	603.491.1795	A Member of the Public	Myself	Oppose	Yes
barnes, ken	Not Given	Not Given	A Member of the Public	Myself	Oppose	Yes
Madden, Lisa	lmadden@riverbendcmhc.org	226-7505 x32	A Member of the Public	Riverbend Community Mental Health and Concord Hospital	Oppose	Yes
Bailey, Cheryl	cheryl_Bailey11@aol.com	603.991.9555	A Member of the Public	Myself	Oppose	Yes
Kevlik, Catherine	jkevlik@comcast.net	603.548.4031	A Member of the Public	Myself	Oppose	No
Pauer, Eric	secretary@BrooklineGOP.org	603.732.8489	A Member of the Public	Myself	Support	No
Scribner, Lois	scribnerlois@gmail.com	603 783 0206	A Member of the Public	Myself	Oppose	No
Falk, Cheri	Not Given	Not Given	A Member of the Public	Myself	Oppose	No
Espitia, Manuel	manuel.espitia11@gmail.com	714.742.9527	An Elected Official	Myself	Oppose	No
Torpey, Jeanne	Not Given	Not Given	A Member of the Public	Myself	Oppose	No
Thornton, Margaret	Not Given	Not Given	A Member of the Public	Myself	Oppose	No
Beaudoin, Jennifer	jenniferbeaudoin@comcast.net	603.261.6497	A Member of the Public	Myself	Oppose	No
Rene, Ronald	rarene1964@yahoo.com	603-703-5386	A Member of the Public	Myself	Oppose	No
Newick, Catharine	Not Given	Not Given	A Member of the Public	Myself	Oppose	No
Frey, Gina	Not Given	Not Given	A Member of the Public	Myself	Oppose	No
Prive, Karen	froggyk630@gmail.com	603.934.6802	A Member of the Public	Myself	Oppose	No
Cornell, Patricia	Not Given	Not Given	An Elected Official	Myself	Oppose	No
Houle, Normand	Not Given	Not Given	A Member of the Public	Myself	Oppose	No
Dunlap, Bernice	bernicerd@gmail.com	603.455.9063	A Member of the Public	Myself	Oppose	No
Blanchard, Sandra	sandyblanchard3@gmail.com	603.724.3768	A Member of the Public	Myself	Oppose	No
Cahill, Kathy	kathyhigginscahill@gmail.com	603.731.3246	A Member of the Public	Myself	Oppose	No
Potvin, Shana	Shanapotvin@gmail.com	603-548-3942	A Member of the Public	Myself	Oppose	No
Magruder, Joe	joe.magruder@gmail.com	603.731.9232	A Member of the Public	Myself	Oppose	No
Thornblad, Vernon	vernonthornblad@gmail.com	617.823.9624	A Member of the Public	Myself	Oppose	No
Perencevich, Ruth	Not Given	Not Given	A Member of the Public	Myself	Oppose	No
Leal, Brittany	Britthume@aol.com	480-580-2010	A Member of the Public	Myself	Oppose	No
Brunelle, Leigh	lbrunelle@me.com	603.674.9263	A Member of the Public	Myself	Oppose	No
Roy, Leo B	lbroy25@gmail.com	603.486.5060	A Member of the Public	Myself	Oppose	No
Brunelle, Seth	Not Given	603.471.2537	A Member of the Public	Myself	Oppose	No

Hyland, Stephanie	Stephanie.hyland@leg.us.state.nh	Not Given	An Elected Official	Hills 38	Oppose	No	(
Weber, Lucy	lwmcv@comcast.net	603.499.0282	An Elected Official	Cheshire 01—opposing Amendment 1888s	Oppose	No	(
Garen, June	jzanesgaren@gmail.com	603.393.8134	A Member of the Public	Myself	Oppose	No	(
Lewandowski, Jean	jlewando@hotmail.com	Not Given	A Member of the Public	Myself	Oppose	No	(
Jefferson, Laura	lauraejefferson@gmail.com	603.848.0150	A Member of the Public	Myself	Oppose	No	(
McKeon, Wendy	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Matthews, James	matthews@mac.com	603.738.5001	A Member of the Public	Myself	Oppose	No	(
Covert, Susan	scovert@comcast.net	603.746.4486	A Member of the Public	Myself	Oppose	No	(
Waterman, Raymond	prwaterman@aol.com	16034243692	A Member of the Public	Myself	Oppose	No	(
Waterman, Patricia	prwaterman@aol.com	16033450644	A Member of the Public	Myself	Oppose	No	(
Saunderson, George	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Lindpaintner, Lyn	lynlin@bluewin.ch	Not Given	A Member of the Public	Myself	Oppose	No	(
Chretien, Jacqueline	jackie.chretien@leg.state.nh.us	603.289.6808	An Elected Official	Myself/Hillsborough 42	Oppose	No	(
Snow, Ken	ken.snow@leg.state.nh.us	759-8340	An Elected Official	Myself	Oppose	No	(
Stearns, Susan	slstearns@gmail.com	603.738.5843	A Member of the Public	Myself	Oppose	No	(
Donnelly, Ryan	rdonnelly@gsil.org	603-520-3271	A Lobbyist	Granite State Independent Living	Oppose	No	(
Mayne, Kenneth	kbmayne@gmail.com	Not Given	A Member of the Public	Myself	Oppose	No	(
Foley, Dennis	dfoley@merrimacknh.gov	603-420-1846	A Member of the Public	Myself	Oppose	No	(
Cannon, Gerri	gerri.cannon@gmail.com	603.841.5410	An Elected Official	Myself	Oppose	No	(
Anderson, Robert	rgand43@gmail.com	914.261.4304	A Member of the Public	Myself	Oppose	No	(
Brennan, Nancy	burningnan14	Not Given	A Member of the Public	Myself	Oppose	No	(
Brennan, Arthur	arete201314@gmail.com	Not Given	A Member of the Public	Myself	Oppose	No	(
Lamphier, Regan	ReganBurkeLamphier@gmail.com	603.264-9391	A Member of the Public	Myself	Oppose	No	(
Kaplan, Susan	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Schapiro, Joc	Not Given	Not Given	An Elected Official	Cheshire 16, Keene	Oppose	No	(
Hinebauch, Mel	mmhinebauch@yahoo.com	603.224.4866	A Member of the Public	Myself	Oppose	No	(
Portnoy, Fred	fportnoy@gmail.com	603.267.7331	A Member of the Public	Myself	Oppose	No	(
Taylor, Stephen	Not Given	603.533.8647	A Member of the Public	Myself	Oppose	No	(
Contant, Kimberly	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Berlenbach, Susan	Not Given	603.224.0410	A Member of the Public	Myself	Oppose	No	(
WILKE, MARY	wilke.mary@gmail.com	Not Given	A Member of the Public	Myself	Oppose	No	(
Berch, Paul	pberch@myfairpoint.net	603.399.4960	An Elected Official	Myself	Oppose	No	(
Ingraham, Sheryl	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Smith, Maja	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Clark, Martha	mctraveler1@comcast.net	Not Given	A Member of the Public	Myself	Oppose	No	(
Hayes, Randy	rcompostr@gmail.com	Not Given	A Member of the Public	Myself	Oppose	No	(
Emerson, Anne	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Mitchell, Karen	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Pedersen, Michael	pedersenus@aim.com	Not Given	An Elected Official	Hillsborough 32	Oppose	No	(
Clyde, Terri	tlclyde@comcast.net	Not Given	A Member of the Public	Myself	Oppose	No	(
Clifford, Virginia	vstmartin@comcast.net	Not Given	A Member of the Public	Myself	Oppose	No	(
Canotas, Vasiliki	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Berry, Jake	jberry@new-futures.org	603.493.8781	A Lobbyist	New Futures	Oppose	No	(
Guggisberg, Karen	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Murdoch, Kim	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Manscau, Joline	Not Given	Not Given	A Member of the Public	Myself	Oppose	No	(
Ferber, Claudia	goodwife731@gmail.com	603.731.5705	A Member of the Public	Myself	Oppose	No	(
Brunelle, Barbara	barbbrunelle@comcast.net	603.682.5388	A Member of the Public	Myself	Oppose	No	(
Hickerson, Todd	ToddWHHickerson@gmail.com	214.500.1185	A Member of the Public	Myself	Oppose	No	(

# Testimony

## Sonja Caldwell

---

**From:** Edith Tucker <edithtucker@ne.rr.com>  
**Sent:** Sunday, April 11, 2021 2:15 PM  
**To:** Sonja Caldwell  
**Subject:** Testimony on HB 565 for Senate Ways & Means Committee of Rep. Edith Tucker of House Ways and Means Committee (April 12, 2021)

This bill was supported in the House Ways and Means Committee by a 24-0 vote for OTP and was passed by the House last week. It establishes a committee to study charitable gaming. The committee would be made up of three representatives and two senators to study the appropriate regulatory structure of charitable gaming so as to ensure its integrity, the fair selection of participating charities, and the fair allocation of all revenues. The committee shall study the oversight and enforcement of charitable gaming in N.H. and how that regulatory structure, including staffing levels for auditors, inspectors, and other oversight positions, compares with best-practice regulatory standards for the gaming industry and regulatory structures used in other jurisdictions.

It shall review the recommendations of prior study commissions in 2013 and 2015 and determine to what degree those recommendations have been addressed, including but not limited to recommendations related to oversight, enforcement, control measures, technology, and staffing. It shall study the amounts and distribution of revenues generated by each charitable gaming operator to the state and to the charities served by that operator, including all costs borne by the operator and charities.

And it shall study the methods used by charitable gaming operators to select the charities that will be given dates at the operators' facilities, including the methods used when there is a "wait list" at these facilities. The committee shall report its findings and any recommendations for proposed legislation to the Speaker, Senate President, House Clerk, Senate Clerk, Governor, and the State Library on or before Nov. 1, 2022.

## Kirsten Koch

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**From:** Joline Manseau <joline.manseau@gmail.com>  
**Sent:** Friday, June 4, 2021 11:18 PM  
**To:** Kirsten Koch  
**Subject:** HB565

I am opposed to HP 565. I was guardian for a family member when this family member's bipolar disorder flared up, requiring several hospitalizations prior to recovery. There were periods of time when my family member had to spend days in the emergency department, which worsened the condition while waiting for admission into NH's psychiatric hospital. I consider this to be unfair to a population that should not be treated any differently from someone who has a medical condition. Those with a medical condition do not have to wait days in an emergency department before getting medical care. The same standard should be held for those with mental illness.

Thank you for your consideration,  
Joline Manseau  
Hollis NH



National Alliance on Mental Illness

# NAMI | New Hampshire

June 7, 2021

Senator Jeb Bradley  
Senate Health and Human Services Committee  
107 North Main Street  
Concord, New Hampshire 03301

Dear Chairman Bradley and Committee Members,

My name is Kenneth Norton, and I am the Executive Director of NAMI NH, the National Alliance on Mental Illness. I am a Licensed Independent Clinical Social Worker (LICSW) in the State of New Hampshire with extensive experience in working in community mental health. I have served as a subject matter expert in the areas of mental health as well as suicide prevention for the US Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Defense (DoD) and the Veterans Administration (VA). On behalf of NAMI NH, I am here to offer testimony regarding the proposed amendment to HB 565.

First, although it is getting overshadowed by the medical protective custody part of the bill, NAMI NH is supportive of the language in Section 1 regarding the addition of "private entity" to the definition of community mental health program in RSA 135-C:2, IV. It has long been our hope the state would consider this type of private entity to provide statewide mobile crisis response services. New Hampshire can benefit from any qualified and willing provider.

As for Section 2 adding a medical protective custody component to Involuntary Emergency Admission (IEA) Examination under RSA 125-C:28, on behalf of NAMI NH, I would like to speak in opposition to this section as proposed.

It has been over 20 years since I have done mental health assessments in emergency departments. However, it has only been 10 years since Emergency Department boarding started. It is important to remember that for the 25 plus years before 2011, every person who met the criteria for an involuntary emergency admission (IEA) was admitted to New Hampshire Hospital (NHH) within *hours* of being brought to an emergency department for an assessment. This included first being "medically cleared." Individuals who were intoxicated and determined to be a danger to themselves or others were routinely placed in protective custody in the local jail, and when they were sober, the jail then decided whether they needed a mental health assessment. They were never IEA while intoxicated.

*Find Help, Find Hope.*

NAMI New Hampshire • 85 North State Street • Concord, NH 03301  
InfoLine: 800-242-6264 • Tel. 603-225-5359 • Fax 603-228-8848 • [info@naminh.org](mailto:info@naminh.org) / [www.NAMINH.org](http://www.NAMINH.org)

The major problem with this proposed amendment is it is fatally flawed. The flaw is it presumes mental health *treatment* is available in Emergency Departments. Simply stated, it is not. While there are two or three hospitals who provide some limited mental health treatment in emergency rooms the clear majority provide little to none. If you have not already done so, please review the testimony submitted by former NAMI NH Board member Karen Trudel of how disturbing it was for her to be held in a windowless room in yellow pod at Concord Hospital alone with her destructive thoughts, for days at a time. And I would note Concord Hospital is one of the better equipped and staffed emergency departments to deal with people in a mental health crisis.

NAMI NH truly wishes and believes there should be more mental health treatment available in local hospitals where people can receive appropriate and timely treatment closer to their families and their natural community supports. We believe if more voluntary psychiatric hospital beds were available, there would be many fewer IEA's and people would be afforded more dignity. We have stated on numerous occasions that care of people with serious mental illness is not the sole responsibility of the State and that local hospital and commercial insurance providers need to do more to provide comprehensive and local mental health care. However, enacting this medical protective custody provision without first ensuring that treatment is available at local hospitals will likely mean people in a mental health crisis will again languish without effective treatment while they wait for in patient admission.

NAMI NH also has other concerns including that the amendment does not contain any structure or provisions to safeguard that people who clearly need to be immediately admitted to a designated receiving facility won't be placed into this medical protective custody category and have their admission delayed. In fact, the amendment as proposed sets out no criteria to determine who should be transferred immediately, and who should be held in protective custody. We also have concerns about people's due process rights, but will defer these concerns to legal advocates who can better address this issue.

New Hampshire Hospital has indicated many of the IEA's they receive are not appropriate and they cite two major cohorts of people who are being IEA'd who do not necessarily meet the criteria for admission. These include individuals who are intoxicated or have some type of substance abuse induced psychosis, and people with dementia or some other type of organic brain disorder/trauma who are not diagnosed with a major mental illness. While there needs to be more discussion specific to these populations and their medical needs, NAMI NH is willing to consider supporting a medical protective custody provision for people with these conditions with specific language that it does not apply to people with a serious mental illness.

In citing some of the reasons for proposing the medical protective custody provision, Commissioner Shibinette has cited the high number of IEA hearings which are dismissed, waived or no probable cause found. While there may be a number of reasons for these dispositions, particularly hearings that were waived or dropped, the number of hearings where no probable cause was found is of serious concern and may indicate people are being inappropriately IEA'd. The data below, which was provided to NAMI NH by a reporter who



obtained it from the Circuit Courts indicates for 2019 and 2020 that in over 10% of the cases, no probable cause was found. At a minimum, this indicates a need for more training of Emergency Department staff and providers, as well as a stronger review by NHH or a designated triage person prior to admission to ensure that forms are properly filled out and people truly meet the criteria for an IEA.

Involuntary Emergency Admissions 2019	Count Cases Filed	Count Cases Disposed	Disposition Type								
			Denied	Dismissed	Granted	No Probable Cause Found	Order Issued	Probable Cause Found	Released Prior to Hearing	Waived Probable Cause	Withdrawn
6th Circuit - District Division - Concord	882	883		20	1	26	4	778	29	15	10
6th Circuit - District Division - Franklin	233	233		23		32		140	3	20	15
9th Circuit - District Division - Manchester	408	408		7		64		308	1	12	16
9th Circuit - District Division - Nashua	5	5	1		4						
10th Circuit - District Division - Portsmouth	370	372		9		74		271		4	14
<b>Total</b>	<b>1,898</b>	<b>1,901</b>	<b>1</b>	<b>59</b>	<b>5</b>	<b>196</b>	<b>4</b>	<b>1,497</b>	<b>33</b>	<b>51</b>	<b>55</b>

data as of 3/25/21  
Some cases may not have been filed and disposed in the same calendar year.

Involuntary Emergency Admissions 2020	Count Cases Filed	Count Cases Disposed	Disposition Type								
			Denied	Dismissed	Granted	No Probable Cause Found	Order Issued	Probable Cause Found	Released Prior to Hearing	Waived Probable Cause	Withdrawn
6th Circuit - District Division - Concord	816	807		36		9		724	29	1	8
6th Circuit - District Division - Franklin	219	219		17		24		149	2	13	14
9th Circuit - District Division - Manchester	432	432		27		69		277		30	29
9th Circuit - District Division - Nashua	1	1			1						
10th Circuit - District Division - Derry	177	177		11	1	68		84		12	1
10th Circuit - District Division - Plaistow	3	3		1		2					
10th Circuit - District Division - Portsmouth	319	319		18		79		182		12	28
10th Circuit - District Division - Salem	7	7		3		1		3			
<b>Total</b>	<b>1,974</b>	<b>1,965</b>		<b>113</b>	<b>2</b>	<b>252</b>		<b>1,419</b>	<b>31</b>	<b>68</b>	<b>80</b>

data as of 3/25/21  
Some cases may not have been filed and disposed in the same calendar year.

It is important to note this has been an extremely challenging year for everyone due to the pandemic. Components of the Ten-Year Mental Health Plan which DHHS had prioritized, and you the members of Senate Health and Human Services Committee had championed and led through the legislative process, have been delayed. And sadly, the mental health impacts of the pandemic have exacerbated the emergency department boarding crisis in multiple ways.

Although initially shocked by this proposal coming so soon on the heels of the Jane Doe decision, I believe the Commissioner and Department of Health and Human Services have the best of intentions in bringing this amendment forward. Having spent the better part of the past week talking with key stakeholders including DHHS, it is clear we all share a common goal. That

goal is for people in a mental health crisis who have been determined to be a danger to themselves or someone else to receive timely access to treatment which will ensure their care, safety, and well-being, as well as the safety of the general public, and that they are also afforded their due process rights.

As providers, advocates, and key stakeholders we do not necessarily agree how to do that in the short run. It is hard to not look back over the length of this emergency department boarding crisis and identify points where we could have, or should have intervened. But there is nothing to be gained by looking back. We must look forward. For the most part we do agree that the steps DHHS, the Governor, and you, our bipartisan leaders in the legislature, have taken prioritize the key recommendations of the Ten-Year Mental Health Plan and are making significant strides in building a comprehensive community-based system of care.

The gains we have made in a month since the Jane Doe decision in bringing the adult emergency department boarding list down to single digits and even zero, may not be sufficient in the long run to remain in compliance with the Jane Doe decision while bridging the gap until we can operationalize additional mobile crisis response teams, designated receiving facilities, and community residential programs/beds. In the twenty-nine-page amicus brief which NAMI NH submitted to the NH Supreme Court we ended our brief with the following two sentences.

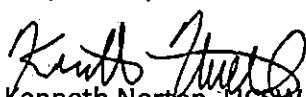
*NAMI NH also respectfully cautions the Court that it would not be in the public interest to force release of patients who are, in fact, a danger to themselves or to others. Any relief provided by this Court should be prospective, so that those bound by the Court's order will have adequate time to assure that dangerous patients are not released on a technicality.*

We believe the potential for people who are a danger to themselves, or others being released on a technicality is what we may be quickly heading toward and what Commissioner Shabinette is trying to avoid by proposing this medical protective custody amendment. While we cannot support the amendment as currently written, we are willing to immediately work with this committee, DHHS and other stakeholders to identify modifications or alternatives to HB 565 as proposed.

As this is likely the last public hearing of the Senate Health and Human Services Committee this year, on behalf of NAMI NH, I would like to thank you for all of your bi-partisan leadership over the past few years to reform New Hampshire's mental health service delivery system.

Thank you for the opportunity to offer NAMI NH's testimony on this proposed amendment. I am happy to answer any questions which you have.

Respectfully,

  
Kenneth Norton, LICSW  
Executive Director

## Kirsten Koch

---

**From:** Carolyn <cgerath@yahoo.com>  
**Sent:** Saturday, June 5, 2021 3:00 AM  
**To:** Kirsten Koch  
**Subject:** Hb565 amendment #2021 testimony

State representatives,

I am writing my testimony on why I oppose HB565. On 5/1/2021, I brought a family member to AVH for evaluation because she was having severe difficulties communicating, not eating, trouble forming words/speaking, (stroke like symptoms) and had not been regularly taking her medication which could have caused serious physical and mental/cognitive harm due to the nature of the medication and ailments she was taking them for. It was very apparent that she was having severe issues. She was given a test to see if she had a stroke and a blood test to see if it was infection related. As soon as mention of a previous hospital stay due to mental illness came up, all focus went to that and anything medical that may have caused her issue was discontinued from being investigated. She mentioned being suicidal and was i.e.a'd. This family member was at avh from 5/1 - 5/19 with no treatment plan what so ever. Hospital policy states that no family member could visit or speak to her. This family member has serious medical conditions that if she does not take her medications for can physically harm her and cause lasting damage. We found out when she was finally transferred to a psychiatric hospital that avh had not allowed this family member to attend her i.e.a. trial on 5/4, nor did they notify anyone in the family of said trial. The trial judge ruled that she could not be i.e.a. without a fair trial, so changed her to voluntary admission. AVH broke the law by continuing to hold this family member against her will under security without any treatment plan or being able to contact anyone in our family. During this time, she repeatedly did not take medication that she needs to physically function because of this lack of treatment plan. The hospital refused to take responsibility for her in any way, shape or form except to hold her hostage until transfer. I am beyond angry that the hospital and the state of New Hampshire thinks that a lack of treatment plan is acceptable for any amount of time. At the very least, what ever is in a patient's profile for current medications and reasons for taking should be the plan for treatment until proper evaluation. How is it acceptable to not treat life threatening physical ailments for 19 days due to an i.e.a. that has nothing to do with those ailments? There should be no difference between being admitted to a hospital for cardiac symptoms vs being admitted for psychiatric. If both patients have diabetes, severe anemia, and thyroid problems why would you only have a treatment plan for the cardiac patient but not the psychiatric patient? Why is the state allowing hospitals not have a plan for patients like my family member? I have no idea what the effects on my family member not taking her regular medication for her physical health will be. I can promise you that if the state puts through HB565 and she has serious defecits due to her hostage stay without treatment, I will pursue every legal action for compensation and malpractice that I can for her. You bring a person to the hospital for treatment. The state and hospitals have no right to decide that because of the presence a mental illness, that they are not obligated to at minimum stabilize the person for transfer to a specialist. At the very least, patients with a current treatment plan through mental health and/or their primary care physician should have that carried over to a hospital setting in i.e.a. situations. I oppose HB565 vehemently!

Carolyn Letellier

Sent from Yahoo Mail on Android

## Kirsten Koch

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**From:** TK Trudel <tktrudel1@gmail.com>  
**Sent:** Monday, June 7, 2021 12:58 AM  
**To:** Kirsten Koch  
**Subject:** Re: Er Boarding for mental health

Dear Chairman of the Health and Human Service Committee and the rest of the committee,

I strongly oppose HB 565 as it is written currently. It does a complete disservice to patients waiting for involuntary being committed to a psychiatric unit of a hospital. The NH Supreme Court just ruled in favor of Jane Doe's case and this LAW would completely over rule something that you as ordinary citizens probably do not understand.

And being a consumer of mental health, I will try to explain as best I can how this law would undo years of progress after just receiving the NH Supreme Court decision the right to b due process: another words every patient would have a hearing within 72 hours whether or not a patient should be help in an ER against their will..

I have been in an ER BOARDING for a few days. Imagine already feeling suicidal or homicidal, maybe to the point that paranoia sets in. You have maybe forgotten to take your meds. The only thing that you are allowed in a yellow pod is a mattress if you are lucky. They don't even give you your clothes because no one has time to go through what you brought to the hospital. Now, often, they do not let you have anything sharp, such as a pencil or a pen because you are a danger to yourself abd/or others. So, you are left alone with your mind. They only let you use the restroom and head straight back to your room. All this time, you are not receiving any treatment. I was so ill that I was running to the restroom every few minutes. The nurse got upset because I left the door open a crack, but she was also mad I went on my own. Well, seriously, I needed to go and couldn't wait anymore. She yelled at me because I was supposed to wait for a nurse. So, I was completely not feeling mentally and or physically (nausea and vomiting).

Imagine: you already want to hurt yourself and you left alone. The thoughts race through your head. No one to talk to. All you want is a pencil to write, but staff doesn't trust you. Not getting treatment in a timely manner definitely impacted my mental health. The waiting times are outrageous.

I have a couple as how to "fix" the ER Boarding crisis:

1. Make a suitable and safe unit at the gym at NHTI. Adults only. That way they can start treatment right away.
2. Hire more people for Concord Hospital ER for the sole purpose of helping staff checking in with the patients.
3. Work on the 10 year plan following what we needed. Mobile Crisis Unit to all regions of the State.
4. Expand wrap around so there is not a revolving door back and forth to the hospital.

We definitely have some serious issues facing the mental health issues in NH. These are My ideas to suggest how to reduce ER Boarding.

The NH Supreme Court already made the correct call about the Jane Doe. People should not have to wait for the appropriate treatment, especially in the ER.

If you have any questions, please call or email;  
[tktrudel1@gmail.com](mailto:tktrudel1@gmail.com)  
603-494-2726

Thank you for your time!

June 6, 2021

Honorable Chairman Jeb Bradley  
Senate Health and Human Services Committee

Good morning,

My name is Ginny Nossiff, and I live in Conway NH. I'm here to ask you to join with me in opposition to **the proposed Amendment #2021-1888s to HB 565.**

This past January, my 24-year-old son who was hallucinating waited 2 ½ weeks in a windowless room in the emergency room at our local hospital, Memorial Hospital in North Conway. There were no psychiatrists or nurses in that hospital and the community clinicians from Northern Human Services mostly checked in by video. He received no treatment whatsoever, except food and water, for 2 ½ weeks.

This amendment allows a hospital to hold a person in crisis in medical protective custody for more than 7 days without due process or necessary treatment. Why would we do this?

I'm afraid that if this amendment is approved and my son has another crisis, that our community mental health center and a full NH hospital will take the 7 days this amendment will allow. We are so close to addressing this gaping hole in our mental health system and this amendment has the potential to backtrack us.

Science has demonstrated that early intervention in the onset of psychiatric emergencies can improve long term prognosis and prevent structural brain damage. Each day an adult or child waits in an ER their condition worsens, and thus recovery lengthens. We need to treat all psychiatric patients in a timely, effective and respectful manner.

For all of the individuals and their families affected by mental illness in our state, I urge you to oppose this amendment.

Thank you,

Thank you,  
Virginia Nossiff  
Conway, NH  
[ginnossiff@gmail.com](mailto:ginnossiff@gmail.com)  
184 Brownfield Rd  
Center Conway, NH 03813  
(603) 447-5509 H  
(603) 630-3574 C

## Kirsten Koch

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**From:** Michele Varney <maloof@metrocast.net>  
**Sent:** Monday, June 7, 2021 4:50 PM  
**To:** Kirsten Koch  
**Subject:** HB565

This bill is terrible for those suffering from mental health emergencies in NH.  
Michele Varney  
Alton, NH

Do all the good you can, for all the people you can, in all the ways you can, as long as ever you can.

Honorable Colleagues of the Senate Health and Human Services committee, my name is Rep. Megan Murray I serve the town of Amherst, Hillsborough County, District 22. I sit before the committee in opposition to Amendment 2021-1888s. I would like the committee to note that legislation should not be looking to work around the Jane Doe ruling, but instead focus on creating sustainable mental health wellness infrastructure that stands up a comprehensive system of support and solutions so that people are less likely to end up in involuntary stays that could last days or even weeks. With sufficient, routine and affordable access to care and support in their communities patients are more supported. This needed to be the focus for many years and now we are in a critically complex situation as it pertains to mental healthcare infrastructure.

Not complying with the direction of the recent New Hampshire Supreme Court Jane Doe ruling is costly to our state, and extremely problematic for patients as this amendment would increase the time a person could be involuntarily held before a due process hearing would be granted to a person or placed on an IEA and this amendment could create citizen confusion and prolonged detention.

People struggling with mental health wellness deserve expediency and dignity in all aspects of society and in their lives. The N.H. Supreme Court's recent ruling seems to recognize this necessity for expediency and clarity in due process rights for every potential IEA regardless of a patient's complexity and disposition upon intake. Moreover, on lines 26 and 27 of amendment 2021-1888s it states that, "if the department of health and human services determines that the criteria are not met, medical protective custody shall end. If the department of health and human services determines that the criteria are met, medical protective custody may continue." This language sounds as if the executive branch department (DHHS) would bear the sole responsibility in the determination of an alternate need for holding a person and pushing off a patient's due process rights. Moreover, any person entering into an ED should be expediently assessed in triage and then if an IEA is warranted there would be a consultation with a citizen's social worker, legal counsel, or other representation and in conjunction with a court of law within the judicial branch in a timely manner to determine whether or not an IEA is necessary.

I do have some concerns around the use of the words "private entity" on lines 10 -11 as the language appears so vague that it could quite literally be referring to ANY third party private company that holds a broad range of experience with regard to mental health wellness, best practice, and care or maybe no experience at all. I would like to see a definition for private entity further and more clearly defined.

Our state's mental healthcare infrastructure is so delapidated that I am hearing from my own constituents of months long searches and waits for outpatient provider availability for pediatric & adolescent care, heavy case loads to over-worked mental healthcare practitioners, patients are being dropped from care when a provider switches firms or offices having to begin the search for a new provider all over again, and in rural communities there are broadband connectivity issues that inhibit access to tele-health mental health care services and patients who end up in IEAs have an overall lack of understanding around their adult and child mental healthcare rights as individuals. I have constituents emptying life's savings to send loved ones out of state, and out of network to receive care they can not find here in New Hampshire too. As noted by NAMI, there are approximately 221,000 New Hampshire residents with mental health illness – that's five times Concord's total population – and there's not nearly enough providers and practitioners now to help support people on a path to mental health wellness.



If we continue to let these gaping infrastructure issues go unaddressed we will continue to see children and adults who are involuntarily held in our ED departments instead of their being a system of care available to them prior. With little clarity for patients around their rights, and until an IEA is determined or a DRF beds become available elsewhere, we MUST do better than this attempt at legislative language that further lengthens and confuses the reasons for a patient's stay for those who have been involuntarily held on the basis of a mental health care concern. Bumping out the length of time out when a patient is held before they'd receive a due process hearing out is not a whole solution, but working toward mental health care education attraction and retention programs, solidifying adult and adolescent mental healthcare rights, and providing affordable community based access to routine mental health-care are.

**Kirsten Koch**

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**From:** Michael Pedersen  
**Sent:** Monday, June 7, 2021 4:57 PM  
**To:** Kirsten Koch  
**Subject:** Oppose Amendment #2021-1888s (HB 565)

To: Senate Health and Human Services Committee

Please oppose Amendment #2021-1888s relative to HB 565.

Thank you for your cooperation in this matter.

Sincerely,

Michael Pedersen  
NH State Representative  
Hillsborough 32

## Kirsten Koch

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**From:** Fred Portnoy <fportnoy@gmail.com>  
**Sent:** Monday, June 7, 2021 10:26 PM  
**To:** Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch  
**Subject:** HB 565

Wait, What?

A bill to study charitable gaming has been wiped off the map and replaced, well outside of normal timing and procedure, with a bill to *negate a recent Supreme Court ruling* that would have protected the rights of patients in crisis to receive due process and a medical psychiatric placement in a timely manner. It helps me understand why I hear the word 'shenanigans' applied to our legislature. Deceit. Trickery. Shame.

Fred Portnoy  
Canterbury

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gna@simulaw.com

VIA E-MAIL

June 7, 2021

Honorable Jeb Bradley, Chair  
Health and Human Services Committee  
New Hampshire State Senate  
107 North Main Street  
Concord, New Hampshire 03301

**Re: Amendment to HB 565**

Dear Senator Bradley:

In 1984, I was hired to work as a training aide at the Laconia State School for the Developmentally Disabled. My clearest memory from orientation was an account of early twentieth century practices at the New Hampshire Hospital, where husbands were allowed to take their "unruly" wives and commit them for life. These women rarely enjoyed any opportunity to challenge their confinement and consequently suffered indescribable and permanent harm, including permanent psychological impairment.

R.S.A. Chapter 135-C, enacted by the legislature in 1986, wrote into law permanent protections to protect against involuntary commitments without a timely right to challenge one's confinement and the conditions thereof as inappropriate or unduly restrictive. These protections include the requirement that a person be transferred immediately to a designated receiving facility upon the execution of an involuntary emergency admission certificate, a probable cause hearing within three days of admission (not including Sundays and holidays) into the mental health system, release from custody within ten days of commitment (not including Saturdays and Sundays) unless a petition is filed with the probate division of the circuit court based upon new evidence arising after the initial certification, and the right to representation by an attorney (at state expense if one is indigent) throughout the entire process. The significance of these rights to people who may or may not be mentally ill cannot be overstated.

Unfortunately, since the emergence of the “psychiatric boarding crisis” in 2012, the Department of Health and Human Services has regularly failed to meet its statutory obligations pursuant to the statute, causing many hundreds of people, both adults and children, to linger in hospital emergency rooms throughout New Hampshire. My own client Jane Doe was held last summer for seventeen days in Dartmouth Hitchcock Medical Center's emergency room. During this time, Ms. Doe was denied access to her medical records, threatened with invasive medical procedures during her captivity including a lumbar puncture, denied access to her laptop computer and her cell phone, allowed only two phone calls a day, and denied permission to call her fourteen-year-old daughter to say good night because she had already used her phone calls to talk with her lawyer. She would have stayed at Dartmouth Hitchcock even longer had I not filed a petition for a writ of habeas corpus in the Grafton County Superior Court. Once Ms. Doe was moved to the New Hampshire Hospital, I had to file a similar petition in the Merrimack County Superior Court because Commissioner Shibinette and her attorneys (i.e., the New Hampshire Attorney General) refused to acknowledge the right to a probable cause hearing within three days of Ms. Doe's involuntary commitment. Fortunately, both the superior court and the supreme court recognized the Commissioner's arguments to be without merit. Remarkably, Governor Sununu reports that the entire backlog in emergency rooms has been eliminated in only two weeks since the supreme court issued its decision in Ms. Doe's case.

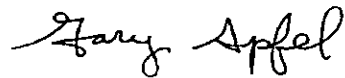
The amendment to HB 565 would eliminate all this progress on behalf of the mentally ill. If enacted, it will allow local hospitals and community mental health centers to hold people for up to seven days without even seeking the completion of an involuntary emergency admission certificate, subject only to a paper review of the record. Patients, of course, will not generally have the benefit of legal counsel, and they will not know to request a review. Nor will they be able to challenge witnesses or present their own evidence that confinement is unwarranted. By the time a probable cause hearing is held, people will already have been held for as long as the ten business-day limit currently required by R.S.A. 135-C:32. All of this time, patients will be held in locked rooms, forced to sleep on gurneys or in emergency room chairs, and denied access to the basic means of communication afforded most other citizens (including most prison inmates). All of this time, patients will be denied appropriate psychiatric care.

The rights Chapter 135-C currently provides (and that the amendment to HB 565 would restrict) comport with commonly accepted norms of basic moral decency. They also effectuate federal constitutional due process protections. In Gerstein v. Pugh, 420 U.S. 103, 114 (1975), the United States Supreme Court recognized that due process requires, at a minimum, prompt judicial review of any extended restraint on liberty. While the Court has set no absolute time limit for such hearings and accords individual jurisdictions a substantial degree of flexibility, subsequent jurisprudence suggests a 48-hour presumptive time limit is appropriate. County of Riverside v. McLaughlin, 500 U.S. 44 (1991). The amendment to HB 565 far exceeds any such standard for independent judicial review.

Hon. Jeb Bradley, Chair  
June 7, 2021  
Page 3 of 3

In sum, the legislation proposed by HB 565 is both unconstitutional and immoral. I urge you and your fellow senators to protect our most vulnerable citizens by rejecting the amendment.

Very truly yours,

A handwritten signature in black ink that reads "Gary Apfel". The signature is written in a cursive style with a large, stylized "G" and "A".

Gary Apfel

cc: Senator James Gray (via e-mail)  
Senator Kevin Avard (via e-mail)  
Senator Tom Sherman (via e-mail)  
Senator Rebecca Whitley (via e-mail)  
Ms. Kirsten Koch (via e-mail)



**Statement by Gilles Bissonnette, Legal Director of the ACLU-NH  
Senate Health and Human Services Committee**

**Hearing on proposed Amendment #2021-1888s, relative to community mental health programs and  
involuntary emergency admission examinations, to HB 565  
June 8, 2021**

I am the Legal Director of the American Civil Liberties Union of New Hampshire (ACLU-NH)—a non-profit organization working to protect civil liberties throughout New Hampshire for over fifty years. I am also testifying in my capacity as class counsel in the federal class action case *John Doe v. Commissioner of N.H. Dep't of Health and Human Services*, No. 18-cv-1039-JD, which was filed in November 2018. In that matter, I have been appointed to represent the due process interests of “all persons who are currently being, have been, or will be involuntarily detained in a non-DRF hospital under RSA 135-C:27–33 without having been given a probable cause hearing by the Commissioner of the Department of Health and Human Services of the State of New Hampshire within three days (not including Sundays and holidays) of the completion of an involuntary emergency admission certificate.”

We cannot support Amendment #2021-1888s as drafted because it creates a new detention scheme that could increase the number of days a person is involuntarily detained in a hospital emergency room without due process. However, this testimony makes five policy proposals addressing some deficiencies that currently exist in New Hampshire’s involuntary emergency admission (“IEA”) process. Two of these proposals (#1 and #2 below) would give the Department of Health and Human Services (“DHHS”) access to a patient’s file more quickly, which could allow DHHS to intervene in a triage capacity in the event DHHS believes that a person should not be involuntarily admitted, thereby decreasing the waitlist in the future.

By way of background, DHHS has proposed Amendment #2021-1888s in the wake of the New Hampshire Supreme Court’s May 11, 2021 decision in *Jane Doe v. Commissioner of N.H. Dep't of Health and Human Services*, No. 2020-454, in which the Court issued an important ruling agreeing that people being involuntarily detained based on the belief that they are experiencing a mental health crisis must be afforded timely due process. In this decision, the Court held that DHHS “has a duty mandated by statute to provide for probable cause hearings within three days of when an involuntary emergency certificate is completed.” Prior to this decision, DHHS had taken the legal position that the 3-day period in which a probable cause hearing is required only begins after the person is transferred to a Designated Receiving Facility (“DRF”). Because there were not enough beds for involuntarily detained patients in DRFs and not enough community-based programs to divert these patients away from DRFs, DHHS’s position often led to individuals waiting in hospital emergency rooms for many days or weeks without timely probable cause hearings.

**I. We Cannot Support Amendment #2021-1888s as Drafted Because It Creates a New Detention Scheme That Could Increase the Number of Days a Person is Involuntarily Detained in a Hospital Emergency Room Without Due Process.**

We appreciate and support DHHS’s efforts to ensure that only those patients who are truly a danger to themselves or others as a result of mental health conditions be subjected to the involuntary emergency admission process. However, we have serious concerns about Amendment #2021-1888s because it creates a new detention system that could increase the number of days a person is involuntarily detained in a hospital emergency room without due process.

Under Amendment #2021-1888s, a person may be involuntarily detained without a hearing for a new 7-day period of “protective custody” before the existing 3-day period of detention begins to run. This 7-day period

exceeds the current 3-day period in which a person may be detained pursuant to an IEA certificate. In addition, during this new “protective custody” period, a patient may only receive a “paper review” of the involuntary emergency admission paperwork. This would potentially allow a person to be involuntarily detained in a hospital emergency room without a hearing for up to **10 days** (after this new 7-day period is added to the current 3-day period).<sup>1</sup> We believe that the answer to this crisis should be more due process, not the possibility of additional detention without a hearing. We also believe that the proposed legislation raises additional constitutional concerns under both federal and state law.

We remain willing to collaborate with all stakeholders to craft solutions to this problem, including solutions that help ensure that people are not being needlessly detained through the involuntary emergency admission process. We have proposed some of these solutions below. However, any solution that the legislature adopts should not increase the number of days a person may be detained in a hospital emergency room without a hearing.

**II. Five Proposals for the Committee’s Consideration.**

While we cannot support Amendment #2021-1888s as drafted, below are five proposals that could address some of the deficiencies that currently exist in the IEA process as memorialized in Chapter 135-C.

**1. A Patient Receives a Record Review Within 24 Hours Upon Request.**

It is not clear to us whether DHHS has the ability in every case to assess, in a triage capacity, whether a patient meets the criteria of RSA 135-C:27 before the patient arrives at a DRF. Therefore, patients who are not a danger to themselves or others may sometimes be involuntarily detained for lengthy periods without any due process based upon IEA certificates that do not meet the statute’s requirements.

We believe that the legislature should adopt a record review process similar to the one that DHHS has proposed where DHHS can act in a triage capacity to ensure that patients are only detained if the patients’ IEA certificates contain facts and information that meets the criteria of RSA 135-C:27. However, this record review process should not extend a person’s period of detention. This proposal is reflected below.

RSA 135-C:28 Involuntary Emergency Admission Examination. –

....  
**IV. A person who is the subject of an involuntary emergency admission certificate, or an authorized representative of the person, has a right to request a record review by the department to challenge their custody if the custody lasts more than 24 hours. The department will perform a record review within 24 hours, excluding Sundays and holidays, and determine whether the criteria in RSA 135-C:27 is met. If the department determines that the criteria is not met, the department will terminate the involuntary emergency admission process and instruct the facility where the person is located to allow the person to be discharged immediately.**

**2. The IEA Certificate Is Immediately Sent to DHHS and the Circuit Court Upon Its Completion, As Opposed to After Transfer to the DRF, so DHHS Can Intervene, Counsel Can Be Appointed, and a Hearing Can Be Scheduled.**

Currently, it is unclear to us whether DHHS always receives a patient’s IEA paperwork and certificate *before* the patient is transferred to the DRF. Similarly, the Circuit Court does not receive the certificate and paperwork while the patient is being boarded in the hospital emergency room, which can last for weeks. As a result, timely

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<sup>1</sup> The version of the amendment published on DHHS’s website on May 28, 2021 uses a new 3-day period of “protective custody, as opposed to a new 7-day period. See <https://www.dhhs.nh.gov/documents/hb2-draft-iea-05282021.pdf>. We remain concerned that creating a new 3-day period of “protective custody” before the IEA certificate is completed could still cause patients to be involuntarily detained without due process for longer periods.



probable cause hearings are not conducted, counsel is not appointed for the patient, and DHHS may not be able to intervene in a triage capacity to assess whether a person is being needlessly held under an IEA certificate.

Accordingly, we believe DHHS should receive the IEA certificate and accompanying paperwork once the certificate is completed, which includes when the patient is being boarded in the hospital emergency room. This not only gives DHHS the ability to timely appoint counsel, but also gives DHHS the benefit of intervening in a triage capacity if it believes that an IEA certificate was inappropriately filed. Further, this proposal would allow DHHS and the Circuit Court to begin the process of scheduling a timely probable cause hearing even if the person is in an emergency room, as opposed to when the patient arrives at a DRF (which can happen weeks later). This proposal is reflected below.

135-C:29 Delivery to Receiving Facility. –

I. Upon completion of an involuntary emergency admission certificate under RSA 135-C:28, a law enforcement officer shall, except as provided in paragraph II, take custody of the person to be admitted and shall immediately deliver such person to the receiving facility identified in the certificate. The mode and circumstances of transport to the receiving facility shall be determined in accordance with paragraph II. Upon completion of an involuntary emergency admission certificate under RSA 135-C:28, the health care provider who completed the certificate shall immediately send the certificate to the department, which shall appoint counsel for the person who is the subject of the certificate within 12 hours and send the certificate to the district court so that a probable cause hearing can be scheduled under RSA 135-C:31.

....

### **3. Authorize Probable Cause Hearings Regardless of the Patient's Location.**

Under the *Jane Doe* decision, a probable cause hearing must occur within 3 days of when an IEA certificate is completed. This means that if a patient is not immediately transferred to a DRF, the hearing may need to occur while the patient is held in a hospital emergency room. To provide greater flexibility to ensure that due process is timely provided and to ensure that patients who are a danger are *not* released because of a failure to hold a timely hearing, we are proposing an amendment that makes clear that probable cause hearings can occur regardless of the patient's location. This proposal is reflected below.

135-C:31 Involuntary Emergency Admission Hearing; Rules. –

I. Within 3 days after an involuntary emergency admission, not including Sundays and holidays, and subject to the notice requirements of RSA 135-C:24, there shall be a probable cause hearing in the district court having jurisdiction to determine if there was probable cause for involuntary emergency admission. The burden shall be on the petitioner to show that probable cause existed. The court shall render its written decision as soon as possible after the close of the hearing, but not later than the end of the court's next regular business day. Nothing herein prevents a probable cause hearing from occurring before the person is transferred to a designated receiving facility.

...

### **4. Patients Immediately Receive Notice of Rights When the Involuntary Detention Begins Regardless of Where They Are Located.**

Currently, IEA patients only receive a notice of their rights after they are transferred to a DRF, which could be weeks after they were initially detained in a hospital emergency room. Patients are entitled to this notice promptly so that they are aware of their rights in the event their detention becomes needlessly prolonged. This proposal is reflected below.

135-C:30 Notice. –

~~*Upon the completion of the involuntary emergency admission certificate, the*~~ At the receiving facility, any person *who is the subject of the certificate* sought to be involuntarily admitted for involuntary emergency admission shall be given immediate notice by the *health care provider who completed the certificate* facility administrator or his designee in simple language he *or she* may understand, and written notice *from the department* within 12 hours, of the following rights:

- I. To be represented by legal counsel.
- II. To have legal counsel appointed for him if he is indigent.
- III. To apply for admission on a voluntary basis.
- IV. To consult with legal counsel prior to a change in admission status.
- V. That involuntary emergency admission cannot exceed a period of 10 days, not including Saturdays and Sundays, unless the period is extended pursuant to RSA 135-C:32.
- VI. That no treatment shall be administered during involuntary emergency admission unless he makes an informed decision, as defined in RSA 135-C:2, IX, to consent to treatment, or unless a medical or psychiatric emergency exists in accordance with RSA 135:21-b.

#### **5. IEA Patients Have a Prompt Right of Appeal.**

Currently, the IEA statute does not explicitly provide for an expedited appeal if a person believes that a circuit judge inappropriately found probable cause to justify the detention. A patient's right to appeal the circuit judge's decision is effectively meaningless because, given that an appeal can take up to a year, any appeal would likely become moot as a person's mental health status changes. As a result, few IEA patients take advantage of their appellate rights. We propose revising the statute to expressly allow IEA patients to pursue expedited appeals. This proposal is reflected below:

135-C:31 Involuntary Emergency Admission Hearing; Rules. –

*VI. An expedited confidential appeal to the superior court shall be available to any such person who believes that probable cause was improperly found. The court shall make a ruling within 2 business days from the time of the docketing of the appeal. No filing fees shall be required of any such person. The superior court shall make rules to ensure that procedures followed in the appeals process are handled in an expeditious manner and protect the confidentiality of the parties involved.*<sup>2</sup>

For these reasons, we ask that the Committee not adopt DHHS's amendment and, instead, consider the five alternative proposed amendments above that could help address deficiencies in the IEA process. We look forward to collaborating with this Committee and all stakeholders on this process.

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<sup>2</sup> This language is modeled after the statute that allows for an emergency appeal following an adverse judicial bypass decision. See RSA 132:34, II(c).

# Voting Sheets

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**Senate Ways & Means Committee**  
**EXECUTIVE SESSION RECORD**  
*2021-2022 Session*

Bill # HB565

Hearing date: 4-12-21

Executive Session date: 4-12-21

Motion of: OTP Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Giuda, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. D'Allesandro, VC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Daniels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Hennessey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Rosenwald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Committee Member	Present	Made by	Second	Yes	No
Sen. Giuda, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. D'Allesandro VC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Daniels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Hennessey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Rosenwald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Committee Member	Present	Made by	Second	Yes	No
Sen. Giuda, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. D'Allesandro, VC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Daniels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Hennessey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Rosenwald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: D'Allesandro

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Senate Health and Human Services Committee

## EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 565

Hearing Date: 6/8/21

Executive Session Date: 6/8/21

Motion: Amendment 1888s - ITL Vote: 4-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Re-refer to committee Vote: 4-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: \_\_\_\_\_ Vote: \_\_\_\_\_

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motion: \_\_\_\_\_ Vote: \_\_\_\_\_

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Bradley

Notes: \_\_\_\_\_

# Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Monday, April 12, 2021

THE COMMITTEE ON Ways and Means

to which was referred **HB 565**

AN ACT

establishing a committee to study charitable gaming.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 5-0

Senator Lou D'Allesandro  
For the Committee

Sonja Caldwell 271-2117

**WAYS AND MEANS**

**HB 565**, establishing a committee to study charitable gaming.

Ought to Pass, Vote 5-0.

Senator Lou D'Allesandro for the committee.



STATE OF NEW HAMPSHIRE  
SENATE  
REPORT OF THE COMMITTEE

Tuesday, June 8, 2021

THE COMMITTEE ON Health and Human Services

to which was referred **HB 565**

AN ACT                      establishing a committee to study charitable  
   gaming.

Having considered the same, the committee recommends that the Bill

**BE RE-REFERRED TO COMMITTEE**

**BY A VOTE OF:    4-0**

Senator Jeb Bradley  
For the Committee

Kirsten Koch 271-3266

**HEALTH AND HUMAN SERVICES**

**HB 565**, establishing a committee to study charitable gaming.

Re-refer to Committee, Vote 4-0.

Senator Jeb Bradley for the committee.

## General Court of New Hampshire - Bill Status System

**Docket of HB565**

Docket Abbreviations

**Bill Title:** establishing a committee to study charitable gaming.**Official Docket of HB565.:**

<b>Date</b>	<b>Body</b>	<b>Description</b>
1/12/2021	H	<b>Introduced</b> (in recess of) 01/06/2021 and referred to Ways and Means <b>HJ 2 P. 54</b>
1/27/2021	H	Public Hearing: 02/11/2021 10:00 am Members of the public may attend using the following link: To join the webinar: <a href="https://www.zoom.us/j/99381153388">https://www.zoom.us/j/99381153388</a> / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
2/18/2021	H	<b>==CANCELLED==</b> Full Committee Work Session: 03/02/2021 09:00 am Members of the public may attend using the following link: To join the webinar: <a href="https://www.zoom.us/j/94528213728">https://www.zoom.us/j/94528213728</a> / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
2/18/2021	H	Full Committee Work Session: 03/03/2021 09:00 am Members of the public may attend using the following link: To join the webinar: <a href="https://www.zoom.us/j/92309184005">https://www.zoom.us/j/92309184005</a> / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
3/6/2021	H	Committee Report: Ought to Pass (Vote 24-0; CC) <b>HC 18 P. 25</b>
4/7/2021	H	<b>Ought to Pass:</b> MA VV 04/07/2021 <b>HJ 5 P. 49</b>
4/7/2021	H	Reconsider (Rep. Osborne): MF VV 04/07/2021 <b>HJ 5 P. 50</b>
4/7/2021	S	Introduced 04/01/2021 and Referred to Ways and Means; <b>SJ 11</b>
4/8/2021	S	Remote <b>Hearing:</b> 04/12/2021, 09:45 am; Links to join the hearing can be found in the Senate Calendar; <b>SC 19</b>
4/12/2021	S	Committee Report: Ought to Pass, 04/22/2021; <b>SC 19</b>
4/22/2021	S	<b>Ought to Pass:</b> RC 24Y-0N, MA; OT3rdg; 04/22/2021; <b>SJ 12</b>
4/22/2021	S	The Chair rescinded OT3rdg, 04/22/2021; <b>SJ 12</b>
4/22/2021	S	Sen. Giuda Moved Laid on Table, <b>RC 24Y-0N, MA; 04/22/2021; SJ 12</b>
4/22/2021	S	Pending Motion OT3rdg; 04/22/2021; <b>SJ 12</b>
6/3/2021	S	Sen. Bradley Moved to Remove From Table, MA, VV; 06/03/2021; <b>SJ 18</b>
6/3/2021	S	Sen. Bradley Move to Suspend the Rules to Rerefer HB 565 to the Committee on Health and Human Services and to allow the committee to take action on the bill, <b>RC 21Y-2N, MA, by 2/3 Necessary, 06/03/2021 SJ 18</b>
6/3/2021	S	Sen. Bradley Moved to Rerefer to the Committee on Health and Human Services, MA, VV; 06/03/2021; <b>SJ 18</b>
6/4/2021	S	Remote <b>Hearing:</b> 06/08/2021, 10:00 am, on proposed amendment <b>#2021-1888s</b> ; Links to join the hearing can be found in the Senate Calendar; <b>SC 27</b>
6/8/2021	S	Committee Report: Rereferred to Committee, 06/10/2021; <b>SC 27A</b>
6/10/2021	S	Without Objection, Senate Rule 7-1 (g) is Suspended to Act on HB 565 after Deadline; 2/3 Necessary, MA; 06/10/2021; <b>SJ 19</b>
6/10/2021	S	Sen. Gray Moved Laid on Table, MA, VV; 06/10/2021; <b>SJ 19</b>
6/10/2021	S	Pending Motion Rerefer to Committee; 06/10/2021; <b>SJ 19</b>

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NH House

NH Senate

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Docket of hb565		
01/12/2021	H	Introduced (in recess of) 01/06/2021 and referred to Ways and Means HJ 2 P. 54
01/27/2021	H	Public Hearing: 02/11/2021 10:00 am Members of the public may attend using the following link: To join the webinar: <a href="https://www.zoom.us/j/99381153388">https://www.zoom.us/j/99381153388</a> / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
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02/18/2021	H	Full Committee Work Session: 03/03/2021 09:00 am Members of the public may attend using the following link: To join the webinar: <a href="https://www.zoom.us/j/92309184005">https://www.zoom.us/j/92309184005</a> / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
03/06/2021	H	Committee Report: Ought to Pass (Vote 24-0; CC) HC 18 P. 25
04/07/2021	H	Ought to Pass: MA VV 04/07/2021 HJ 5 P. 49
04/07/2021	H	Reconsider (Rep. Osborne): MF VV 04/07/2021 HJ 5 P. 50
04/07/2021	S	Introduced 04/01/2021 and Referred to Ways and Means; SJ 11
04/08/2021	S	Remote Hearing: 04/12/2021, 09:45 am; Links to join the hearing can be found in the Senate Calendar; SC 19
04/12/2021	S	Committee Report: Ought to Pass, 04/22/2021; SC 19
04/22/2021	S	Ought to Pass: RC 24Y-0N, MA; OT3rdg; 04/22/2021; SJ 12
04/22/2021	S	The Chair rescinded OT3rdg, 04/22/2021; SJ 12
04/22/2021	S	Sen. Giuda Moved Laid on Table, RC 24Y-0N, MA; 04/22/2021; SJ 12
04/22/2021	S	Pending Motion OT3rdg; 04/22/2021; SJ 12
06/03/2021	S	Sen. Bradley Moved to Remove From Table, MA, VV; 06/03/2021; SJ 18
06/03/2021	S	Sen. Bradley Move to Suspend the Rules to Rerefer HB 565 to the Committee on Health and Human Services and to allow the committee to take action on the bill, RC 21Y-2N, MA, by 2/3 Necessary, 06/03/2021 SJ 18
06/03/2021	S	Sen. Bradley Moved to Rerefer to the Committee on Health and Human Services, MA, VV; 06/03/2021; SJ 18
06/04/2021	S	Remote Hearing: 06/08/2021, 10:00 am, on proposed amendment # 2021-1888s; Links to join the hearing can be found in the Senate Calendar; SC 27
06/08/2021	S	Committee Report: Rereferred to Committee, 06/10/2021; SC 27A
06/10/2021	S	Without Objection, Senate Rule 7-1 (g) is Suspended to Act on HB 565 after Deadline; 2/3 Necessary, MA; 06/10/2021; SJ 19
06/10/2021	S	Sen. Gray Moved Laid on Table, MA, VV; 06/10/2021; SJ 19
06/10/2021	S	Pending Motion Rerefer to Committee; 06/10/2021; SJ 19

# Other Referrals

**Senate Inventory Checklist for Archives**

Bill Number: H18565

Senate Committee: WAYS & MEANS

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

Final docket found on Bill Status

**Bill Hearing Documents: {Legislative Aides}**

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

**Committee Action Documents: {Legislative Aides}**

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

\_\_\_ - amendment # \_\_\_\_\_      \_\_\_ - amendment # \_\_\_\_\_

\_\_\_ - amendment # \_\_\_\_\_      \_\_\_ - amendment # \_\_\_\_\_

Executive Session Sheet

Committee Report

**Floor Action Documents: {Clerk's Office}**

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

\_\_\_ - amendment # \_\_\_\_\_      \_\_\_ - amendment # \_\_\_\_\_

\_\_\_ - amendment # \_\_\_\_\_      \_\_\_ - amendment # \_\_\_\_\_

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

\_\_\_ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

\_\_\_ Enrolled Bill Amendment(s)

\_\_\_ Governor's Veto Message

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

\_\_\_ as amended by the senate      \_\_\_ as amended by the house

\_\_\_ final version

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

SLC  
Committee Aide

7-27-21  
Date

Senate Clerk's Office \_\_\_\_\_

Laid on table - Senate

## Senate Inventory Checklist for Archives

Bill Number: HB 565

Senate Committee: HHS

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

Final docket found on Bill Status

### Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report Only Amendment # 2021-1888s

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

### Committee Action Documents: {Legislative Aides}

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

\_\_\_ - amendment # \_\_\_      - amendment # 2021-1888s Bradley

\_\_\_ - amendment # \_\_\_     \_\_\_ - amendment # \_\_\_

Executive Session Sheet

Committee Report

### Floor Action Documents: {Clerk's Office}

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

\_\_\_ - amendment # \_\_\_     \_\_\_ - amendment # \_\_\_

\_\_\_ - amendment # \_\_\_     \_\_\_ - amendment # \_\_\_

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

\_\_\_ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

\_\_\_ Enrolled Bill Amendment(s)

\_\_\_ Governor's Veto Message

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

\_\_\_ as amended by the senate     \_\_\_ as amended by the house

\_\_\_ final version

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

\_\_\_\_\_  
Committee Aide

8/12/21  
Date

Senate Clerk's Office PK