

LEGISLATIVE COMMITTEE MINUTES

SB228

Bill as Introduced

SB 228 - AS INTRODUCED

2022 SESSION

22-2955

11/08

SENATE BILL **228**

AN ACT relative to the regulation and practice of physicians assistants.

SPONSORS: Sen. Bradley, Dist 3; Sen. Hennessey, Dist 1; Sen. Carson, Dist 14; Sen. Giuda, Dist 2; Sen. Sherman, Dist 24; Sen. Whitley, Dist 15; Sen. Ricciardi, Dist 9; Sen. Cavanaugh, Dist 16; Sen. Avard, Dist 12; Sen. Prentiss, Dist 5; Sen. Gray, Dist 6; Sen. Reagan, Dist 17; Rep. Knirk, Carr. 3

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill modifies the regulation of physician assistants.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to the regulation and practice of physicians assistants.

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

1 1 Physician Assistants; Definitions. Amend RSA 328-D:1 to read as follows:

2 328-D:1 Definitions. In this chapter:

3 I. "Applicant" means a physician assistant who has submitted an application for licensure.

4 *I-a. "Approved continuing medical education activity" means a continuing*
5 *education activity certified for American Academy of Physician Assistants (AAPA)*
6 *Category-1 credit, American Medical Association (AMA) Category 1 PRA credit, American*
7 *Osteopathic Association (AOA) Category 1-A credit, American Academy of Family*
8 *Physicians (AAFP) Prescribed credit, or any other board-approved activity.*

9 II. "Board" means the board of medicine.

10 *II-a. "Collaboration" means a physician assistant's consultation with or referral to*
11 *an appropriate physician or other health care professional as indicated based on the*
12 *patient's condition, the physician assistant's education, training, and experience, and the*
13 *applicable standards of care.*14 *II-b. "Collaboration agreement" means an agreement that meets the requirements of*
15 *RSA 328-D:3-b.*16 *II-c. "Participating physician" means a physician practicing as a sole practitioner,*
17 *a physician designated by a group of physicians to represent their physician group, or a*
18 *physician designated by a health care facility to represent that facility, who enters into a*
19 *collaboration agreement with a physician assistant in accordance with this chapter.*20 III. "Physician assistant" or "P.A." means a person qualified both by academic and practical
21 training [~~in a program approved by the board~~] to provide patient services [~~under the supervision and~~
22 ~~direction of a licensed physician~~] *in collaboration with the appropriate members of the health*
23 *care team* in a variety of medical care settings.

24 2 Physician Assistants; License Required. Amend RSA 328-D:2, II to read as follows:

25 II. This section shall not be construed to prohibit students enrolled in physician assistant
26 training programs [~~approved by the board~~], from performing work incidental to their respective
27 courses of study or supervised clinical work while under the supervision of a designated preceptor.28 3 Physician Assistants; Manchester Veterans Administration Medical Center. Amend RSA 328-
29 D:2-a, I-II to read as follows:30 I. New Hampshire state licensure laws, rules, and regulations for physician assistants are
31 hereby suspended for those physician assistants licensed by another state or territory of the United

1 States or another country who are employed by the United States Department of Veterans Affairs
 2 and who are offering medical services to patients offered through the Veterans Administration
 3 Medical Center (VAMC), provided that such physician assistants are acting within the scope of their
 4 employment at the VAMC and possess a current license in good standing in their respective state,
 5 territory, or country of licensure. Physician assistants who are employed by the United States
 6 Department of Veterans Affairs and who are offering medical services to patients of the Veterans
 7 Administration Medical Center (VAMC) and requesting licensure in New Hampshire may ~~be~~
 8 ~~supervised by~~ **collaborate with** physicians licensed in any state or territory of the United States
 9 provided the ~~supervising~~ **participating** physician possesses a current license in good standing in
 10 their respective state or territory of the United States.

11 II. The acting director of the Manchester VAMC shall submit to the executive director of the
 12 New Hampshire office of professional licensure and certification, or designee, a list of all out-of-state
 13 or out-of-country licensed physician assistants offering services in the state of New Hampshire and
 14 out-of-state licensed physicians~~[-accepting supervisory responsibility of]~~ **collaborating with**
 15 physician assistants.

16 4 Physician Assistants; Conditions for Licensure. Amend RSA 328-D:3, I to read as follows:

17 I. To apply for licensure by the board as a physician assistant, an applicant shall file a
 18 written application on forms provided by the office of professional licensure and certification and pay
 19 an application fee. The applicant to be licensed shall:

20 (a) Have ~~[graduated from a physician assistant training program approved by the~~
 21 ~~Committee on Allied Health Education and Accreditation or other board approved accrediting~~
 22 ~~agency]~~ **successfully completed an educational program for physician assistants accredited**
 23 **by the Accreditation Review Commission on Education for the Physician Assistant, or prior**
 24 **to 2001, either by the Committee on Allied Health Education and Accreditation, or the**
 25 **Commission on Accreditation of Allied Health Education Programs.**

26 (b) Have passed a national proficiency examination, as designated by the board.

27 (c) ~~[Maintain current national certification if required by a national certifying body.~~

28 ~~(d)]~~ Demonstrate that the applicant has good character.

29 ~~(e)]~~ **(d)** Submit a complete set of fingerprints and a criminal history record release form
 30 pursuant to RSA 328-D:3-a.

31 5 New Section; Physician Assistants; Scope of Practice. Amend RSA 328-D by inserting after
 32 section 3-a the following new section:

33 328-D:3-b Physician Assistant Scope of Practice.

34 I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, III, a physician assistant
 35 shall engage in practice as a physician assistant in this state only if the physician assistant has
 36 entered into a written collaboration agreement with a sole practice physician or a physician

1 representing a group or health system so long as the sole practitioner or at least one physician in the
2 group or health system practices in a similar area of medicine as the physician assistant.

3 II. A collaboration agreement shall include all of the following:

4 (a) Processes for collaboration and consultation with the appropriate physician or other
5 health care professional as indicated based on the patient's condition; the physician assistant's
6 education, training, and experience, and the applicable standards of care.

7 (b) An acknowledgment that the physician assistant's scope of practice shall be limited
8 to medical care that is within the physician assistant's education, training, and experience as
9 outlined in VII-XVIII below.

10 (c) A statement that an appropriate physician or other health care professional will be
11 available for consultation at all times when the physician assistant is practicing medicine. The
12 physician or healthcare professional shall not be required to be physically present while the
13 physician assistant is practicing medicine, so long as the participating physician is available by
14 electronic communication.

15 (d) The signatures of the physician assistant and the participating physician. No other
16 signatures shall be required.

17 III. The collaboration agreement shall be updated as necessary.

18 IV. In the event of the unanticipated unavailability of a participating physician practicing as
19 a sole practitioner due to serious illness or death, a physician assistant may continue to practice for
20 not more than a 30-day period without entering into a new collaboration agreement with another
21 participating physician.

22 V. The collaboration agreement shall be kept on file at the practice and made available to
23 the board upon request. The board shall not request or require any modifications to the
24 collaboration agreement.

25 VI. A participating physician shall not be required to submit a written acceptance of
26 collaboration to the board.

27 VII. Physician assistants may provide any legal medical service for which they have been
28 prepared by their education, training, and experience and are competent to perform. Medical and
29 surgical services provided by physician assistants include, but are not limited to:

30 (a) Obtaining and performing comprehensive health histories and physical
31 examinations;

32 (b) Evaluating, diagnosing, managing, and providing medical treatment;

33 (c) Ordering, performing, and interpreting diagnostic studies and therapeutic
34 procedures;

35 (d) Educating patients on health promotion and disease prevention;

36 (e) Providing consultation upon request;

37 (f) Writing medical orders;

1 VIII. Physician assistants may provide services in healthcare facilities or programs
2 including but not limited to hospitals, nursing facilities, assisted living facilities, and hospices.

3 IX. Physician assistants may obtain informed consent.

4 X. Physician assistants may supervise, delegate and assign therapeutic and diagnostic
5 measures to licensed or unlicensed personnel.

6 XI. Consistent with the scope of practice, physician assistants may certify the health or
7 disability of a patient as required by any local, state, or federal program.

8 XII. Physician assistants may authenticate any document with their signature, certification,
9 stamp, verification, affidavit, or endorsement if it may be so authenticated by the signature,
10 certification, stamp, verification, affidavit, or endorsement of a physician.

11 XIII. A physician assistant may prescribe, dispense, order, administer, and procure drugs
12 and medical devices. Physician assistants may plan and initiate a therapeutic regimen that includes
13 ordering and prescribing non pharmacological interventions, including but not limited to durable
14 medical equipment, nutrition, blood and blood products, and diagnostic support services including
15 but not limited to home healthcare, hospice, and physical and occupational therapy.

16 XIV. The prescribing and dispensing of drugs shall :

17 (a) Comply with the requirements of RSA 318, federal and state regulations;

18 (b) Occur when pharmacy services are not reasonably available, or when it is in the best
19 interests of the patient, or when it is an emergency; and

20 (c) Include any medications that may be dispensed by a physician.

21 XV. Physician assistants may request, receive, and sign for professional samples, and may
22 distribute professional samples to patients.

23 XVI. Physician assistants who prescribe and/or dispense controlled substances shall register
24 with the United States Drug Enforcement Administration and any applicable state controlled
25 substance regulatory authority.

26 XVII. Physician assistants shall collaborate with, consult with, and/or refer to the
27 appropriate member(s) of the healthcare team as indicated by the patient's condition, the education,
28 experience, and competencies of the physician assistant, and the standard of care. The degree of
29 collaboration should be outlined in the collaboration agreement. Physician assistants are solely
30 responsible for the care they provide.

31 XVIII. The scope of practice of a physician assistant shall be determined at the practice level
32 based on the education, training, and experience of the physician assistant. Practice settings may
33 include, but are not limited to, a physician employer setting, group practice setting, independent
34 private practice setting, or in a health care facility setting governed by a system of credentialing
35 and/or granting of privileges.

36 6 Physician Assistants; Renewal of Licenses. Amend RSA 328-D:5 to read as follows:

1 328-D:5 Renewal of Licenses. Every person licensed to practice under this chapter shall apply
2 to the board for biennial renewal of license on forms provided by the office of professional licensure
3 and certification and shall pay a renewal fee as established by the office of professional licensure and
4 certification. Applications for renewal shall be filed no later than December 31 of every other year
5 [~~and shall include proof of the applicant's current national certification~~]. A license issued under this
6 chapter shall not expire until the board has taken final action upon the application for renewal.

7 7 Physician Assistants; Grounds for Discipline. Amend RSA 328-D:6, V to read as follows:

8 V. Has undertaken to practice [~~independent of the referral or prescription, direction, or~~
9 ~~supervision of a physician licensed under RSA 329~~] ***outside of the collaboration agreement***
10 ***required pursuant to RSA 328-D:3-b.***

11 8 New Sections; Physician Assistants; Disaster Care, Emergency Care, and Coverage of
12 Services. Amend RSA 328-D by inserting after section 14 the following new sections:

13 328-D:15 Participation in Disaster and Emergency Care.

14 I. A physician assistant licensed in this state or licensed or authorized to practice in any
15 other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is
16 responding to a need for medical care created by an emergency or a state or local disaster may
17 render such care that they are able to provide, provided that a state or local disaster shall not
18 include an emergency situation that occurs in the place of the physician assistant's employment.

19 II. A physician assistant so responding who voluntarily and gratuitously, and other than in
20 the ordinary course of employment or practice, renders emergency medical assistance shall not be
21 liable for civil damages for any personal injuries that result from acts or omissions which may
22 constitute ordinary negligence. The immunity granted by this section shall not apply to acts or
23 omissions constituting gross, willful or wanton negligence.

24 III. A physician assistant licensed in this state or licensed or authorized to practice in any
25 other U.S. jurisdiction or credentialed as a physician assistant by a federal employer shall not be
26 required to have a collaboration agreement when responding to a need for medical care created by a
27 disaster or emergency.

28 328-D:16 Participation in Volunteer Care.

29 I. A physician assistant licensed in this state, or licensed or authorized to practice in any
30 other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure
31 requirements of his or her requisite federal agency as a physician assistant may volunteer to render
32 such care that he or she is able to provide at a children's summer camp or for a public or community
33 event or in a licensed ambulatory health center providing free care. Such care must be rendered
34 without compensation or remuneration.

35 II. It is the obligation of the physician assistant to assure adequate and appropriate
36 professional liability coverage.

1 III. A physician assistant licensed in this state, or licensed or authorized to practice in any
2 other U.S. jurisdiction, or credentialed as a physician assistant by a federal employer shall not be
3 required to have a practice agreement when participating in volunteer care.

4 328-D:17 Coverage of Services.

5 I. Health insurers and, to the extent permitted under federal law, Medicaid and Medicare
6 shall reimburse a participating provider who is a physician assistant for any medical and surgical
7 service delivered by the physician assistant if the same service would be covered if delivered by a
8 physician. Physician assistants are authorized to bill for and receive direct payment for the
9 medically necessary services they deliver.

10 II. To provide accountability and transparency for patients, payers, and health care systems,
11 the physician assistant shall be identified as the treating provider in the billing and claims processes
12 when the physician assistant delivered the medical services to the patient.

13 III. A health insurer shall not impose any practice, education, or collaboration requirement
14 for a physician assistant that is inconsistent with or more restrictive than the provisions of this
15 chapter.

16 9 Physicians and Surgeons; Disciplinary Action. Amend RSA 329:17, VII-a to read as follows:

17 VII-a. The board may issue a nondisciplinary confidential letter of concern to a licensee
18 advising that while there is insufficient evidence to support disciplinary action, the board believes
19 the physician or physician assistant should modify or eliminate certain practices, and that
20 continuation of the activities which led to the information being submitted to the board may result in
21 action against the licensee's license. This letter shall not be released to the public or any other
22 licensing authority, except that the letter may be used as evidence in subsequent disciplinary
23 proceedings by the board, and shall be sent to a physician assistant's ~~[supervising physician]~~
24 **employer, if applicable.**

25 10 Physicians and Surgeons; Persons Excepted. Amend RSA 329:21, XIII-XVI to read as
26 follows:

27 XIII. No ~~[physician's]~~ **physician** assistants or other paramedical personnel shall engage in
28 the practice of optometry as defined in RSA 327:1 or perform any service rendered by an optician.

29 XIV. To such emergency medical services personnel as are approved and licensed by the
30 commissioner of the department of safety under RSA 153-A.

31 XV. Midwives certified pursuant to RSA 326-D and practicing midwifery pursuant to RSA
32 326-D:2, V.

33 ~~[XVI. To such physician assistants as have been approved and certified by the board while
34 under the supervision and control of a physician licensed in this state, but only if such person:~~

35 ~~(a) Is a student in an established program which has been approved by the board; or~~

1 ~~(b) Is a graduate of such a program and has passed, or has received temporary~~
2 ~~certification for the period pending the results of any examination for physician assistants required~~
3 ~~by the board.]~~

4 11 Repeal. The following are repealed:

5 I. RSA 328-D:10, I(a), relative to rulemaking authority of the board of medicine over the
6 scope of practice for physician assistants.

7 II. RSA 328-D:10, I(e), relative to rulemaking authority of the board of medicine over the
8 standards for physician assistant education and training.

9 III. RSA 328-D:10, I(f), relative to rulemaking authority of the board of medicine over the
10 supervision of physician assistants.

11 IV. RSA 328-D:10, I(h), relative to rulemaking authority of the board of medicine over the
12 definition of supervision relative to physician assistants.

13 V. RSA 328-D:10, II, relative to rulemaking authority of the board of medicine and
14 pharmacy board over prescriptions issued by physician assistants.

15 VI. RSA 328-D:12, relative to physician liability.

16 12 Effective Date. This act shall take effect 60 days after its passage.

SB 228 - AS AMENDED BY THE SENATE

03/17/2022 0821s

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COMMITTEE: Executive Departments and Administration

ANALYSIS

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6 *Category 1 credit, American Medical Association (AMA) Category 1 PRA credit, American*
7 *Osteopathic Association (AOA) Category 1-A credit, American Academy of Family*
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11 *an appropriate physician or other health care professional as indicated based on the*
12 *patient's condition, the physician assistant's education, training, and experience, and the*
13 *applicable standards of care.*

14 *II-b. "Collaboration agreement" means an agreement that meets the requirements of*
15 *RSA 328-D:3-b.*

16 *II-c. "Participating physician" means a physician practicing as a sole practitioner,*
17 *a physician designated by a group of physicians to represent their physician group, or a*
18 *physician designated by a health care facility to represent that facility, who enters into a*
19 *collaboration agreement with a physician assistant in accordance with this chapter.*

20 III. "Physician assistant" or "P.A." means a person qualified both by academic and practical
21 training [~~in a program approved by the board~~] to provide patient services [~~under the supervision and~~
22 ~~direction of a licensed physician in a variety of medical care settings~~] *in collaboration with one or*
23 *more physicians pursuant to the requirements of this chapter.*

24 2 Physician Assistants; License Required. Amend RSA 328-D:2, II to read as follows:

25 II. This section shall not be construed to prohibit students enrolled in physician assistant
26 training programs [~~approved by the board~~], from performing work incidental to their respective
27 courses of study or supervised clinical work while under the supervision of a designated preceptor.

28 3 Physician Assistants; Manchester Veterans Administration Medical Center. Amend RSA 328-
29 D:2-a, I-II to read as follows:

30 I. New Hampshire state licensure laws, rules, and regulations for physician assistants are
31 hereby suspended for those physician assistants licensed by another state or territory of the United

1 States or another country who are employed by the United States Department of Veterans Affairs
 2 and who are offering medical services to patients offered through the Veterans Administration
 3 Medical Center (VAMC), provided that such physician assistants are acting within the scope of their
 4 employment at the VAMC and possess a current license in good standing in their respective state,
 5 territory, or country of licensure. Physician assistants who are employed by the United States
 6 Department of Veterans Affairs and who are offering medical services to patients of the Veterans
 7 Administration Medical Center (VAMC) and requesting licensure in New Hampshire may ~~be~~
 8 ~~supervised by~~ **collaborate with** physicians licensed in any state or territory of the United States
 9 provided the ~~supervising~~ **participating** physician possesses a current license in good standing in
 10 their respective state or territory of the United States.

11 II. The acting director of the Manchester VAMC shall submit to the executive director of the
 12 New Hampshire office of professional licensure and certification, or designee, a list of all out-of-state
 13 or out-of-country licensed physician assistants offering services in the state of New Hampshire and
 14 out-of-state licensed physicians~~[-accepting supervisory responsibility of]~~ **collaborating with**
 15 physician assistants.

16 4 Physician Assistants; Conditions for Licensure. Amend RSA 328-D:3, I to read as follows:

17 I. To apply for licensure by the board as a physician assistant, an applicant shall file a
 18 written application on forms provided by the office of professional licensure and certification and pay
 19 an application fee. The applicant to be licensed shall:

20 (a) Have ~~[graduated from a physician assistant training program approved by the~~
 21 ~~Committee on Allied Health Education and Accreditation or other board approved accrediting~~
 22 ~~agency]~~ **successfully completed an educational program for physician assistants accredited**
 23 **by the Accreditation Review Commission on Education for the Physician Assistant, or prior**
 24 **to 2001, either by the Committee on Allied Health Education and Accreditation, or the**
 25 **Commission on Accreditation of Allied Health Education Programs.**

26 (b) Have passed a national proficiency examination, as designated by the board.

27 (c) ~~[Maintain current national certification if required by a national certifying body.~~

28 (d) Demonstrate that the applicant has good character.

29 ~~(e)~~ (d) Submit a complete set of fingerprints and a criminal history record release form
 30 pursuant to RSA 328-D:3-a.

31 5 New Section; Physician Assistants; Scope of Practice. Amend RSA 328-D by inserting after
 32 section 3-a the following new section:

33 328-D:3-b Physician Assistant Scope of Practice.

34 I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, III, a physician assistant
 35 shall engage in practice as a physician assistant in this state only if the physician assistant has
 36 entered into a written collaboration agreement with a sole practice physician or a physician
 37 representing a group or health system so long as the sole practitioner or at least one physician in the

1 group or health system practices in a similar area of medicine as the physician assistant, and is a
2 licensed New Hampshire physician.

3 II. A collaboration agreement shall include all of the following:

4 (a) Processes for collaboration and consultation with the appropriate physician and other
5 health care professional as indicated based on the patient's condition; the physician assistant's
6 education, training, and experience, and the applicable standards of care.

7 (b) An acknowledgment that the physician assistant's scope of practice shall be limited
8 to medical care that is within the physician assistant's education, training, and experience as
9 outlined in VII-XVIII below.

10 (c) A statement that although collaboration occurs between the physician assistant and
11 physicians and other health care professionals, a physician shall be accessible for consultation in
12 person, by telephone, or electronic means at all times when a physician assistant is practicing.

13 (d) The signatures of the physician assistant and the participating physician. No other
14 signatures shall be required.

15 III. The collaboration agreement shall be updated as necessary.

16 IV. In the event of the unanticipated unavailability of a participating physician practicing as
17 a sole practitioner due to serious illness or death, a physician assistant may continue to practice for
18 not more than a 30-day period without entering into a new collaboration agreement with another
19 participating physician.

20 V. The collaboration agreement shall be kept on file at the practice and made available to
21 the board upon request. The board shall not request or require any modifications to the
22 collaboration agreement.

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24 collaboration to the board.

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26 prepared by their education, training, and experience and are competent to perform. Medical and
27 surgical services provided by physician assistants include, but are not limited to:

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29 examinations;

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32 procedures;

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3 measures to licensed or unlicensed personnel.

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5 disability of a patient as required by any local, state, or federal program.

6 XII. Physician assistants may authenticate any document with their signature, certification,
7 stamp, verification, affidavit, or endorsement if it may be so authenticated by the signature,
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9 XIII. A physician assistant may prescribe, dispense, order, administer, and procure drugs
10 and medical devices. Physician assistants may plan and initiate a therapeutic regimen that includes
11 ordering and prescribing non pharmacological interventions, including but not limited to durable
12 medical equipment, nutrition, blood and blood products, and diagnostic support services including
13 but not limited to home healthcare, hospice, and physical and occupational therapy.

14 XIV. The prescribing and dispensing of drugs shall :

15 (a) Comply with the requirements of RSA 318, federal and state regulations;

16 (b) Occur when pharmacy services are not reasonably available, or when it is in the best
17 interests of the patient, or when it is an emergency; and

18 (c) Include any medications that may be dispensed by a physician.

19 XV. Physician assistants may request, receive, and sign for professional samples, and may
20 distribute professional samples to patients.

21 XVI. Physician assistants who prescribe and/or dispense controlled substances shall register
22 with the United States Drug Enforcement Administration and any applicable state controlled
23 substance regulatory authority.

24 XVII. Physician assistants shall collaborate with, consult with, and/or refer to the
25 appropriate member(s) of the healthcare team as indicated by the patient's condition, the education,
26 experience, and competencies of the physician assistant, and the standard of care. The degree of
27 collaboration should be outlined in the collaboration agreement. Physician assistants are solely
28 responsible for the care they provide.

29 XVIII. The scope of practice of a physician assistant shall be determined at the practice level
30 based on the education, training, and experience of the physician assistant. Practice settings may
31 include, but are not limited to, a physician employer setting, group practice setting, independent
32 private practice setting, or in a health care facility setting governed by a system of credentialing
33 and/or granting of privileges.

34 6 Physician Assistants; Renewal of Licenses. Amend RSA 328-D:5 to read as follows:

35 328-D:5 Renewal of Licenses. Every person licensed to practice under this chapter shall apply
36 to the board for biennial renewal of license on forms provided by the office of professional licensure
37 and certification and shall pay a renewal fee as established by the office of professional licensure and

1 certification. Applications for renewal shall be filed no later than December 31 of every other year
2 [~~and shall include proof of the applicant's current national certification~~]. A license issued under this
3 chapter shall not expire until the board has taken final action upon the application for renewal.

4 7 Physician Assistants; Grounds for Discipline. Amend RSA 328-D:6, V to read as follows:

5 V. Has undertaken to practice [~~independent of the referral or prescription, direction, or~~
6 ~~supervision of a physician licensed under RSA 329~~] *outside of the collaboration agreement*
7 *required pursuant to RSA 328-D:3-b.*

8 8 Physician Assistants; Physician Liability. RSA 328-D:12 is repealed and reenacted to read as
9 follows:

10 328-D:12 Physician Liability. A physician assistant is responsible for his or her own medical
11 decision making. A participating physician included in a collaboration agreement with a physician
12 assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the
13 actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit
14 the liability of the participating physician.

15 9 New Subparagraph; Rulemaking; Liability Insurance Coverage. Amend RSA 328-D:10, I by
16 inserting after subparagraph (k) the following new subparagraph:

17 (l) The definition of adequate liability insurance coverage under RSA 328-D:18.

18 10 New Sections; Physician Assistants; Disaster Care, Emergency Care, and Coverage of
19 Services. Amend RSA 328-D by inserting after section 14 the following new sections:

20 328-D:15 Participation in Disaster and Emergency Care.

21 I. A physician assistant licensed in this state or licensed or authorized to practice in any
22 other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is
23 responding to a need for medical care created by an emergency or a state or local disaster may
24 render such care that they are able to provide, provided that a state or local disaster shall not
25 include an emergency situation that occurs in the place of the physician assistant's employment.

26 II. A physician assistant so responding who voluntarily and gratuitously, and other than in
27 the ordinary course of employment or practice, renders emergency medical assistance shall not be
28 liable for civil damages for any personal injuries that result from acts or omissions which may
29 constitute ordinary negligence. The immunity granted by this section shall not apply to acts or
30 omissions constituting gross, willful or wanton negligence.

31 III. A physician assistant licensed in this state or licensed or authorized to practice in any
32 other U.S. jurisdiction or credentialed as a physician assistant by a federal employer shall not be
33 required to have a collaboration agreement when responding to a need for medical care created by a
34 disaster or emergency.

35 328-D:16 Participation in Volunteer Care.

36 I. A physician assistant licensed in this state, or licensed or authorized to practice in any
37 other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure

1 requirements of his or her requisite federal agency as a physician assistant may volunteer to render
2 such care that he or she is able to provide at a children's summer camp or for a public or community
3 event or in a licensed ambulatory health center providing free care. Such care must be rendered
4 without compensation or remuneration.

5 II. A physician assistant licensed in this state, or licensed or authorized to practice in any
6 other U.S. jurisdiction, or credentialed as a physician assistant by a federal employer shall not be
7 required to have a collaboration agreement when participating in volunteer care.

8 328-D:17 Coverage of Services.

9 I. Health insurers and, to the extent permitted under federal law, Medicaid and Medicare
10 shall reimburse a participating provider who is a physician assistant for any medical and surgical
11 service delivered by the physician assistant if the same service would be covered if delivered by a
12 physician. Physician assistants are authorized to bill for and receive direct payment for the
13 medically necessary services they deliver.

14 II. To provide accountability and transparency for patients, payers, and health care systems,
15 the physician assistant, when appropriate, shall be identified as the treating provider in the billing
16 and claims processes when the physician assistant delivered the medical services to the patient.

17 III. A health insurer shall not impose any practice, education, or collaboration requirement
18 for a physician assistant that is inconsistent with or more restrictive than the provisions of this
19 chapter.

20 IV. Nothing in this chapter shall be construed to preclude a health carrier from exercising
21 its rights and responsibilities set forth in RSA 420-J:4.

22 328-D:18 Professional Liability Insurance Coverage. Physician assistants actively engaged in
23 providing medical care shall have adequate, current, and valid professional liability insurance
24 coverage.

25 11 Physicians and Surgeons; Disciplinary Action. Amend RSA 329:17, VII-a to read as follows:

26 VII-a. The board may issue a nondisciplinary confidential letter of concern to a licensee
27 advising that while there is insufficient evidence to support disciplinary action, the board believes
28 the physician or physician assistant should modify or eliminate certain practices, and that
29 continuation of the activities which led to the information being submitted to the board may result in
30 action against the licensee's license. This letter shall not be released to the public or any other
31 licensing authority, except that the letter may be used as evidence in subsequent disciplinary
32 proceedings by the board, and shall be sent to a physician assistant's ~~[supervising physician]~~
33 **employer, if applicable.**

34 12 Physicians and Surgeons; Persons Excepted. Amend RSA 329:21, XIII-XVI to read as
35 follows:

36 XIII. No ~~[physician's]~~ **physician** assistants or other paramedical personnel shall engage in
37 the practice of optometry as defined in RSA 327:1 or perform any service rendered by an optician.

SB 228 - AS AMENDED BY THE SENATE

- Page 7 -

1 XIV. To such emergency medical services personnel as are approved and licensed by the
2 commissioner of the department of safety under RSA 153-A.

3 XV. Midwives certified pursuant to RSA 326-D and practicing midwifery pursuant to RSA
4 326-D:2, V.

5 ~~[XVI. To such physician assistants as have been approved and certified by the board while
6 under the supervision and control of a physician licensed in this state, but only if such person:~~

7 ~~(a) Is a student in an established program which has been approved by the board; or~~

8 ~~(b) Is a graduate of such a program and has passed, or has received temporary
9 certification for the period pending the results of any examination for physician assistants required
10 by the board.]~~

11 13 Repeal. The following are repealed:

12 I. RSA 328-D:10, I(a), relative to rulemaking authority of the board of medicine over the
13 scope of practice for physician assistants.

14 II. RSA 328-D:10, I(e), relative to rulemaking authority of the board of medicine over the
15 standards for physician assistant education and training.

16 III. RSA 328-D:10, I(f), relative to rulemaking authority of the board of medicine over the
17 supervision of physician assistants.

18 IV. RSA 328-D:10, I(h), relative to rulemaking authority of the board of medicine over the
19 definition of supervision relative to physician assistants.

20 V. RSA 328-D:10, II, relative to rulemaking authority of the board of medicine and
21 pharmacy board over prescriptions issued by physician assistants.

22 14 Effective Date. This act shall take effect 60 days after its passage.

CHAPTER 148
SB 228 - FINAL VERSION

03/17/2022 0821s
05/12/2022 1988EBA

2022 SESSION

22-2955
11/08

SENATE BILL **228**

AN ACT relative to the regulation and practice of physician assistants.

SPONSORS: Sen. Bradley, Dist 3; Sen. Hennessey, Dist 1; Sen. Carson, Dist 14; Sen. Giuda, Dist 2; Sen. Sherman, Dist 24; Sen. Whitley, Dist 15; Sen. Ricciardi, Dist 9; Sen. Cavanaugh, Dist 16; Sen. Avard, Dist 12; Sen. Prentiss, Dist 5; Sen. Gray, Dist 6; Sen. Reagan, Dist 17; Rep. Knirk, Carr. 3

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill modifies the regulation of physician assistants.

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

CHAPTER 148
SB 228 - FINAL VERSION

03/17/2022 0821s
05/12/2022 1988EBA

22-2955
11/08

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to the regulation and practice of physician assistants.

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

1 148:1 Physician Assistants; Definitions. Amend RSA 328-D:1 to read as follows:

2 328-D:1 Definitions. In this chapter:

3 I. "Applicant" means a physician assistant who has submitted an application for licensure.

4 *I-a. "Approved continuing medical education activity" means a continuing*
5 *education activity certified for American Academy of Physician Assistants (AAPA)*
6 *Category 1 credit, American Medical Association (AMA) Category 1 PRA credit, American*
7 *Osteopathic Association (AOA) Category 1-A credit, American Academy of Family*
8 *Physicians (AAFP) Prescribed credit, or any other board-approved activity.*

9 II. "Board" means the board of medicine.

10 *II-a. "Collaboration" means a physician assistant's consultation with or referral to*
11 *an appropriate physician or other health care professional as indicated based on the*
12 *patient's condition, the physician assistant's education, training, and experience, and the*
13 *applicable standards of care.*

14 *II-b. "Collaboration agreement" means an agreement that meets the requirements of*
15 *RSA 328-D:3-b.*

16 *II-c. "Participating physician" means a physician practicing as a sole practitioner,*
17 *a physician designated by a group of physicians to represent their physician group, or a*
18 *physician designated by a health care facility to represent that facility, who enters into a*
19 *collaboration agreement with a physician assistant in accordance with this chapter.*

20 III. "Physician assistant" or "P.A." means a person qualified both by academic and practical
21 training [~~in a program approved by the board~~] to provide patient services [~~under the supervision and~~
22 ~~direction of a licensed physician in a variety of medical care settings~~] *in collaboration with one or*
23 *more physicians pursuant to the requirements of this chapter.*

24 148:2 Physician Assistants; License Required. Amend RSA 328-D:2, II to read as follows:

25 II. This section shall not be construed to prohibit students enrolled in physician assistant
26 training programs [~~approved by the board~~], from performing work incidental to their respective
27 courses of study or supervised clinical work while under the supervision of a designated preceptor.

28 148:3 Physician Assistants; Manchester Veterans Administration Medical Center. Amend RSA
29 328-D:2-a, I-II to read as follows:

CHAPTER 148
SB 228 - FINAL VERSION

- Page 2 -

1 I. New Hampshire state licensure laws, rules, and regulations for physician assistants are
2 hereby suspended for those physician assistants licensed by another state or territory of the United
3 States or another country who are employed by the United States Department of Veterans Affairs
4 and who are offering medical services to patients offered through the Veterans Administration
5 Medical Center (VAMC), provided that such physician assistants are acting within the scope of their
6 employment at the VAMC and possess a current license in good standing in their respective state,
7 territory, or country of licensure. Physician assistants who are employed by the United States
8 Department of Veterans Affairs and who are offering medical services to patients of the Veterans
9 Administration Medical Center (VAMC) and requesting licensure in New Hampshire may ~~be~~
10 ~~supervised by~~ **collaborate with** physicians licensed in any state or territory of the United States
11 provided the ~~supervising~~ **participating** physician possesses a current license in good standing in
12 their respective state or territory of the United States.

13 II. The acting director of the Manchester VAMC shall submit to the executive director of the
14 New Hampshire office of professional licensure and certification, or designee, a list of all out-of-state
15 or out-of-country licensed physician assistants offering services in the state of New Hampshire and
16 out-of-state licensed physicians~~—accepting supervisory responsibility of~~ **collaborating with**
17 physician assistants.

18 148:4 Physician Assistants; Conditions for Licensure. Amend RSA 328-D:3, I to read as follows:

19 I. To apply for licensure by the board as a physician assistant, an applicant shall file a
20 written application on forms provided by the office of professional licensure and certification and pay
21 an application fee. The applicant to be licensed shall:

22 (a) Have ~~graduated from a physician assistant training program approved by the~~
23 ~~Committee on Allied Health Education and Accreditation or other board approved accrediting~~
24 ~~agency~~ **successfully completed an educational program for physician assistants accredited**
25 **by the Accreditation Review Commission on Education for the Physician Assistant, or prior**
26 **to 2001, either by the Committee on Allied Health Education and Accreditation, or the**
27 **Commission on Accreditation of Allied Health Education Programs.**

28 (b) Have passed a national proficiency examination, as designated by the board.

29 (c) ~~Maintain current national certification if required by a national certifying body.~~

30 ~~(d)~~ Demonstrate that the applicant has good character.

31 ~~(e)~~ (d) Submit a complete set of fingerprints and a criminal history record release form
32 pursuant to RSA 328-D:3-a.

33 148:5 New Section; Physician Assistants; Scope of Practice. Amend RSA 328-D by inserting
34 after section 3-a the following new section:

35 328-D:3-b Physician Assistant Scope of Practice.

36 I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, II, a physician assistant

CHAPTER 148
SB 228 - FINAL VERSION
- Page 3 -

1 shall engage in practice as a physician assistant in this state only if the physician assistant has
2 entered into a written collaboration agreement with a sole practice physician or a physician
3 representing a group or health system so long as the sole practitioner or at least one physician in the
4 group or health system practices in a similar area of medicine as the physician assistant, and is a
5 licensed New Hampshire physician.

6 II. A collaboration agreement shall include all of the following:

7 (a) Processes for collaboration and consultation with the appropriate physician and other
8 health care professional as indicated based on the patient's condition; the physician assistant's
9 education, training, and experience, and the applicable standards of care.

10 (b) An acknowledgment that the physician assistant's scope of practice shall be limited
11 to medical care that is within the physician assistant's education, training, and experience as
12 outlined in paragraphs VII-XVIII.

13 (c) A statement that although collaboration occurs between the physician assistant and
14 physicians and other health care professionals, a physician shall be accessible for consultation in
15 person, by telephone, or electronic means at all times when a physician assistant is practicing.

16 (d) The signatures of the physician assistant and the participating physician. No other
17 signatures shall be required.

18 III. The collaboration agreement shall be updated as necessary.

19 IV. In the event of the unanticipated unavailability of a participating physician practicing as
20 a sole practitioner due to serious illness or death, a physician assistant may continue to practice for
21 not more than a 30-day period without entering into a new collaboration agreement with another
22 participating physician.

23 V. The collaboration agreement shall be kept on file at the practice and made available to
24 the board upon request. The board shall not request or require any modifications to the
25 collaboration agreement.

26 VI. A participating physician shall not be required to submit a written acceptance of
27 collaboration to the board.

28 VII. Physician assistants may provide any legal medical service for which they have been
29 prepared by their education, training, and experience and are competent to perform. Medical and
30 surgical services provided by physician assistants include, but are not limited to:

31 (a) Obtaining and performing comprehensive health histories and physical
32 examinations;

33 (b) Evaluating, diagnosing, managing, and providing medical treatment;

34 (c) Ordering, performing, and interpreting diagnostic studies and therapeutic
35 procedures;

36 (d) Educating patients on health promotion and disease prevention;

37 (e) Providing consultation upon request;

CHAPTER 148
SB 228 - FINAL VERSION

- Page 4 -

1 (f) Writing medical orders;

2 VIII. Physician assistants may provide services in healthcare facilities or programs
3 including but not limited to hospitals, nursing facilities, assisted living facilities, and hospices.

4 IX. Physician assistants may obtain informed consent.

5 X. Physician assistants may supervise, delegate, and assign therapeutic and diagnostic
6 measures to licensed or unlicensed personnel.

7 XI. Consistent with the scope of practice, physician assistants may certify the health or
8 disability of a patient as required by any local, state, or federal program.

9 XII. Physician assistants may authenticate any document with their signature, certification,
10 stamp, verification, affidavit, or endorsement if it may be so authenticated by the signature,
11 certification, stamp, verification, affidavit, or endorsement of a physician.

12 XIII. A physician assistant may prescribe, dispense, order, administer, and procure drugs
13 and medical devices. Physician assistants may plan and initiate a therapeutic regimen that includes
14 ordering and prescribing non pharmacological interventions, including but not limited to durable
15 medical equipment, nutrition, blood and blood products, and diagnostic support services including
16 but not limited to home healthcare, hospice, and physical and occupational therapy.

17 XIV. The prescribing and dispensing of drugs shall:

18 (a) Comply with the requirements of RSA 318, and federal and state regulations;

19 (b) Occur when pharmacy services are not reasonably available, or when it is in the best
20 interests of the patient, or when it is an emergency; and

21 (c) Include any medications that may be dispensed by a physician.

22 XV. Physician assistants may request, receive, and sign for professional samples, and may
23 distribute professional samples to patients.

24 XVI. Physician assistants who prescribe and/or dispense controlled substances shall register
25 with the United States Drug Enforcement Administration and any applicable state controlled
26 substance regulatory authority.

27 XVII. Physician assistants shall collaborate with, consult with, and/or refer to the
28 appropriate member(s) of the healthcare team as indicated by the patient's condition, the education,
29 experience, and competencies of the physician assistant, and the standard of care. The degree of
30 collaboration should be outlined in the collaboration agreement. Physician assistants are solely
31 responsible for the care they provide.

32 XVIII. The scope of practice of a physician assistant shall be determined at the practice level
33 based on the education, training, and experience of the physician assistant. Practice settings may
34 include, but are not limited to, a physician employer setting, group practice setting, independent
35 private practice setting, or in a health care facility setting governed by a system of credentialing
36 and/or granting of privileges.

37 148:6 Physician Assistants; Renewal of Licenses. Amend RSA 328-D:5 to read as follows:

CHAPTER 148
SB 228 - FINAL VERSION

- Page 5 -

1 328-D:5 Renewal of Licenses. Every person licensed to practice under this chapter shall apply
2 to the board for biennial renewal of license on forms provided by the office of professional licensure
3 and certification and shall pay a renewal fee as established by the office of professional licensure and
4 certification. Applications for renewal shall be filed no later than December 31 of every other year
5 [~~and shall include proof of the applicant's current national certification~~]. A license issued under this
6 chapter shall not expire until the board has taken final action upon the application for renewal.

7 148:7 Physician Assistants; Grounds for Discipline. Amend RSA 328-D:6, V to read as follows:

8 V. Has undertaken to practice [~~independent of the referral or prescription, direction, or~~
9 ~~supervision of a physician licensed under RSA 329~~] ***outside of the collaboration agreement***
10 ***required pursuant to RSA 328-D:3-b.***

11 148:8 Physician Assistants; Physician Liability. RSA 328-D:12 is repealed and reenacted to
12 read as follows:

13 328-D:12 Physician Liability. A physician assistant is responsible for his or her own medical
14 decision making. A participating physician included in a collaboration agreement with a physician
15 assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the
16 actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit
17 the liability of the participating physician.

18 148:9 New Subparagraph; Rulemaking; Liability Insurance Coverage. Amend RSA 328-D:10, I
19 by inserting after subparagraph (k) the following new subparagraph:

20 (l) The definition of adequate liability insurance coverage under RSA 328-D:18.

21 148:10 New Sections; Physician Assistants; Disaster Care, Emergency Care, and Coverage of
22 Services. Amend RSA 328-D by inserting after section 14 the following new sections:

23 328-D:15 Participation in Disaster and Emergency Care.

24 I. A physician assistant licensed in this state or licensed or authorized to practice in any
25 other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is
26 responding to a need for medical care created by an emergency or a state or local disaster may
27 render such care that they are able to provide, provided that a state or local disaster shall not
28 include an emergency situation that occurs in the place of the physician assistant's employment.

29 II. A physician assistant so responding who voluntarily and gratuitously, and other than in
30 the ordinary course of employment or practice, renders emergency medical assistance shall not be
31 liable for civil damages for any personal injuries that result from acts or omissions which may
32 constitute ordinary negligence. The immunity granted by this section shall not apply to acts or
33 omissions constituting gross, willful or wanton negligence.

34 III. A physician assistant licensed in this state or licensed or authorized to practice in any
35 other U.S. jurisdiction or credentialed as a physician assistant by a federal employer shall not be
36 required to have a collaboration agreement when responding to a need for medical care created by a
37 disaster or emergency.

CHAPTER 148
SB 228 - FINAL VERSION

- Page 6 -

1 328-D:16 Participation in Volunteer Care.

2 I. A physician assistant licensed in this state, or licensed or authorized to practice in any
3 other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure
4 requirements of his or her requisite federal agency as a physician assistant may volunteer to render
5 such care that he or she is able to provide at a children's summer camp or for a public or community
6 event or in a licensed ambulatory health center providing free care. Such care must be rendered
7 without compensation or remuneration.

8 II. A physician assistant licensed in this state, or licensed or authorized to practice in any
9 other U.S. jurisdiction, or credentialed as a physician assistant by a federal employer shall not be
10 required to have a collaboration agreement when participating in volunteer care.

11 328-D:17 Coverage of Services.

12 I. Health insurers and, to the extent permitted under federal law, Medicaid and Medicare
13 shall reimburse a participating provider who is a physician assistant for any medical and surgical
14 service delivered by the physician assistant if the same service would be covered if delivered by a
15 physician. Physician assistants are authorized to bill for and receive direct payment for the
16 medically necessary services they deliver.

17 II. To provide accountability and transparency for patients, payers, and health care systems,
18 the physician assistant, when appropriate, shall be identified as the treating provider in the billing
19 and claims processes when the physician assistant delivered the medical services to the patient.

20 III. A health insurer shall not impose any practice, education, or collaboration requirement
21 for a physician assistant that is inconsistent with or more restrictive than the provisions of this
22 chapter.

23 IV. Nothing in this chapter shall be construed to preclude a health carrier from exercising
24 its rights and responsibilities set forth in RSA 420-J:4.

25 328-D:18 Professional Liability Insurance Coverage. Physician assistants actively engaged in
26 providing medical care shall have adequate, current, and valid professional liability insurance
27 coverage.

28 148:11 Physicians and Surgeons; Disciplinary Action. Amend RSA 329:17, VII-a to read as
29 follows:

30 VII-a. The board may issue a nondisciplinary confidential letter of concern to a licensee
31 advising that while there is insufficient evidence to support disciplinary action, the board believes
32 the physician or physician assistant should modify or eliminate certain practices, and that
33 continuation of the activities which led to the information being submitted to the board may result in
34 action against the licensee's license. This letter shall not be released to the public or any other
35 licensing authority, except that the letter may be used as evidence in subsequent disciplinary
36 proceedings by the board, and shall be sent to a physician assistant's [~~supervising physician~~
37 *employer, if applicable.*

CHAPTER 148
SB 228 - FINAL VERSION

- Page 7 -

1 148:12 Physicians and Surgeons; Persons Excepted. Amend RSA 329:21, XIII-XVI to read as
2 follows:

3 XIII. No ~~[physician's]~~ *physician* assistants or other paramedical personnel shall engage in
4 the practice of optometry as defined in RSA 327:1 or perform any service rendered by an optician.

5 XIV. To such emergency medical services personnel as are approved and licensed by the
6 commissioner of the department of safety under RSA 153-A.

7 XV. Midwives certified pursuant to RSA 326-D and practicing midwifery pursuant to RSA
8 326-D:2, V.

9 ~~[XVI. To such physician assistants as have been approved and certified by the board while
10 under the supervision and control of a physician licensed in this state, but only if such person:~~

11 ~~(a) Is a student in an established program which has been approved by the board; or~~

12 ~~(b) Is a graduate of such a program and has passed, or has received temporary
13 certification for the period pending the results of any examination for physician assistants required
14 by the board.]~~

15 148:13 Repeal. The following are repealed:

16 I. RSA 328-D:10, I(a), relative to rulemaking authority of the board of medicine over the
17 scope of practice for physician assistants.

18 II. RSA 328-D:10, I(e), relative to rulemaking authority of the board of medicine over the
19 standards for physician assistant education and training.

20 III. RSA 328-D:10, I(f), relative to rulemaking authority of the board of medicine over the
21 supervision of physician assistants.

22 IV. RSA 328-D:10, I(h), relative to rulemaking authority of the board of medicine over the
23 definition of supervision relative to physician assistants.

24 V. RSA 328-D:10, II, relative to rulemaking authority of the board of medicine and
25 pharmacy board over prescriptions issued by physician assistants.

148:14 Effective Date. This act shall take effect 60 days after its passage.

Approved: June 07, 2022
Effective Date: August 06, 2022

Amendments

Amendment to SB 228

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

2

3 AN ACT relative to the regulation and practice of physician assistants.

4

5 Amend RSA 328-D:1, III as inserted by section 1 of the bill by replacing it with the following:

6

7 III. "Physician assistant" or "P.A." means a person qualified both by academic and practical
8 training [~~in a program approved by the board~~] to provide patient services [~~under the supervision and~~
9 ~~direction of a licensed physician in a variety of medical care settings~~] *in collaboration with one or*
10 *more physicians pursuant to the requirements of this chapter.*

11

12 Amend RSA 328-D:3-b, I-II as inserted by section 5 of the bill by replacing them with the following:

13

14 I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, III, a physician assistant
15 shall engage in practice as a physician assistant in this state only if the physician assistant has
16 entered into a written collaboration agreement with a sole practice physician or a physician
17 representing a group or health system so long as the sole practitioner or at least one physician in the
18 group or health system practices in a similar area of medicine as the physician assistant, and is a
19 licensed New Hampshire physician.

20 II. A collaboration agreement shall include all of the following:

21 (a) Processes for collaboration and consultation with the appropriate physician and other
22 health care professional as indicated based on the patient's condition; the physician assistant's
23 education, training, and experience, and the applicable standards of care.

24 (b) An acknowledgment that the physician assistant's scope of practice shall be limited
25 to medical care that is within the physician assistant's education, training, and experience as
26 outlined in VII-XVIII below.

27 (c) A statement that although collaboration occurs between the physician assistant and
28 physicians and other health care professionals, a physician shall be accessible for consultation in
29 person, by telephone, or electronic means at all times when a physician assistant is practicing.

30 (d) The signatures of the physician assistant and the participating physician. No other
31 signatures shall be required.

32

Amendment to SB 228

- Page 2 -

1 Amend the bill by inserting after section 7 the following and renumbering the original sections 8-12
2 to read as 9-13, respectively:

3
4 8 Physician Assistants; Physician Liability. RSA 328-D:12 is repealed and reenacted to read as
5 follows:

6 328-D:12 Physician Liability. Physician assistants responsible for his or her own medical
7 decision making. A participating physician included in a collaboration agreement with a physician
8 assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the
9 actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit
10 the liability of the participating physician.

11
12 Amend RSA 328-D:16 and 17 as inserted by section 9 of the bill by replacing them with the
13 following:

14
15 328-D:16 Participation in Volunteer Care.

16 I. A physician assistant licensed in this state, or licensed or authorized to practice in any
17 other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure
18 requirements of his or her requisite federal agency as a physician assistant may volunteer to render
19 such care that he or she is able to provide at a children's summer camp or for a public or community
20 event or in a licensed ambulatory health center providing free care. Such care must be rendered
21 without compensation or remuneration.

22 II. A physician assistant licensed in this state, or licensed or authorized to practice in any
23 other U.S. jurisdiction, or credentialed as a physician assistant by a federal employer shall not be
24 required to have a collaboration agreement when participating in volunteer care.

25 328-D:17 Coverage of Services.

26 I. Health insurers and, to the extent permitted under federal law, Medicaid and Medicare
27 shall reimburse a participating provider who is a physician assistant for any medical and surgical
28 service delivered by the physician assistant if the same service would be covered if delivered by a
29 physician. Physician assistants are authorized to bill for and receive direct payment for the
30 medically necessary services they deliver.

31 II. To provide accountability and transparency for patients, payers, and health care systems,
32 the physician assistant, when appropriate, shall be identified as the treating provider in the billing
33 and claims processes when the physician assistant delivered the medical services to the patient.

34 III. A health insurer shall not impose any practice, education, or collaboration requirement
35 for a physician assistant that is inconsistent with or more restrictive than the provisions of this
36 chapter.

37

- 1 Amend section 12 of the bill by deleting paragraph VI.

UNAPPROVED

Amendment to SB 228

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

2
3 AN ACT relative to the regulation and practice of physician assistants.

4
5 Amend RSA 328-D:1, III as inserted by section 1 of the bill by replacing it with the following:

6
7 III. "Physician assistant" or "P.A." means a person qualified both by academic and practical
8 training [~~in a program approved by the board~~] to provide patient services [~~under the supervision and~~
9 ~~direction of a licensed physician in a variety of medical care settings~~]. *in collaboration with one or*
10 *more physicians pursuant to the requirements of this chapter.*

11
12 Amend RSA 328-D:3-b, I-II as inserted by section 5 of the bill by replacing them with the following:

13
14 I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, III, a physician assistant
15 shall engage in practice as a physician assistant in this state only if the physician assistant has
16 entered into a written collaboration agreement with a sole practice physician or a physician
17 representing a group or health system so long as the sole practitioner or at least one physician in the
18 group or health system practices in a similar area of medicine as the physician assistant, and is a
19 licensed New Hampshire physician.

20 II. A collaboration agreement shall include all of the following:

21 (a) Processes for collaboration and consultation with the appropriate physician and other
22 health care professional as indicated based on the patient's condition; the physician assistant's
23 education, training, and experience, and the applicable standards of care.

24 (b) An acknowledgment that the physician assistant's scope of practice shall be limited
25 to medical care that is within the physician assistant's education, training, and experience as
26 outlined in VII-XVIII below.

27 (c) A statement that although collaboration occurs between the physician assistant and
28 physicians and other health care professionals, a physician shall be accessible for consultation in
29 person, by telephone, or electronic means at all times when a physician assistant is practicing.

30 (d) The signatures of the physician assistant and the participating physician. No other
31 signatures shall be required.

Amendment to SB 228

- Page 2 -

1 Amend the bill by inserting after section 7 the following new sections and renumbering the original
2 sections 8-12 to read as 10-14, respectively:

3
4 8 Physician Assistants; Physician Liability. RSA 328-D:12 is repealed and reenacted to read as
5 follows:

6 328-D:12 Physician Liability. A physician assistant is responsible for his or her own medical
7 decision making. A participating physician included in a collaboration agreement with a physician
8 assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the
9 actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit
10 the liability of the participating physician.

11 9 New Subparagraph; Rulemaking; Liability Insurance Coverage. Amend RSA 328-D:10, I by
12 inserting after subparagraph (k) the following new subparagraph:

13 (l) The definition of adequate liability insurance coverage under RSA 328-D:18.

14
15 Amend the bill by replacing section 10 with the following:

16
17 10 New Sections; Physician Assistants; Disaster Care, Emergency Care, and Coverage of
18 Services. Amend RSA 328-D by inserting after section 14 the following new sections:

19 328-D:15 Participation in Disaster and Emergency Care.

20 I. A physician assistant licensed in this state or licensed or authorized to practice in any
21 other U.S. jurisdiction or who is credentialed as a physician assistant by a federal employer who is
22 responding to a need for medical care created by an emergency or a state or local disaster may
23 render such care that they are able to provide, provided that a state or local disaster shall not
24 include an emergency situation that occurs in the place of the physician assistant's employment.

25 II. A physician assistant so responding who voluntarily and gratuitously, and other than in
26 the ordinary course of employment or practice, renders emergency medical assistance shall not be
27 liable for civil damages for any personal injuries that result from acts or omissions which may
28 constitute ordinary negligence. The immunity granted by this section shall not apply to acts or
29 omissions constituting gross, willful or wanton negligence.

30 III. A physician assistant licensed in this state or licensed or authorized to practice in any
31 other U.S. jurisdiction or credentialed as a physician assistant by a federal employer shall not be
32 required to have a collaboration agreement when responding to a need for medical care created by a
33 disaster or emergency.

34 328-D:16 Participation in Volunteer Care.

35 I. A physician assistant licensed in this state, or licensed or authorized to practice in any
36 other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure
37 requirements of his or her requisite federal agency as a physician assistant may volunteer to render

Amendment to SB 228

- Page 3 -

1 such care that he or she is able to provide at a children's summer camp or for a public or community
2 event or in a licensed ambulatory health center providing free care. Such care must be rendered
3 without compensation or remuneration.

4 II. A physician assistant licensed in this state, or licensed or authorized to practice in any
5 other U.S. jurisdiction, or credentialed as a physician assistant by a federal employer shall not be
6 required to have a collaboration agreement when participating in volunteer care.

7 328-D:17 Coverage of Services.

8 I. Health insurers and, to the extent permitted under federal law, Medicaid and Medicare
9 shall reimburse a participating provider who is a physician assistant for any medical and surgical
10 service delivered by the physician assistant if the same service would be covered if delivered by a
11 physician. Physician assistants are authorized to bill for and receive direct payment for the
12 medically necessary services they deliver.

13 II. To provide accountability and transparency for patients, payers, and health care systems,
14 the physician assistant, when appropriate, shall be identified as the treating provider in the billing
15 and claims processes when the physician assistant delivered the medical services to the patient.

16 III. A health insurer shall not impose any practice, education, or collaboration requirement
17 for a physician assistant that is inconsistent with or more restrictive than the provisions of this
18 chapter.

19 IV. Nothing in this chapter shall be construed to preclude a health carrier from exercising
20 its rights and responsibilities set forth in RSA 420-J:4.

21 328-D:18 Professional Liability Insurance Coverage. Physician assistants actively engaged in
22 providing medical care shall have adequate, current, and valid professional liability insurance
23 coverage.

24
25 Amend section 13 of the bill by deleting paragraph VI.

Amendment to SB 228

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

2

3 AN ACT relative to the regulation and practice of physician assistants.

4

5 Amend RSA 328-D:1, III as inserted by section 1 of the bill by replacing it with the following:

6

7 III. "Physician assistant" or "P.A." means a person qualified both by academic and practical
8 training [~~in a program approved by the board~~] to provide patient services [~~under the supervision and~~
9 ~~direction of a licensed physician in a variety of medical care settings~~] ***in collaboration with one or***
10 ***more physicians pursuant to the requirements of this chapter.***

11

12 Amend RSA 328-D:3-b, I-II as inserted by section 5 of the bill by replacing them with the following:

13

14 I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, III, a physician assistant
15 shall engage in practice as a physician assistant in this state only if the physician assistant has
16 entered into a written collaboration agreement with a sole practice physician or a physician
17 representing a group or health system so long as the sole practitioner or at least one physician in the
18 group or health system practices in a similar area of medicine as the physician assistant, and is a
19 licensed New Hampshire physician.

20 II. A collaboration agreement shall include all of the following:

21 (a) Processes for collaboration and consultation with the appropriate physician and other
22 health care professional as indicated based on the patient's condition; the physician assistant's
23 education, training, and experience, and the applicable standards of care.

24 (b) An acknowledgment that the physician assistant's scope of practice shall be limited
25 to medical care that is within the physician assistant's education, training, and experience as
26 outlined in VII-XVIII below.

27 (c) A statement that although collaboration occurs between the physician assistant and
28 physicians and other health care professionals, a physician shall be accessible for consultation in
29 person, by telephone, or electronic means at all times when a physician assistant is practicing.

30 (d) The signatures of the physician assistant and the participating physician. No other
31 signatures shall be required.

32

Amendment to SB 228

- Page 2 -

1 Amend the bill by inserting after section 7 the following new sections and renumbering the original
2 sections 8-12 to read as 10-14, respectively:

3
4 8 Physician Assistants; Physician Liability. RSA 328-D:12 is repealed and reenacted to read as
5 follows:

6 328-D:12 Physician Liability. A physician assistant is responsible for his or her own medical
7 decision making. A participating physician included in a collaboration agreement with a physician
8 assistant shall not, by the existence of the collaboration agreement alone, be legally liable for the
9 actions or inactions of the physician assistant; provided, however, that this shall not otherwise limit
10 the liability of the participating physician.

11 9 New Subparagraph; Rulemaking; Liability Insurance Coverage. Amend RSA 328-D:10, I by
12 inserting after subparagraph (k) the following new subparagraph:

13 (l) The definition of adequate liability insurance coverage under RSA 328-D:18.
14

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23 render such care that they are able to provide, provided that a state or local disaster shall not
24 include an emergency situation that occurs in the place of the physician assistant's employment.

25 II. A physician assistant so responding who voluntarily and gratuitously, and other than in
26 the ordinary course of employment or practice, renders emergency medical assistance shall not be
27 liable for civil damages for any personal injuries that result from acts or omissions which may
28 constitute ordinary negligence. The immunity granted by this section shall not apply to acts or
29 omissions constituting gross, willful or wanton negligence.

30 III. A physician assistant licensed in this state or licensed or authorized to practice in any
31 other U.S. jurisdiction or credentialed as a physician assistant by a federal employer shall not be
32 required to have a collaboration agreement when responding to a need for medical care created by a
33 disaster or emergency.

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35 I. A physician assistant licensed in this state, or licensed or authorized to practice in any
36 other U.S. jurisdiction, or who is credentialed by a federal employer or meets the licensure
37 requirements of his or her requisite federal agency as a physician assistant may volunteer to render

Amendment to SB 228

- Page 3 -

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2 event or in a licensed ambulatory health center providing free care. Such care must be rendered
3 without compensation or remuneration.

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5 other U.S. jurisdiction, or credentialed as a physician assistant by a federal employer shall not be
6 required to have a collaboration agreement when participating in volunteer care.

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9 shall reimburse a participating provider who is a physician assistant for any medical and surgical
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11 physician. Physician assistants are authorized to bill for and receive direct payment for the
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13 II. To provide accountability and transparency for patients, payers, and health care systems,
14 the physician assistant, when appropriate, shall be identified as the treating provider in the billing
15 and claims processes when the physician assistant delivered the medical services to the patient.

16 III. A health insurer shall not impose any practice, education, or collaboration requirement
17 for a physician assistant that is inconsistent with or more restrictive than the provisions of this
18 chapter.

19 IV. Nothing in this chapter shall be construed to preclude a health carrier from exercising
20 its rights and responsibilities set forth in RSA 420-J:4.

21 328-D:18 Professional Liability Insurance Coverage. Physician assistants actively engaged in
22 providing medical care shall have adequate, current, and valid professional liability insurance
23 coverage.

24

25 Amend section 13 of the bill by deleting paragraph VI.

Committee Minutes

SENATE CALENDAR NOTICE
Executive Departments and Administration

Sen Sharon Carson, Chair
 Sen John Reagan, Vice Chair
 Sen Denise Ricciardi, Member
 Sen Kevin Cavanaugh, Member
 Sen Suzanne Prentiss, Member

Date: January 14, 2022

HEARINGS

Thursday	01/27/2022
(Day)	(Date)
Executive Departments and Administration	State House 103
(Name of Committee)	(Place)
	9:00 a.m.
	(Time)
9:00 a.m. SB 433 relative to online access to state information on economic relief disbursements.	
9:15 a.m. SB 333 relative to licensure of case management service providers.	
9:30 a.m. SB 229 relative to pharmacist administration of vaccines.	
9:45 a.m. SB 225 relative to the bond required of applicants for auctioneer licenses.	
10:00 a.m. SB 228 relative to the regulation and practice of physicians assistants.	

Sponsors:

SB 433

Sen. Whitley
 Sen. Sherman
 Sen. Gannon
 Rep. Espitia

Sen. Watters
 Sen. Prentiss
 Sen. Cavanaugh
 Rep. Luneau

Sen. Perkins Kwoka
 Sen. Rosenwald
 Sen. Reagan
 Rep. Myler

Sen. D'Allesandro
 Sen. Soucy
 Rep. Wilhelm

SB 333

Sen. Avar
 Sen. Hennessey
 Sen. Whitley
 Rep. M. Pearson

Sen. French
 Sen. Watters
 Rep. Hunt

Sen. Reagan
 Sen. Bradley
 Rep. Ammon

Sen. Gannon
 Sen. Giuda
 Rep. Homola

SB 229

Sen. Rosenwald
Sen. Cavanaugh
Rep. Knirk

Sen. Hennessey
Sen. Sherman
Rep. Goley

Sen. Whitley
Sen. Prentiss
Rep. Grote

Sen. Avard
Rep. Marsh

SB 225

Sen. French
Sen. Reagan

Sen. Hennessey
Sen. Gannon

Sen. Bradley

Sen. Avard

SB 228

Sen. Bradley
Sen. Sherman
Sen. Avard
Rep. Knirk

Sen. Hennessey
Sen. Whitley
Sen. Prentiss

Sen. Carson
Sen. Ricciardi
Sen. Gray

Sen. Giuda
Sen. Cavanaugh
Sen. Reagan

Chantell Wheeler 271-1403

Sharon M Carson
Chairman

AMENDED
SENATE CALENDAR NOTICE
Executive Departments and Administration

Sen Sharon Carson, Chair
Sen John Reagan, Vice Chair
Sen Denise Ricciardi, Member
Sen Kevin Cavanaugh, Member
Sen Suzanne Prentiss, Member

Date: January 14, 2022

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10:00 a.m.	SB 228	relative to the regulation and practice of physicians assistants.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 433

Sen. Whitley
Sen. Sherman
Sen. Gannon
Rep. Espitia

Sen. Watters
Sen. Prentiss
Sen. Cavanaugh
Rep. Luneau

Sen. Perkins Kwoka
Sen. Rosenwald
Sen. Reagan
Rep. Myler

Sen. D'Allesandro
Sen. Soucy
Rep. Wilhelm

SB 333

Sen. Avard
Sen. Hennessey
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Sen. Watters
Rep. Hunt

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SB 229

Sen. Rosenwald
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Sen. Hennessey
Sen. Sherman
Rep. Goley

Sen. Whitley
Sen. Prentiss
Rep. Grote

Sen. Avard
Rep. Marsh

SB 225

Sen. French
Sen. Reagan

Sen. Hennessey
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SB 228

Sen. Bradley
Sen. Sherman
Sen. Avard
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Sen. Hennessey
Sen. Whitley
Sen. Prentiss

Sen. Carson
Sen. Ricciardi
Sen. Gray

Sen. Giuda
Sen. Cavanaugh
Sen. Reagan

Chantell Wheeler 271-1403

Sharon M Carson
Chairman

Senate Executive Departments and Administration Committee

Chantell Wheeler 271-1403

SB 228, relative to the regulation and practice of physicians assistants.

Hearing Date: January 27, 2022

Time Opened: 10:20 a.m.

Time Closed: 10:53 a.m.

Members of the Committee Present: Senators Carson, Reagan, Ricciardi, Cavanaugh and Prentiss

Members of the Committee Absent : None

Bill Analysis: This bill modifies the regulation of physician assistants.

Sponsors:

Sen. Bradley

Sen. Hennessey

Sen. Carson

Sen. Giuda

Sen. Sherman

Sen. Whitley

Sen. Ricciardi

Sen. Cavanaugh

Sen. Avard

Sen. Prentiss

Sen. Gray

Sen. Reagan

Rep. Knirk

Who supports the bill: Senators Bradley, Giuda Hennessey, Ricciardi, and Sherman, Mike Padmore (NH Medical Society), J. Gavin Muir, M.D. (Amoskeag Health), Mark Pundt, M.D. (ConvenientMD), Carson Walker (American Academy of PAs), Steve Alexakos (NH Society of Physician Assistants), D. Cloutier (NH Society of Physicians Assistants), Kimberly Bean (NH Society of Physician Assistants), Tom Mee (North Country Healthcare), Nicole Wasylyk, Anna Haron, Kendra Thibeault, Allison Allen, Hanna Lein, Ryley Marston, Sara Schmitz, David Pierce, Cheryl Acampora, Anthony Sassi, Jennifer To, Michelle Liu, Erica Towne, Gina Swanson, Jessica Harpell, Christine Raymond, Richard Renner, William Mullen, Kristi Collins, Talia Ziccardi, Paula Jones, Michelle Liu, Allison Moore, Mary Miller, Elianna Reynolds, Sam Moore, Sarah Proulx, John Spooner, Ellen Dennehy, Henry Nonack, Vonda Rueda, Belinda Felicia, Daniel M. Frazee, Kathleen Keys, George Lewis, Kellisue Friedman, Deanne Chapman, Monique Garber, Kathi Fournier, Patrick McCarthy, Cheryl Dozois, Matthew Kirk, Malcolm Hawthaway See list for 110 supporters of this bill.

Who opposes the bill: Holly Haines

Who is neutral on the bill: Office of Professional Licensure and Certification (OPLC)

Summary of testimony presented in support:

Senator Bradley

- Physician Assistants (PAs) provide essential services, especially in rural areas where there is less access to medical care.
- This legislation is modeled after Vermont and has enhanced services there.
- This bill does not change the legal tether between physician and physician's assistant.
- This bill is not intended to absolve physicians for liability when they are involved in the care of patients. PAs are liable for the care provided.
- A supervisory agreement is required that creates a collaboration agreement between the PA and the physician and is kept on file at the place of employment.
- This bill allows PAs to directly bill public and private insurers for care provided; when allowed by federal law.
- PAs do not need a collaboration agreement during a disaster or emergency.
- PAs do not need a collaboration agreement to volunteer at places like summer camps and road races.

Steven Alexakos, NH Society of Physician Assistants

- Mr. Alexakos has practiced in NH for 19 years.
- Supports this bill and amendment as proposed to align with regional and national trends.
- The primary purpose of this bill is to decrease the regulatory and administrative burdens on PAs, and to improve access to care while helping to contain costs.
- The Collaboration Agreement is supported by many stakeholders.
- PAs are now and have been liable for the care they provide. Currently, the physician is liable for PA's care even if they are not actively participating in the care.
- PAs can work autonomously as primary care providers.
- This bill would not indemnify any physician who is actively involved in patient care.
- PAs carry liability insurance consistent with industry standards.
- Direct billing is a Medicare concept and are allowed to accept direct payment consistent with state laws.
- Regarding the amendment 2022-0314s Mr. Alexakos explained:
 - Page 1 - lines 1-10 are drafting error corrections
 - Page 1 - lines 12-31 contain small changes requested by the Board of Medicine
 - Page 1 - line 19 clarifies that the physician is licensed in NH
 - Page 1 line 21 - changes language to include "or"
 - Page 1, line 27-29 makes clear that other physicians in addition to the participating physician are included as accessible
 - Page 2, lines 6-10 PAs are liable for the care they provide

- o Page 2, line 15 restates the volunteer language but repeals the requirement for liability insurance when providing volunteer care
- o Page 2, line 25-36 corrects an oversight and allows PAs to accept direct payment consistent with state laws.

Senator Sherman

- Stated strong support of this bill with the amendment.
- This bill brings NH up to the same levels of ME, VT and RI.
- The PA in his office functions as a colleague but always has access to the physicians.
- This bill helps to attract PAs to NH to address the workforce shortage.
- Professional Liability insurance is necessary and he always carried it.

Mike Padmore, NH Medical Society

- In support of the bill and amendment.
- This bill ensures the legal relationship between the PA and the physician is retained in statute.
- Agreed that physician must be licensed in NH and have the same specialty as the PA.
- Supports that physicians would not be held liable when not in consultation with the PA.
- Agreed that PAs should be able to bill for the care they provide.

David Cuzzi, (NH Society of Physician Assistants)

- This bill does not change the regulatory oversight of PAs.
- The change is that instead of sending the RSP form to Concord, the collaboration agreement will be combined with the practice agreement and kept with the practice.
- The current regulations state that the responsible physician does not need to be physically present with the PA, but must be available by phone or electronically.
- Employers typically provide liability insurance.

Senator Prentiss asked Mr. Cuzzi if he thought the insurance coverage minimum should be excluded from the statute. Mr. Cuzzi replied that current law does not require coverage let alone define adequate coverage and he does not see a reason to change this. If the legislature decides to add a specific requirement or limit, Mr. Cuzzi suggested that it should be made consistent with all providers, not just PAs.

Senator Prentiss is in favor of looking at the coverage for all. Mr. Cuzzi is happy to discuss liability minimums for all providers but thinks it would perhaps be better discussed more robustly within another piece of legislation

Senator Prentiss stated that this process will be addressed in Rules. Mr. Cuzzi stated this will provide flexibility.

Summary of testimony presented in opposition:

Holly Haines, Esq. Abramson, Brown & Dugan

- Ms. Haines states her largest concern is with the insurance coverage.
- There are stakeholders, including Office of Professional Licensure and Certification (OPLC) with significant concerns.
- Concerned with the lack of board oversight that will occur by removing the need for the supervising PA to register with the Medical Board.
- PAs were never intended to act independently.
- Almost every hospital and group practice requires professional liability insurance, but this is not true for stand alone or solo practices. There is currently at least one PA who practices solo and it is expected this number will increase. PAs need to be tethered to a physician who is in the same practice.
- Adding a requirement for adequate liability insurance in the collaboration agreement maintains parity and protects patients.
- Suggested adding language to RSA328-D to require PAs to carry adequate liability insurance in an amount satisfactory to the collaborating physician, but with minimums of \$1million/ claimant and \$3million/incident.
- Adequate liability coverage should be required and included in the collaboration agreement.

Neutral Information Presented: None

cbw

Date Hearing Report completed: January 31, 2022

Speakers

Senate Remote Testify

Executive Departments and Administration Committee Testify List for Bill SB228 on 2022-01-27

Support: 110 Oppose: 0

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Hennessey, Sen. Erin	An Elected Official	Myself	Support
Reagan, Senator John	An Elected Official	Senate District 17	Support
Cavanaugh, Senator Kevin	An Elected Official	Myself	Support
Bradley, Senator Jeb	An Elected Official	SD3	Support
Sherman, Senator	An Elected Official	SD24	Support
Hennessey, Erin	An Elected Official	Myself	Support
Ricciardi, Senator Denise	An Elected Official	Senate District 9	Support
Cuzzi, David	A Lobbyist	NH Society of Physician Assistants	Support
Waslyk, Nicole	A Member of the Public	Myself	Support
Thibeault, Kendra	A Member of the Public	Myself	Support
Haron, Anna	A Member of the Public	Myself	Support
Berry, Jazmyne	A Member of the Public	Myself	Support
Allen, Allison	A Member of the Public	Myself	Support
Lein, Hanna	A Member of the Public	Myself	Support
Etskovitz, Drew	A Member of the Public	Myself	Support
Marston, Ryley	A Member of the Public	Myself	Support
GOOLBIS, CARLY	A Member of the Public	Myself	Support
Schmitz, Sara	A Member of the Public	Myself	Support
Acampora, Cheryl	A Member of the Public	Myself	Support
Dziok, Christopher	A Member of the Public	Myself	Support
Grzegorski, Joseph	A Member of the Public	Myself	Support
Pierce, David	A Member of the Public	Myself	Support
Marsicovetere, Priscilla	A Member of the Public	Myself	Support
Pibum, Betsy	A Member of the Public	Myself	Support
Collins, Kristi	A Member of the Public	Myself	Support
Ziccardi, Talia	A Member of the Public	Myself	Support
Jones, Paula	A Member of the Public	Myself	Support
Lee, Patricia	A Member of the Public	Myself	Support
Raymond, Christine	A Member of the Public	Myself	Support
Martino, Linda	A Member of the Public	Myself	Support
Mullen, William	A Member of the Public	Myself	Support
Renner, Richard	A Member of the Public	Myself	Support
Liu, Michelle	A Member of the Public	Myself	Support
RENNER, SUSAN	A Member of the Public	Myself	Support
Weston, Maura	A Lobbyist	Derry Medical Center	Support
Moore, Allison	A Member of the Public	Myself	Support
Miller, Mary	A Lobbyist	Myself	Support
Reynolds, Elianna	A Member of the Public	Myself	Support
Bronnenberg, Michael	A Member of the Public	Myself	Support
Leslie, Sarah	A Member of the Public	Myself	Support
Urban, Sarah	A Member of the Public	Myself	Support
Nonack, Mary	A Member of the Public	Myself	Support
Foggo, Colette	A Member of the Public	Myself	Support
Moore, Sam	A Member of the Public	Myself	Support
Proulx, Sarah	A Member of the Public	Myself	Support
Proulx, Gary	A Member of the Public	Myself	Support
Spooner, John	A Member of the Public	Myself	Support
Dennehy, Ellen	A Member of the Public	Myself	Support
Nonack, Henry	A Member of the Public	Myself	Support
Rueda, Vonda	A Member of the Public	Myself	Support
Felicia, Belinda	A Member of the Public	Myself	Support
M Frazee, Daniel	A Member of the Public	Myself	Support
Frazee, Courtney	A Member of the Public	Myself	Support
Keys, Kathleen	A Member of the Public	Myself	Support
Lewis, George	A Member of the Public	Myself	Support
Friedman, Kellistue	A Member of the Public	Myself	Support

Gillis, Kelley	A Member of the Public	Myself	Support
Gonzalo, Rhyannon	A Member of the Public	Myself	Support
Fournier Cook, Jacqueline	A Member of the Public	Myself	Support
Novicki, David	A Member of the Public	Myself	Support
Rutherford, Erin	A Member of the Public	Myself	Support
Rivet, Joseph	A Member of the Public	Myself	Support
Speaker, Jo	A Member of the Public	Myself	Support
Hauthaway, Malcolm	A Member of the Public	Myself	Support
Milanovic, Pedja	A Member of the Public	Myself	Support
Furey PA-C, Gale	A Member of the Public	Myself	Support
Chapman, Deanne	A Member of the Public	Myself	Support
Gibson, Jillian	A Member of the Public	Myself	Support
Overko, Lindsay	A Member of the Public	Myself	Support
Molind, David	A Member of the Public	Myself	Support
Bell, Heather	A Member of the Public	Myself	Support
baillargeon, mary	A Member of the Public	Myself	Support
GARBER, MONIQUE	A Member of the Public	Myself	Support
Fournier, Kathi	A Member of the Public	Myself	Support
McCarthy, Patrick	A Member of the Public	Myself	Support
Massey, Robert	A Member of the Public	Myself	Support
Dozois, Cheryl	A Member of the Public	Myself	Support
Kirk, Matthew	A Member of the Public	Myself	Support
Tanzer, Mary	A Member of the Public	Myself	Support
Cook, Jack	A Member of the Public	Myself	Support
Williams, Janelle	A Member of the Public	Myself	Support
Kaiser, Heather	A Member of the Public	Myself	Support
Manson, Jo-Anne	A Member of the Public	Myself	Support
Shanaver, Erin	A Member of the Public	Myself	Support
OMalley, Lawrence	A Member of the Public	Myself	Support
Lynch, Andrea	A Member of the Public	Myself	Support
Ashton, Shari	A Member of the Public	Myself	Support
Goff, Shanon	A Member of the Public	Myself	Support
Johnston, Alan	A Member of the Public	Myself	Support
Christensen, Linda	A Member of the Public	Myself	Support
Sullivan, Emily	A Member of the Public	Myself	Support
Hricz, Craig	A Member of the Public	Myself	Support
Paey, Jessica	A Member of the Public	Myself	Support
Rule, Tanya	A Member of the Public	Myself	Support
Neal, Amy	A Member of the Public	Myself	Support
Graham, Julie	A Member of the Public	Myself	Support
Spelman, Gayle	A Member of the Public	Myself	Support
Carpenter, Judith	A Member of the Public	Myself	Support
evans, scott	A Member of the Public	Myself	Support
Olbricht, Marilyn	A Member of the Public	Myself	Support
Descoteaux, Morgan	A Member of the Public	Myself	Support
Bilharz, Jennifer	A Member of the Public	Myself	Support
Karibian, Brenda	A Member of the Public	Myself	Support
Descoteaux, Shelby	A Member of the Public	Myself	Support
Descoteaux, Kathleen	A Member of the Public	Myself	Support
Moulton, Martha	A Member of the Public	Myself	Support
Hechler-Lynch, Susan	A Member of the Public	Myself	Support
Cochran, Ashley	A Member of the Public	Myself	Support
Croasdale, Heather	A Member of the Public	Myself	Support
Emmick, Jason	A Member of the Public	Myself	Support

Testimony

Chantell Wheeler

From: Malcolm H <malcolm.nh@gmail.com>
Sent: Thursday, January 27, 2022 10:09 AM
To: Denise Ricciardi; John Reagan; Kevin Cavanaugh; Sharon Carson; Suzanne Prentiss
Cc: Malcolm H
Subject: 10am SB228 bill for today Jan 27

Dear Ms Chair, and Committee Members:

I am in absolute the fullest possible support of the bill SB228 being presented this morning at 10am. Physician Assistants, (PAs), have been a very significant part of healthcare delivery as practitioners, offering many of New Hampshire's public. However, the original laws reflected the healthcare system many years ago. The healthcare delivery system has evolved over the past several decades. The PA modernization bill 228 is consistent with today's healthcare system and, if changed to law, will most certainly not only allow PAs to remain highly viable to continue to offer quality care for patients in NH, but even increase access to patient care. I firmly believe this bill will merely be allowing state law, (if gets signed to bill), to reflect how PAs are practically working, in essence, but become more aligned with today's healthcare systems, which are larger companies vs a single physician privately owned practice as this has also been the strong trend nation wide, it certainly is in NH as well. Please consider your support in this bill for overdue modernization for PAs to offer quality healthcare in NH.

Very respectfully,
Malcolm Hawthaway



January 27, 2022

The Honorable Sharon Carson, Chair
Senate Executive Departments and Administration Committee
State House, Room 106
107 North Main Street
Concord, NH 03301

Dear Chairwoman Carson and Members of the Committee:

The New Hampshire Society of Physician Assistants (NHSPA) supports SB 228, legislation Senator Bradley introduced at NHSPA's request to modernize PA practice in New Hampshire. NHSPA also supports the amendment Sen. Bradley is bringing to the committee to address drafting errors and concerns of stakeholders that have surfaced since introduction.

NHSPA represents the over 1000 PAs currently licensed in NH who work in our hospitals, medical offices, urgent cares, community health centers, nursing homes, and workplace clinics throughout the state. PAs also serve in the nation's uniformed services and work for other federal government agencies, such as the Department of Veterans Affairs. Moreover, there are two PA programs in New Hampshire, one at Franklin Pierce University in Lebanon and the other at the Mass College of Pharmacy and Health Sciences University in Manchester.

SB 228 is important to NHSPA's members because it will lessen regulatory burdens on PAs and our employers. This bill will improve care and help contain costs. The collaboration agreements outlined in the bill will lessen regulatory requirements and allow PAs to practice on more flexible care teams. By making PAs liable for the care they provide, and allowing PAs to bill directly to insurers, SB 228 brings PAs more in line with other healthcare providers. These changes remove barriers some PAs encounter when seeking employment in New Hampshire, which will help with the state's healthcare workforce challenges.

PAs are highly skilled, highly educated and trained healthcare providers, providing high-quality, cost-effective care. As our employers and coworkers can attest, PAs are critical members of our healthcare teams. As healthcare delivery continues to evolve, so too should our laws and regulations to give PAs more parity with other providers, and keep New Hampshire an attractive state for PAs to practice. SB 228 is an important and significant step in that direction.

Thank you for your consideration of NHSPA's support for SB 228. Please let me know if you have any questions.

Sincerely,

Steven Alexakos, President



NH Physician Assistant Modernization – SB 228

ISSUE: New Hampshire Physician Assistants (PAs) and their employers are faced with burdensome administrative requirements, which hampers the creation of flexible healthcare teams, limits access to quality care, and reduces billing transparency. To date, twenty one states, including Vermont, Maine, and Rhode Island, have passed PA modernization legislation.

BACKGROUND: When the PA profession was created more than 50 years ago, most PAs and physicians worked together in a solo or small private practice. Today, most physicians and PAs work in group practices or hospital settings where laws that require a specific, supervisory relationship between PAs and physicians interfere with the ability to make practice-level decisions about patient care teams. No other non-physician providers are subject to such supervisory requirements in NH. Similarly, all other healthcare providers are eligible for direct billing from Medicare and many commercial payers. As of January 2022, PAs are now eligible for direct payment under Medicare but only if this is compatible with state law. Unless PAs are made eligible for direct payment by all insurers in NH law, PA employment opportunities will remain limited, and confusion among patients will continue when receiving bills and Explanation of Benefits statements.

DISCUSSION: Eliminating disparities between PAs and all other healthcare providers in professional regulation, liability, and payment arrangements will help modernize PA practice in NH and better position PAs and their employers to meet the healthcare needs of the state. It will also help to ensure NH is better able to compete with neighboring states for the recruitment and retention of PAs in an already challenging environment for healthcare employers. Adopting the more appropriate model of practice-based collaboration will enable PA employers (health systems, hospitals, community health centers, urgent care centers, etc.) the flexibility needed to ensure that patients are seen in the right setting, by the right provider at the right time – especially in rural areas – to help contain healthcare costs and ensure quality care.

SB 228 will accomplish the above goals while ensuring the physician/PA relationship will be sustainable into the future. Specifically, the bill will:

- Update the need for PAs to submit the name of a Registered Supervising Physician (RSP) to the Board of Medicine.
 - SB 228 would replace the RSP requirement with a Collaboration Agreement kept on file at the PA's place of employment.
 - The Collaboration agreement must outline the collaboration between a PA, physicians, and any other healthcare professionals.
 - The agreement must be signed by one participating physician licensed to practice medicine in NH, and the PA.
- Make PAs responsible (liable) for the care they provide.
- Allow PAs to bill and receive direct payment from both public and private insurers, when appropriate.
- Allow PAs to provide voluntary or emergency care without the need for a collaboration agreement.

SB 228 does NOT remove the legal “tether” between a physician and PA. The bill also does NOT allow PAs to practice independently.

RECOMMENDATION: NHSPA respectfully requests legislators pass SB 228 to modernize PA practice in New Hampshire, joining Vermont, Maine, and 19 other states nationwide.

January 2022



ABOUT NHSPA: To continually improve the professional and political climate for Physician Assistants in New Hampshire, The New Hampshire Society of Physician Assistants develops, promotes, and provides continuing medical education programs for Physician Assistants, and advocates for policies that improve the health and well-being of all Granite Staters. We are a proud constituent organization of the American Academy of Physician Associates (AAPA), based in Washington, DC.

WHAT IS A PHYSICIAN ASSISTANT? PAs are licensed medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare professional. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

PA EDUCATION: PAs are educated at the master's degree level. There are more than 277 PA programs in the country and admission is highly competitive, requiring a bachelor's degree and completion of courses in basic and behavioral sciences as prerequisites. Incoming PA students bring with them an average of more than 3,000 hours of direct patient contact experience. PA programs are approximately 27 months (three academic years) and include intensive classroom instruction and more than 2,000 hours of clinical rotations.

PAs IN NEW HAMPSHIRE: There are over 1000 PAs currently licensed in NH who work in our hospitals, medical offices, urgent cares, community health centers, nursing homes, and workplace clinics throughout the state. PAs also serve in the nation's uniformed services and work for other federal government agencies, such as the Department of Veterans Affairs. There are two PA programs in NH, one at Franklin Pierce University in Lebanon and the other at the Mass College of Pharmacy and Health Sciences University in Manchester.

ADVOCACY/CONTINUING EDUCATION (CME): NHSPA monitors legislative and regulatory action in Concord and proactively engages policy-makers to ensure the interests of PAs and our patients are protected and advanced. Working closely with our Concord lobbyist, NHSPA keeps a close eye on policy issues before the legislature and administrative agencies, including the Board of Medicine, which has regulatory oversight of PAs. Recently, NHSPA has worked to ease regulatory burdens on PAs by moving licensure renewals to every two years, and dropping the need to list an Alternate Registered Supervising Physician (ARSP). In 2022, NHSPA is pursuing legislation to modernize PA practice in NH. The bill, SB 228, would replace the current requirement that PAs submit the name of a Registered Supervising Physician (RSP) to the Board of Medicine in favor of a practice-based collaboration agreement, which would include the name of at least one NH licensed physician. The collaboration agreement would be kept on file at the place of practice and made available to the Board of Medicine upon request. The bill would also make PAs liable for the care they provide, and, when appropriate, allow for direct billing and payment for services from public and private payors which aligns with 2022 Medicare policy.

NHSPA co-sponsors two CME events per year with the New Hampshire Osteopathic Association. NHSPA members also have access to over 50 online CME hours via our partnership with CME4PAC.com

LEARN MORE: To learn more about NHSPA, please visit www.nh-spa.org. To learn more about AAPA, please visit aapa.org.

January 2022

January 27, 2022

The Honorable Sharon Carson, Chair
Senate Executive Departments and Administration Committee
State House, Room 106
107 North Main Street
Concord, NH 03301

Dear Chairwoman Carson and Members of the Committee

The Franklin Pierce University Master of Physician Assistant (PA) Program Student Government of the Class of 2023 supports the PA modernization legislation, SB 228. I hope you will report this bill "Ought to Pass" to the full Senate.

Franklin Pierce's PA program is highly competitive and is only one of two PA programs in New Hampshire. Every year, the program purposefully seeks students who wish to serve and remain in New Hampshire and practice rural medicine. On average, 24 students a year are welcomed into the program, and after 27 months of intensive education and training, they are ready to participate in the healthcare system.

SB 228 is important to our cohort, and other future PA students, because it will lessen regulatory burdens on PAs, improve care, and help contain costs. The collaboration agreements outlined in the bill will allow practices and health systems to create more flexible care teams, which will help ensure patients are seen by the right provider in a timely fashion. By making PAs liable for the care they provide and allowing PAs to directly bill and receive payment from insurers, SB 228 brings PAs more in line with other healthcare providers. Collectively these changes remove barriers some PAs encounter when seeking employment in New Hampshire and also make practicing in New Hampshire more appealing when compared to other states. This appeal can greatly alleviate the state's healthcare employment challenges by improving recruitment and retention of PAs. This bill will especially make practicing in New Hampshire more enticing for current and future PA students in the area.

Currently, the class of 2023 is halfway through the rigorous educational program and can endorse how highly skilled, educated, and trained PAs are. As demand continues to rise, it is critical for the healthcare system in New Hampshire to increase access to high quality care for patients. As we have learned in the past couple years, the rate in which medicine is evolving and the way care is delivered to patients is changing, and so too should the laws and regulations for PAs. SB 228 is important to PAs and the patients we care for and will help bring relief to an already burdened healthcare system. This significant step in the right direction is fully supported by Franklin Pierce University Master of Physician Assistant Program Student Government of the Class of 2023.

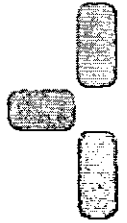
Thank you for your consideration of our support for SB 228.

Sincerely,

The Student Government of the Class of 2023, Franklin Pierce University MPAS Program
Cheryl Acampora, Anthony Sassi, Jennifer To, Michelle Liu, Ryley Marston, Erica Towne, Gina Swanson & Jessica Harpell



Androscoggin Valley Hospital
North Country Home Health & Hospice Agency
Upper Connecticut Valley Hospital
Weeks Medical Center



January 24, 2022

The Honorable Sharon Carson, Chair
Senate Executive Departments and Administration Committee
State House, Room 106
107 North Main Street
Concord, NH 03301

Dear Chairwoman Carson and Members of the Committee,

North Country Healthcare supports Physician Assistant (PA) modernization legislation, SB 228. I hope you will report this bill "Ought to Pass" to the full Senate.

SB 228 is important to North Country Healthcare because it will lessen regulatory burdens on PAs and healthcare employers like ours, improve care, and help contain costs. The collaboration agreements outlined in the bill will allow us to create more flexible care teams, which will make us better able to make sure patients are seen by the right provider in a timely fashion. By making PAs liable for the care they provide, and allow PAs to bill directly to insurers, SB 228 brings PAs more in line with other healthcare providers. These changes remove barriers some PAs encounter when seeking employment in New Hampshire, which will help with the state's healthcare workforce challenges most especially in the rural areas that North Country Healthcare serves.

PAs are highly skilled, educated, and trained healthcare providers. They provide high-quality, cost-effective care, and are critical members of our healthcare teams. As the models for the delivery of healthcare evolve, so too should our laws and regulations to give PAs more parity with other providers. SB 228 is an important and significant step in that direction.

Thank you for your consideration of North Country Healthcare's support for SB 228. Please let me know if you have any questions.

Sincerely,

Tom Mee, MBA, BSN, RN
Chief Executive Officer
North Country Healthcare



AMOSKEAG
HEALTH

145 Hollis Street
Manchester, NH 03101
603-626-9500
www.amoskeaghealth.org

The Honorable Sharon Carson, Chair
Senate Executive Departments and Administration Committee
State House, Room 106
107 North Main Street
Concord, NH 03301

January 25, 2022

Dear Chairwoman Carson and Members of the Committee

Amoskeag Health supports Physician Assistant (PA) modernization legislation, SB 228. I hope you will report this bill "Ought to Pass" to the full Senate.

Amoskeag Health is a Federally Qualified Health Center in Manchester that has been in existence since 1993. It currently serves 17,500 patients of which 60% have Medicaid. Our patient population is at-risk for a variety of reasons including language barriers, low-income status, lack of transportation as well as disease burden due to their social determinants of health. I employ 24 providers to take care of our patients and more than a third of my provider staff are PAs. PAs are an integral part of our delivery of care model and any opportunity to make it easier to employ these talented professionals is one that I strongly support.

SB 228 is important to Amoskeag Health because it will lessen regulatory burdens on PAs and healthcare employers like ours, improve care, and help contain costs. The collaboration agreements outlined in the bill will allow us to create more flexible care teams, which will make us better able to make sure patients are seen by the right provider in a timely fashion. By making PAs liable for the care they provide, and allowing PAs to bill directly to insurers, SB 228 brings PAs more in line with other healthcare providers and current Medicare policy. These changes remove barriers some PAs encounter when seeking employment in New Hampshire, which will help with the state's healthcare workforce challenges most especially in the underserved communities that Amoskeag Health serves.

PAs are highly skilled, highly educated and trained healthcare providers. They provide high-quality, cost-effective care, and are critical members of our healthcare teams. As the models for the delivery of healthcare evolve, so too should our laws and regulations to give PAs more parity with other providers. SB 228 is an important and significant step in that direction.

Thank you for your consideration of Amoskeag Health's support for SB 228. Please let me know if you have any questions.

Sincerely,

J. Gavin Muir, MD
Chief Medical Officer

January 27, 2022

The Honorable Sharon Carson, Chair
Senate Executive Departments and Administration Committee
State House, Room 106
107 North Main Street
Concord, NH 03301

Dear Chairwoman Carson and Members of the Committee

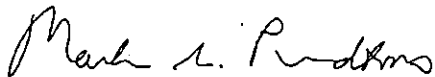
ConvenientMD supports Physician Assistant (PA) modernization legislation, SB 228. I hope you will report this bill "Ought to Pass" to the full Senate.

SB 228 is important to ConvenientMD because it will lessen regulatory burdens on PAs and healthcare employers like us, improve care, and help contain costs. The collaboration agreements outlined in the bill will allow us to create more flexible care teams, which will make us better able to make sure patients are seen by the right provider in a timely fashion. By making PAs liable for the care they provide, and allowing PAs to bill directly to insurers, SB 228 brings PAs more in line with other healthcare providers. These changes remove barriers some PAs encounter when seeking employment in New Hampshire, which will help with the state's healthcare workforce challenges.

PAs are highly skilled, highly educated and trained healthcare providers. They provide high-quality, cost-effective care, and are critical members of our healthcare teams. As the way care is delivered to patients continues to evolve, so too should our laws and regulations to give PAs more parity with other providers. SB 228 is an important and significant step in that direction.

Thank you for your consideration of ConvenientMD's support for SB 228. Please let me know if you have any questions.

Sincerely,



Mark Pundt, MD
President and Chief Medical Officer



January 26, 2022

The Honorable Sharon Carson, Chair
Senate Executive Departments and Administration Committee
State House, Room 106
107 North Main Street
Concord, NH 03301

RE: Support for SB 228, AN ACT RELATIVE TO THE REGULATION AND PRACTICE OF PHYSICIAN ASSISTANTS

Dear Chairwoman Carson and Members of the Committee:

On behalf of the more than 1,000 PAs (physician assistants) practicing in New Hampshire and the more than 150,000 PAs represented by the American Academy of PAs (AAPA), I am writing to express our **support for SB 228**. This legislation would modernize PA practice in the Granite State, and ultimately, improve patient access to healthcare at a time when it has never been needed more.

Background on PAs

PAs are medical professionals who diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, assist in surgery, and often serve as the patient's main healthcare provider. **Across the United States, PAs have more than 400 million patient interactions per year.** In New Hampshire, PAs practice in primary care and all medical and surgical subspecialties, and are authorized to prescribe Schedule II-V controlled medications.

PAs are rigorously educated medical professionals who earn a master's degree. Incoming PA students must have a bachelor's degree and have typically completed prerequisite coursework in basic and behavioral sciences and upwards of 3,000 hours of direct patient contact. PA educational programs provide classroom training in anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This didactic phase is followed by at least 2,000 hours of clinical practice rotations in medical and surgical disciplines including family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry.

SB 228

The Academy supports SB 228, which would replace the current, outdated supervisory framework with practice-based collaboration. This model will not only bring PAs parity with other healthcare providers in the state, it will also provide employers with necessary flexibility to meet the specific needs of patients. SB 228 will also modernize PA regulation, liability, and payment arrangements, bringing New Hampshire's PA practice environment in-line with nearby states, such as Vermont and Maine. This will only help to recruit and keep PAs in New Hampshire.

To achieve these improvements, SB 228:

- Requires PAs to maintain a collaboration agreement on file at their place of employment, rather than submit the name of a Registered Supervising Physician (RSP) to the Board of Medicine.
- Makes PAs legally responsible (liable) for the care they provide.
- Allows PAs to bill and receive direct payment from insurers, when appropriate.
- Allows PAs to provide voluntary or emergency care without the need for a collaboration agreement.

Summary

Over the course of the last two years, the pandemic has demonstrated the need for efficient laws and regulations that enhance patients' access to highly educated and qualified healthcare providers. SB 228 does just that through a practice-based, collaborative model.

AAPA urges your support of SB 228, which will reduce barriers to PA-provided care, establish much needed parity and employer flexibility, and ultimately, improve patient access to healthcare in New Hampshire. We appreciate the opportunity to comment on this important legislation. Should you have any questions, please do not hesitate to contact me at cwalker@aapa.org.

Sincerely,



Carson Walker
Director, State Advocacy & Outreach
American Academy of PAs

Chantell Wheeler

From: Courtney, Lindsey <Lindsey.B.Courtney@oplcnh.gov>
Sent: Thursday, January 27, 2022 2:58 PM
To: Sharon Carson; John Reagan; Kevin Cavanaugh; Denise Ricciardi; Suzanne Prentiss; Chantell Wheeler
Subject: Testimony re: SB 228

Dear Members of the Senate Executive Departments and Administration Committee:

I am writing to provide comments regarding Senate Bill 228, which seeks to change the regulatory environment for physician assistants. The Office of Professional Licensure and Certification (OPLC) takes no position on this bill; however, OPLC believes further study and work by stakeholders could benefit all parties involved.

The Board of Medicine has discussed this bill at length but has not voted to take a particular position. Some members of the Board appear particularly concerned with removing supervision requirements currently in place for physician assistants. OPLC believes that additional time and work with stakeholders would assist all interested parties to reach a further consensus on this issue. OPLC would support an interim study of this bill so that a greater consensus could be reached.

Given OPLC's role in assisting boards to protect the public, OPLC supports mechanisms for members of the public to receive relief when harmed by licensed professionals. Accordingly, OPLC generally supports requirements that providers receiving remuneration for services be covered by liability insurance and/or have in place other mechanisms for recourse.

Thank you for the opportunity to provide comments.

Regards,

Lindsey

Lindsey B. Courtney, J.D. | Executive Director
NH Office of Professional Licensure and Certification
7 Eagle Square, Suite 200, Concord, New Hampshire 03301
603.271.6985 (Office) 603.406.4018 (Cell) | lindsey.courtney@oplcnh.gov | www.oplc.nh.gov

STATEMENT OF CONFIDENTIALITY

The information contained in this electronic message and any attachment to this message may contain confidential or privileged information and are intended for the exclusive use of the addressee(s). Please notify the NH Office of Professional Licensure and Certification immediately at (603) 271-6985 or reply to lindsey.courtney@oplcnh.gov if you are not the intended recipient and destroy all copies of this electronic message and any attachments. Thank you.

**Abramson, Brown
& Dugan**

A T T O R N E Y S

January 26, 2022

Stanley M. Brown
(1916-1998)

Mark A. Abramson
Kevin F. Dugan
Eva H. Bleich
Jared R. Green
Holly B. Haines
Nick E. Abramson
Elie A. Maalouf

Senate Executive Departments and Administration Committee

Hon. Sharon Carson, Chair
Hon. John Reagan, Vice-Chair
Hon. Kevin Cavanaugh
Hon. Suzanne Prentiss
Hon. Denise Ricciardi

**RE: Testimony on SB 228 as Introduced - Relative to the
Regulation and Practice of Physician Assistants**

Honorable Chair and Honorable Members of the Committee:

I am the former president of the New Hampshire Association for Justice, a statewide professional organization of approximately 400 trial attorneys who practice in areas including personal injury, family law, medical malpractice, civil rights, employment law, worker's compensation, and consumer protection matters. The focus of our organization is to protect the public, preserve their constitutional rights, and ensure all New Hampshire citizens have access to justice when they are harmed by the negligent acts of others.

I am also a medical malpractice lawyer with almost 20 years of experience representing New Hampshire citizens who have been catastrophically injured by negligent medical care. I have several patient-safety concerns with the lack of oversight this amended statute allows and impacting patient access to justice and available remedies when they are harmed by negligent physician assistant care. While initially we were in opposition to this bill, from conversations with various stakeholders, I believe our concerns can be adequately addressed by an amendment outlined below, and I urge the committee to add our proposed language to the bill.

While this bill is very well-intentioned, because there is no doubt that physician assistants and other mid-level healthcare providers are integral parts of the healthcare team and hold important roles in our healthcare system, filling in gaps for overburdened primary care practices, it is important that the relationship between physician, and physician assistant, remain

**AB
&D**

1819 Elm Street, Manchester, NH 03104-2910
(603) 627-1819 • Fax (603) 666-4227

NH WATTS 1-800-662-6230 • www.arbd.com
A Professional Association

As written, this bill also significantly limits and virtually eliminates physician liability for their collaborating physician assistants' care.

I understand that parts of this bill intend that the physician assistant assume the risk of liability for their patient care, which may be appropriate in certain situations. The bill does not, however, provide protection for the patients they are caring for by requiring physician assistants to carry adequate liability insurance coverage. Right now, most physician practices and hospitals require minimum amounts of professional liability coverage of \$1Million per claimant/\$3 Million per incident for physicians providing patient care, and those supervising patient care provided by physician assistants. If the physician liability is removed and physician assistants are not required to carry adequate professional liability coverage, patients may be left without a remedy when they are harmed, and physician assistants may be open to personal liability.

With these concerns in mind, I offer two suggestions to protect patients, their access to justice, and their constitutional right to a remedy when they are harmed:

1. Add a subsection (e) to RSA 328-D:3-b, II, (adding to current text at page 3, line 16), requiring that under the collaboration agreement the physician assistant will have adequate, current, valid professional liability insurance coverage in amounts satisfactory to the collaborating physician, but with a minimum amount of coverage of \$1Million per claimant/\$3Million per incident; and
2. Replacing the current RSA 328-D: 12 (Physician Liability) with the same language Vermont has adopted on the legal liability of physician assistants (26 V.S.A. §1739):

Physician assistants are responsible for their own medical decision making. A participating physician in a [collaboration] agreement with a physician assistant shall not, by the existence of the [collaboration] agreement alone, be legally liable for the actions or inactions of the physician assistant; **provided, however, that this does not otherwise limit the liability of the [collaborating] physician.**

(Emphasis added). I understand the most recent version of this bill adopts the partial language of this statute, but omits the emphasized phrase above.

Senate Executive Departments and Administration Committee

January 26, 2022

Page Three

By adding these provisions, we can ensure that physicians are protected when their collaborating physician assistant provides negligent independent medical care, but it preserves the tethered relationship between providers and maintains a level of responsibility with the collaborating physician that will give reason for them to actively collaborate with their physician assistant. We can also ensure that if a physician assistant provides negligent, but completely rogue, independent medical care, a patient will be protected to the same extent they are now by a physician's professional liability policy.

Additionally, by adding the professional liability insurance coverage requirement to the collaboration agreement with the physician, rather than to physician assistant licensing requirements, it maintains parity with other healthcare provider licensing and regulation requirements but recognizes that physician assistants are unique, mid-level, healthcare providers who were not originally intended to have independent status under our licensing and certification regime.

I would hope that physicians and physician assistants would support these two modest changes. Not requiring adequate professional liability coverage for physician assistants under this statute would be short-sighted and expose them to significant personal liability placing their personal assets at risk if they commit malpractice and do not have adequate liability coverage. Vermont, the state from which much of this bill is derived, requires adequate professional liability coverage in their statute for a reason-- it is necessary and it is a reasonable protection to citizen patients of Vermont and to the providers themselves because healthcare providers are human and will inevitably make errors, so they should insure themselves in the event that they make an error that causes harm to a patient. Such a requirement benefits and protects everyone. If we are going to follow Vermont's practice as we modernize our physician assistant act, it makes sense that we follow their lead in this requirement as well.

Thank you for your kind consideration of my concerns. Should you have any questions, please feel free to contact me.

Very truly yours,

/s/ Holly B. Haines

HBH:

Holly B. Haines
NHAJ President, 2019-2020
Abramson, Brown & Dugan, P.A.
1819 Elm Street
Manchester, NH 03104
(603) 627-1819
Hhaines@arbd.com

Chantell Wheeler

From: David Cuzzi <david.cuzzi@prospecthillstrategies.com>
Sent: Saturday, January 29, 2022 3:44 PM
To: Lindsey.B.Courtney@oplc.nh.gov; Jeb Bradley; Tom Sherman; Sharon Carson; John Reagan; Kevin Cavanaugh; Denise Ricciardi; Suzanne Prentiss
Cc: Chantell Wheeler; Ava Hawkes; Jennifer Horgan
Subject: NH Soc. of Physicians Assistants Letter on SB 228
Attachments: NHSPA Letter to OPLC RE SB 228 01-28-2022.pdf

Executive Director Courtney, Senators Bradley and Sherman, and Members of the EDA Committee-

Attached from the NH Soc. of Physician Assistants (NHSPA) is a letter to Ms. Courtney, with each of the Senators on this email cc'd.

In summary, SB 228 does not change the supervisory relationship between a physician and PA, it merely updates the terminology from "supervision" to collaboration. This is a big reason why the Medical Society is supporting and why two physician legislators (Sen. Sherman and Rep. Knirk) are cosponsoring. On liability, NHSPA will support adding language requiring adequate liability coverage for all healthcare providers, with "adequate" defined by rulemaking, as suggested by Sen. Prentiss.

Given this bill doesn't go to a second committee, NHSPA feels there is adequate time to come to an agreement on liability language, or any other concerns, with all stakeholders. We look forward to working with all of you to ensure this bill is able to move forward. Enjoy the rest of your weekend.

Regards,

Dave Cuzzi

David Cuzzi, President

PROSPECT HILL STRATEGIES

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Mail: PO Box 174, Manchester, NH 03105-0174

www.prospecthillstrategies.com



January 28, 2022

The Honorable Lindsey Courtney, JD
Executive Director
Office of Professional Licensure and Certification
7 Eagle Square, Suite 200
Concord, NH 03301

Dear Executive Director Courtney:

NHSPA learned of the concerns with SB 228 you expressed to the Senate Executive Departments and Administration Committee. We respectfully disagree this bill needs further study, and feel we can work with you and your team, and all other stakeholders, to address outstanding concerns.

We are sorry to hear that some members of the Board of Medicine misunderstand the key component of the collaboration agreement set forth in the bill. Specifically, under SB 228, a collaboration agreement must be signed by a licensed New Hampshire physician and a NH licensed PA. This requirement is identical to current regulations regarding the Registered Supervising Physician. To be sure, the bill seeks to update the terminology related to "supervision" with terms such as "collaboration". But the bill will do nothing to change the requirements for when and how a PA consults with a physician. We are pleased the NH Medical Society is supporting this bill and the amendment brought forth by Senator Bradley, in large part because the relationship – be it called supervisory or collaborative – between physicians and PAs is not changed by this bill.

Regarding the issue of a requirement to carry adequate liability coverage, as NHSPA indicated at yesterday morning's hearing, we are open to such a requirement for all healthcare providers, but not for only PAs. Specifically, we support the concept suggested at yesterday's hearing by Senator Prentiss, which would require all healthcare providers, including physicians, PAs, NPs, etc., to carry adequate liability coverage, with "adequate" defined by administrative rules for each level of provider. If such language can be agreed to by all stakeholders quickly, we have no issues with language within these parameters being included on SB 228. If not, given there have been no such requirements on any healthcare providers for decades, we hope all concerned will agree to allow SB 228 to move forward, while everyone works in good faith to agree on liability language.

As always, we are happy to discuss these or any other issues with you and other stakeholders with the goal of reaching consensus on SB 228. We look forward to working with you.

Sincerely,


Steven Alexakos, President

Cc: Senators Jeb Bradley and Tom Sherman, and members of the Senate EDA Committee

Chantell Wheeler

From: David Cuzzi <david.cuzzi@prospecthillstrategies.com>
Sent: Tuesday, February 22, 2022 11:36 AM
To: Sharon Carson; John Reagan; Kevin Cavanaugh; Denise Ricciardi; Suzanne Prentiss; Chantell Wheeler; Jeb Bradley; Tom Sherman
Cc: Ava Hawkes; Jennifer Horgan
Subject: Consensus on SB 228 (PA Practice Modernization)
Attachments: NHSPA SB228 OTPA Letter to Senate EDA FINAL 02-22-2022.docx.pdf

Dear Members of the Senate EDA Committee and Sens. Bradley and Sherman-

Attached, please find a letter from the NH Society of Physician Assistants supporting an OTPA recommendation on SB 228 from the Committee during tomorrow's Executive Session. After a meeting last week with OPLC, the Medical Society, Hospital Association, Trial Lawyers, and health insurance carriers, NHSPA is pleased that any remaining concerns among stakeholders have been resolved.

At the suggestion of the Trial Lawyers, NHSPA has agreed to an "adequate" liability insurance coverage requirement. At the suggestion of Senator Prentiss during the hearing, "adequate" would be determined by the Board of Medicine via Rulemaking. At the suggestion of the health insurance companies, NHSPA agreed to add a sentence to preserve health insurance carriers' rights set in another RSA. A revised amendment incorporating these agreements will be to the Committee by tomorrow morning.

With consensus reached among interested stakeholders, NHSPA respectfully requests the Committee recommends SB 228 "OTPA" to the full Senate during tomorrow's Executive Session. In the meantime, please let me know if you have any questions or concerns. Thank you.

-Dave Cuzzi

David Cuzzi, President

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February 22, 2022

The Honorable Sharon Carson, Chair
Senate Executive Departments and Administration Committee
State House, Room 106
107 North Main Street
Concord, NH 03301

Dear Chairwoman Carson and Members of the Committee:

The New Hampshire Society of Physician Assistants (NHSPA) continues to support SB 228, legislation Senator Bradley introduced at NHSPA's request to modernize PA practice in New Hampshire. NHSPA is pleased that any outstanding concerns raised at or since the hearing have been resolved among interested stakeholders. The revised amendment drafted by Sen. Bradley for the committee contains language satisfying these concerns.

The revised amendment includes language, supported by the NH Association for Justice, that will require PAs to maintain adequate, current, and valid professional liability insurance coverage. The Board of Medicine would determine what is "adequate" via rulemaking. NHSPA looks forward to the issue of requiring all healthcare providers to carry adequate liability insurance being examined next year.

Additionally, the revised amendment contains language ensuring the rights of insurers under RSA 420:J are not infringed upon by the bill's language regarding direct billing and reimbursement. This satisfies a concern raised by insurance companies.

With all concerns addressed, and key stakeholders either supporting the bill or taking no position, we respectfully request the committee recommend SB 228 Ought to Pass with Amendment to the full Senate.

Thank you for your consideration of NHSPA's support for SB 228 and the amendment. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Steven Alexakos PA-C'. The signature is written in a cursive style with a large 'S' and a stylized 'A'.

Steven Alexakos PA-C
President NHSPA

Voting Sheets

**Senate Executive Departments and
Administration Committee**
EXECUTIVE SESSION RECORD
2022 Session

Bill # SB 228

Hearing date: 1/27/2022

Executive Session date: 4/23/2022

Motion of: 07685 Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Carson, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Reagan, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Ricciardi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Cavanaugh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: OTP A Vote: 6-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Carson, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Reagan, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Ricciardi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Cavanaugh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion of: Consent Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Carson, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Reagan, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Ricciardi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Cavanaugh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Prentiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen Carson

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Wednesday, February 23, 2022

THE COMMITTEE ON Executive Departments and Administration

to which was referred **SB 228**

AN ACT

relative to the regulation and practice of physicians
assistants.

Having considered the same, the committee recommends that the Bill

ought to pass with amendment

by a vote of: 5-0

Amendment # 0821s

Senator Sharon Carson
For the Committee

This bill, as amended, modifies the regulation of physician assistants and requires physician assistants to provide patient services in collaboration with one or more New Hampshire licensed physicians who are in a similar area of medicine as the physician assistant. Additionally, this bill requires that practicing physician assistants shall maintain adequate professional liability insurance coverage.

Chantell Wheeler 271-1403

Docket of SB228**Bill Title:** (New Title) relative to the regulation and practice of physician assistants.*Official Docket of SB228.:*

Date	Body	Description
12/14/2021	S	To Be Introduced 01/05/2022 and Referred to Executive Departments and Administration; SJ 1
1/14/2022	S	Hearing: 01/27/2022, Room 103, SH, 10:00 am; SC 4
2/25/2022	S	Committee Report: Ought to Pass with Amendment #2022-0821s , 03/17/2022; Vote 5-0; CC; SC 11
3/17/2022	S	Committee Amendment #2022-0821s , AA, VV; 03/17/2022; SJ 5
3/17/2022	S	Ought to Pass with Amendment 2022-0821s, MA, VV; OT3rdg; 03/17/2022; SJ 5
3/23/2022	H	Introduced 03/17/2022 and referred to Executive Departments and Administration
3/30/2022	H	Public Hearing: 04/11/2022 10:00 am LOB 302-304
4/13/2022	H	Executive Session: 04/11/2022 10:00 am LOB 302-304
4/13/2022	H	Committee Report: Ought to Pass (Vote 17-0; CC) HC 15 P. 8
4/21/2022	H	Ought to Pass: MA VV 04/21/2022 HJ 10
5/17/2022	H	Enrolled Bill Amendment #2022-1988-EBA: AA VV (in recess of) 05/12/2022
5/18/2022	S	Enrolled Bill Amendment #2022-1988e Adopted, VV, (In recess of) 05/12/2022); SJ 13
5/27/2022	S	Enrolled Adopted, VV, (In recess 05/26/2022); SJ 13
5/27/2022	H	Enrolled (in recess of) 05/26/2022 HJ 14

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 228

Senate Committee: EDA

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 # 03145 - amendment # 07683
- amendment # 08215 - 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) 1968
- 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:

OBell
Committee Aide

3 1 22
Date

Senate Clerk's Office AK

May 10, 2022
2022-1988-EBA
05/10

Enrolled Bill Amendment to SB 228

The Committee on Enrolled Bills to which was referred SB 228

AN ACT relative to the regulation and practice of physician assistants.

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

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to SB 228

This enrolled bill amendment makes technical and grammatical corrections.

Enrolled Bill Amendment to SB 228

Amend RSA 328-D:3-b, I as inserted by section 5 of the bill by replacing line 1 with the following:

I. Except as provided in RSA 328-D:15, III and RSA 328-D:16, II, a physician assistant

Amend RSA 328-D:3-b, II(b) as inserted by section 5 of the bill by replacing line 3 with the following:

outlined in paragraphs VII-XVIII.

Amend RSA 328-D:3-b, XIV(a) as inserted by section 5 of the bill by replacing it with the following:

(a) Comply with the requirements of RSA 318, and federal and state regulations;