

April 1, 2005
No. 14

STATE OF NEW HAMPSHIRE

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Legislative

SENATE CALENDAR

REPORTS, AMENDMENTS, HEARINGS,
MEETINGS & NOTICES

**THE SENATE WILL MEET IN SESSION ON
THURSDAY, APRIL 7, 2005 AT 10:00 A.M.**

LAI D ON THE TABLE

SB 29, relative to processing absentee ballots. 2/17/05, pending motion Floor Amendment (0227s), Internal Affairs, SJ 6, pg. 70

SB 71, relative to amending warrant articles in towns that have adopted the official ballot form of town meeting. 3/10/05, pending motion ITL, Internal Affairs, SJ 8, pg. 104

SB 109-FN, relative to catastrophic special education funding. 2/24/05, pending motion ITL, Finance, SJ 7, pg. 80

SB 116, relative to payment procedures for the utility property tax. 3/17/05, pending motion Floor amendment (0720s), Ways and Means, SJ 9, pg. 133

SB 133-FN, relative to mooring permits. 3/24/05, pending motion ITL, Environment and Wildlife, SJ 10, pg. 168

SB 162-FN-A, increasing the appropriation to the firemen's relief fund. 2/24/05, pending motion ITL, Finance, SJ 7, pg. 80

SB 171, establishing a committee to study HIV/AIDS service delivery. 3/31/05, pending motion committee amendment (0889s), Health and Human Services, SJ 11, pg. 195

SB 197-FN, relative to captive insurance companies and reciprocal insurers. 3/10/05, pending motion OTP, Banks and Insurance, SJ 8, pg. 98

REPORTS

EDUCATION

SB 22, authorizing the Holden School of Nursing to confer degrees.
Re-refer to committee, Vote 4-1
Senator Foster for the committee.

EXECUTIVE DEPARTMENTS & ADMINISTRATION

SB 170, revising the nurse practice act.
Ought to pass with amendment, Vote 6-0
Senator Kenney for the committee.

FINANCE

SB 34-FN, relative to reimbursement rates for child care.
Inexpedient to Legislate, Vote 6-1
Senator Morse for the committee.

SB 38-FN, relative to school building aid for certain receiving districts.
Ought to Pass, Vote 7-0
Senator Morse for the committee.

SB 79, relative to the governance of the regional community-technical colleges.
Ought to Pass, Vote 7-0
Senator D'Allesandro for the committee.

SB 101-FN, (New Title) relative to developmentally disabled services for persons under 21 years of age.
Ought to pass with amendment, Vote 6-0
Senator D'Allesandro for the committee.

SB 125-FN, (New Title) repealing health status and geographic location as small group rating factors, clarifying certain other issues relating to small group insurance, and establishing a reinsurance mechanism.
Ought to pass with amendment, Vote 5-1
Senator Clegg for the committee.

SB 131-FN, establishing a school choice certificate program.

Re-refer to committee, Vote 4-2

Senator Morse for the committee.

SB 145-FN, establishing a medical/vision advisory board.

Ought to Pass, Vote 6-0

Senator D'Allesandro for the committee.

SB 146-FN-A-L, establishing a civil legal services fund consisting of court filing fee surcharges for the purpose of establishing and operating a New Hampshire Legal Assistance office in Nashua and to provide for additional staff in other New Hampshire Legal Assistance offices.

Ought to Pass, Vote 6-1

Senator Clegg for the committee.

SB 147-FN-L, (New Title) relative to eligibility for local assistance.

Ought to Pass, Vote 7-0

Senator Clegg for the committee.

SB 193, relative to Occupational Safety and Health Administration Certification requirements for state contracts.

Inexpedient to Legislate, Vote 5-2

Senator Morse for the committee.

INTERNAL AFFAIRS

SB 26, requiring identification to obtain a ballot.

Re-refer to committee, Vote 3-0

Senator Boyce for the committee.

JUDICIARY

SB 43, relative to the administration of estates of persons presumed dead.

Ought to pass with amendment, Vote 6-0

Senator Foster for the committee.

SB 134, relative to medical decision making for those adults without capacity to make health care decisions for themselves and establishing procedures for Do Not Resuscitate Orders.

Ought to pass with amendment, Vote 5-1

Senator Gottesman for the committee.

SB 158, relative to the disclosure of department of revenue administration records for purposes of assisting the state in the recovery of medical assistance.

Inexpedient to Legislate, Vote 5-0

Senator Clegg for the committee.

SB 169, relative to access to confidential court records.

Ought to Pass, Vote 6-0

Senator Green for the committee.

SB 186, allowing probate court judges and district court justices to sit on probate or district court cases.

Ought to pass with amendment, Vote 6-0

Senator Letourneau for the committee.

SB 196, establishing a joint legislative committee to study medical malpractice insurance rates.

Ought to pass with amendment, Vote 4-2

Senator Foster for the committee.

SB 205, relative to private actions under the consumer protection act.

Inexpedient to Legislate, Vote 4-0

Senator Foster for the committee.

PUBLIC AND MUNICIPAL AFFAIRS

SB 81, providing recourse for homeowners in manufactured housing parks who are confronted with unjustifiable rent increases.

Inexpedient to Legislate, Vote 4-2

Senator Barnes for the committee.

SB 88, relative to emergency medical transportation.
Ought to pass with amendment, Vote 6-0
Senator Burling for the committee.

WAYS AND MEANS

SB 225-FN-A, establishing video lottery.
Ought to Pass, Vote 3-1
Senator D'Allesandro for the committee.

AMENDMENTS

Senate Judiciary
March 31, 2005
2005-0984s
01/09

Amendment to SB 43

Amend the bill by replacing sections 3 and 4 with the following:

3 Administration of Estates. RSA 553:18 is repealed and reenacted to read as follows:

553:18 Administration of Estate of Person Presumed Dead.

I. The judge, following a hearing, may appoint an administrator of the estate of a person, with such limitations and powers as the judge deems appropriate:

(a) Presumed dead pursuant to RSA 553:19, I; or

(b) A person who has left his or her home and has not been heard of or from directly or indirectly for 6 months and whom the judge believes to be dead.

II. Prior to appointment of an administrator of the estate of a person not heard of, notice shall be published in a newspaper with statewide distribution which is also published on the Internet and one printed in the county in which the person had last lived for one year. Such notice shall be published at least once per week for 4 consecutive weeks. Such other notice shall be given to relatives as the judge may order. The notice shall give the name, age, and such other characteristics and descriptions as shall identify the person, and shall call for information concerning him or her.

4 Administration of Estates. RSA 553:19 is repealed and reenacted to read as follows:

553:19 Presumption of Death. In the absence of a death certificate, the fact of death may be established after an evidentiary hearing if the court finds by clear and convincing evidence:

I. That the person is presumed to have been killed as a result of some catastrophic event but his or her body could not be recovered; or

II. That the person has been absent for a continuous period of 3 years, during which time he or she has not been heard of or from, and whose absence is not satisfactorily explained after diligent search or inquiry. The individual's death is presumed to have occurred at the end of the period unless there is sufficient evidence for determining that death occurred earlier.

Public and Municipal Affairs
March 30, 2005
2005-0971s
10/05

Amendment to SB 88

Amend the bill by inserting after section 1 the following and renumbering the original section 2 to read as 3:

2 New Paragraph; Emergency Medical and Trauma Services; Exception. Amend RSA 153-A:16 by inserting after paragraph II the following new paragraph:

III. If a physician determines that an inter-facility transfer of a critical access hospital patient is urgent and the availability of 2 licensed emergency medical services providers exceeds 30 minutes, a registered nurse, certified in emergency nursing and advanced cardiac life support and after completion of an inter-facility training module, may act as the responsible provider for the patient during the transfer.

Senate Finance
March 30, 2005
2005-0973s
05/10

Amendment to SB 101-FN

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

1 New Paragraph Eligibility for Residential Services. Amend RSA 171-A:6 by inserting after paragraph V the following new paragraph:

VI. A person age 18 through age 21 who has received services pursuant to RSA 186-C, or the person's legal guardian if any, at any time may make application under this section for residential services for which the person is not eligible pursuant to RSA 186-C. Eligibility and entry for such person shall be subject to the requirements of this chapter. Under no circumstance shall the department or area agency be responsible for special education services under RSA 186-C.

2 Effective Date. This act shall take effect July 1, 2005.

2005-0973s

AMENDED ANALYSIS

This bill permits a person between 18 and 21 with a developmental disability who received special education services to apply for residential services from an area agency.

Senate Finance
March 28, 2005
2005-0972s
01/04

Amendment to SB 125-FN

Amend RSA 420-G:4, I(e) as inserted by section 5 of the bill by inserting after subparagraph (8) the following new subparagraph:

(9) Upon the renewal of a small employer policy, a carrier is prohibited from increasing the total premium rate by more than 25 percent of the rate that was charged in the preceding year including utilization trend or, if the policy has been in force for longer than one year, by more than 50 percent of the rate including utilization trend that was charged by that carrier in the year prior to the year immediately preceding renewal.

Senate Judiciary
March 30, 2005
2005-0970s
01/09

Amendment to SB 134

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

AN ACT relative to medical decision making for those adults without capacity to make health care decisions for themselves and establishing procedures for Do Not Resuscitate Orders.

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

1 Medical Decision Making for Adults Without Capacity to Make Health Care Decisions for Themselves. RSA 137-J is repealed and reenacted to read as follows:

CHAPTER 137-J
MEDICAL DECISION MAKING FOR ADULTS
WITHOUT CAPACITY TO MAKE HEALTH CARE DECISIONS

137-J:1 Purpose and Policy.

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

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

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

II. All persons have a right to make health care decisions, including the right to refuse cardiopulmonary resuscitation. It is the purpose of the "Do Not Resuscitate" provisions of this chapter to ensure that the right of a person to self-determination relating to cardiopulmonary resuscitation is protected, and to give direction to emergency services personnel and other health care providers in regard to the performance of cardiopulmonary resuscitation.

137-J:2 Definitions. In this chapter:

I. "Advance directive" means a document allowing a person to give directions about future medical care or to designate another person to make medical decisions if he or she should lose the capacity to make health care decisions. The term "advance directives" shall include living wills and durable powers of attorney for health care.

II. "Advanced registered nurse practitioner" or "ARNP" means a registered nurse who is licensed in good standing in the state of New Hampshire as having specialized clinical qualifications as provided in RSA 326-B:10.

III. "Agent" means an adult to whom authority to make health care decisions is delegated under an advance directive.

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

V. "Attending physician or ARNP" means the physician or advanced registered nurse practitioner, selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient. If more than one physician or advanced registered nurse practitioner shares that responsibility, any one of those physicians or advanced registered nurse practitioners may act as the attending physician or ARNP under the provisions of this chapter.

VI. "Capacity to make health care decisions" means the ability to understand and appreciate generally the nature and consequences of a health care decision, including the significant benefits and harms of and reasonable alternatives to any proposed health care.

VII. "Cardiopulmonary resuscitation" means those measures used to restore or support cardiac or respiratory function in the event of a cardiac or respiratory arrest.

VIII. "Commissioner" means the commissioner of the department of health and humans services.

IX. "Do not resuscitate identification" means a standardized identification necklace, bracelet, card, or written medical order that signifies that a "Do Not Resuscitate Order" has been issued for the principal.

X. "Do not resuscitate order" or "DNR order" (also known as "Do not attempt resuscitation order" or "DNAR order") means an order that, in the event of an actual or imminent cardiac or respiratory arrest, chest compression and ventricular defibrillation will not be performed, the patient will not be intubated or manually ventilated, and there will be no administration of resuscitation drugs.

XI. "Durable power of attorney for health care" means a document delegating to an agent the authority to make health care decisions executed in accordance with the provisions of this chapter. It shall not mean forms routinely required by health and residential care providers for admissions and consent to treatment.

XII. "Emergency services personnel" means paid or volunteer firefighters, law-enforcement officers, emergency medical technicians, paramedics or other emergency services personnel, providers, or entities acting within the usual course of their professions.

XIII. "Health care decision" means informed consent, refusal to give informed consent, or withdrawal of informed consent to any type of health care, treatment, admission to a health care facility, any service or procedure to maintain, diagnose, or treat an individual's physical or mental condition except as prohibited in this chapter or otherwise by law.

XIV. "Health care provider" means an individual or facility licensed, certified, or otherwise authorized or permitted by law to administer health care, for profit or otherwise, in the ordinary course of business or professional practice.

XV. “Life-sustaining treatment” means any medical procedures or interventions which utilize mechanical or other artificial means to sustain, restore, or supplant a vital function which, in the written judgment of the attending physician or ARNP, would serve only to artificially postpone the moment of death, and where the person is near death or is permanently unconscious. “Life-sustaining treatment” includes, but is not limited to, the following: mechanical respiration, kidney dialysis or the use of other external mechanical or technological devices, drugs to maintain blood pressure, blood transfusions, and antibiotics. “Life-sustaining treatment” shall not include the administration of medication, natural ingestion of food or fluids by eating and drinking, or the performance of any medical procedure deemed necessary to provide comfort care or to alleviate pain.

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

XVII. “Near death” means an incurable condition caused by injury, disease, or illness which is such that death is imminent and the application of life-sustaining treatment would, to a reasonable degree of medical certainty, as determined by the attending physician or ARNP, only postpone the moment of death.

XVIII. “Permanently unconscious” means a lasting condition, indefinitely without improvement, in which thought, awareness of self and environment, and other indicators of consciousness are absent as determined to a reasonable degree of medical certainty by the attending physician or ARNP.

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

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

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

XXII. “Witness” means a person 18 years or older who is present when the principal signs an advance directive.

137-J:3 Freedom From Influence.

I. No health care provider or residential care provider, and no health care service plan, insurer issuing disability insurance, self-insured employee welfare benefit plan, or nonprofit hospital service plan shall charge a person a different rate because of the existence or non-existence of an advance directive or do not resuscitate order, or require any person to execute an advance directive or require the issuance of a do not resuscitate order as a condition of admission to a hospital, nursing home, or residential care home, or as a condition of being insured for, or receiving, health or residential care services. Health or residential care services shall not be refused because a person is known to have executed an advance directive or have a do not resuscitate order.

II. The execution of an advance directive or issuance of a do not resuscitate order pursuant to this chapter shall not affect in any manner the sale, procurement, or issuance of any policy of life insurance, nor shall it be deemed to modify the terms of an existing policy of life insurance. No policy of life insurance shall be legally impaired, modified or invalidated in any manner by the withholding or withdrawal of life-sustaining treatment from an insured person notwithstanding any term of the policy to the contrary.

137-J:4 Severability. If any provision of this chapter or the application thereof to any person or circumstance is held invalid for any reason, such invalidity shall not affect any other provisions or applications of this chapter which can be given effect without the invalid provision or application, and to this end the provisions of this chapter are severable.

Advance Directives

137-J:5 Scope and Duration of Agent’s Authority.

I. Subject to the provisions of this chapter and any express limitations set forth by the principal in an advance directive, the agent shall have the authority to make any and all health care decisions on the principal’s behalf that the principal could make.

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

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

IV. The principal's attending physician or ARNP shall make reasonable efforts to inform the principal of any proposed treatment, or of any proposal to withdraw or withhold treatment. Notwithstanding that an advance directive is in effect and irrespective of the principal's lack of capacity to make health care decisions at the time, treatment may not be given to or withheld from the principal over the principal's objection.

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

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

(b) Consent to a voluntary sterilization; or

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

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

137-J:7 Provider's Responsibilities.

I. A principal's health care provider or residential care provider, and employees thereof, having knowledge of the principal's advance directive shall be bound to follow the directives of the principal's designated agent to the extent they are consistent with this chapter and the advance directive, and to the extent they are within the bounds of responsible medical practice.

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

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

II. A principal's health care provider or residential care provider who is aware of the principal's execution of an advance directive shall, as appropriate to the principal's medical condition and without delay, take the necessary steps to provide for written verification of the principal's lack of capacity to make health care decisions, and/or near death or permanently unconscious condition, as applicable, so that the principal's agent may be authorized to act pursuant to this chapter.

III. Prior to the agent making a health care decision for the principal, the principal's health care provider or residential care provider shall provide the agent with the following information regarding the agent's responsibilities:

(a) The agent shall, at all times, make health care decisions that are consistent with what the principal would have wanted, if reasonably known, had the principal had the capacity to make health care decisions.

(b) If the principal's wishes cannot reasonably be ascertained, the agent shall, in consultation with the attending physician or ARNP, make health care decisions that are in the best interest of the principal, which may include withholding or withdrawing treatment.

(c) The agent shall be informed by the principal's attending physician or ARNP regarding any health care decision the agent makes for the principal, and the agent shall consider the nature and consequences, including the risks, benefits and reasonable alternatives of that health care decision.

IV. When the direction of an agent requires an act or omission contrary to the moral or ethical principles or other standards of a health care provider or residential care provider of which the principal is a patient or resident, the health care provider shall allow for the transfer of the principal and the appropriate medical records to another health care provider chosen by the principal or by the agent and shall incur no liability for its refusal to carry out the terms of the direction by the agent; provided, that, the health care provider or residential care provider shall inform the agent of its decision not to participate in such an act or omission.

137-J:8 Restrictions on Who May Act as Agent. A person may not exercise the authority of agent while serving in one of the following capacities:

I. The principal's health care provider or residential care provider.

II. A nonrelative of the principal who is an employee of the principal's health care provider or residential care provider.

137-J:9 Confidentiality and Access to Protected Health Information.

I. Health care providers, residential care providers, and persons acting for such providers or under their control, shall be authorized to;

(a) Communicate to an agent any medical information about the principal, if the principal lacks the capacity to make health care decisions, necessary for the purpose of assisting the agent in making health care decisions on the principal's behalf.

(b) Provide copies of the principal's advance directives as necessary to facilitate treatment of the principal.

II. Subject to any limitations set forth in the advance directive by the principal, an agent whose authority is in effect shall be authorized, for the purpose of making health care decisions, to:

(a) Request, review, and receive any information, oral or written, regarding the principal's physical or mental health, including, but not limited to, medical and hospital records.

(b) Execute any releases or other documents which may be required in order to obtain such medical information.

(c) Consent to the disclosure of such medical information.

137-J:10 Withholding or Withdrawal of Life-Sustaining Treatment.

I. In the event a health care decision to withhold or withdraw life-sustaining treatment, including artificial nutrition and hydration, is to be made by an agent, and the principal has not executed the "Living Will" component of the advance directive document, the following additional conditions shall apply:

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

(b) The principal's attending physician or ARNP shall certify in writing that the principal is near death or is permanently unconscious.

(C) NOTWITHSTANDING THE CAPACITY OF AN AGENT TO ACT, THE AGENT SHALL MAKE A GOOD FAITH EFFORT TO EXPLORE ALL AVENUES REASONABLY AVAILABLE TO DISCERN THE DESIRES OF THE PRINCIPAL INCLUDING, BUT NOT LIMITED TO, THE PRINCIPAL'S ADVANCE DIRECTIVE, THE PRINCIPAL'S WRITTEN OR SPOKEN EXPRESSIONS OF WISHES, AND THE PRINCIPAL'S KNOWN RELIGIOUS OR MORAL BELIEFS.

II. The withholding or withdrawal of life-sustaining treatment pursuant to the provisions of this chapter shall at no time be construed as a suicide or murder for any legal purpose. Nothing in this chapter shall be construed to constitute, condone, authorize, or approve suicide, assisted suicide, mercy killing, or euthanasia, or permit any affirmative or deliberate act or omission to end one's own life or to end the life of another other than to permit the natural process of dying of those near death or in a permanently unconscious

condition as provided in this chapter. The withholding or withdrawal of life-sustaining treatment in accordance with the provisions of this chapter, however, shall not relieve any individual of responsibility for any criminal acts that may have caused the principal's condition.

III. Nothing in this chapter shall be construed to condone, authorize, or approve:

(a) The withholding of life-sustaining treatment from or to permit any affirmative or deliberate act or omission to end the life of a pregnant woman by an attending physician or ARNP when such attending physician or ARNP has knowledge of the woman's pregnant condition, unless, to a reasonable degree of medical certainty, as certified on the principal's medical record by the attending physician or ARNP and an obstetrician who has examined the principal, such treatment or procedures will not maintain the principal in such a way as to permit the continuing development and live birth of the fetus or will be physically harmful to the principal or prolong severe pain which cannot be alleviated by medication.

(b) The arbitrary withholding or withdrawing of life-sustaining treatment from mentally incompetent or developmentally disabled persons.

IV. Nothing in this chapter shall impair or supersede any other legal right or responsibility which any person may have to effect life-sustaining treatment in any lawful manner.

V. Nothing in this chapter shall be construed to revoke or adversely affect the privileges or immunities of health care providers or residential care providers and others to provide treatment to persons in need thereof in an emergency, as provided for under New Hampshire law.

VI. This chapter shall not be construed to create a presumption that in the absence of an advance directive, a person wants life-sustaining treatment to be either taken or withdrawn. Nor shall this chapter be construed to supplant any existing rights and responsibilities under the law of this state governing the conduct of physicians or ARNPs in consultation with patients or their families or legal guardians in the absence of an advance directive.

137-J:11 Liability for Health Care Costs. Liability for the cost of health care provided pursuant to the agent's decision shall be the same as if the health care were provided pursuant to the principal's decision.

137-J:12 Immunity.

I. No person acting as agent pursuant to an advance directive shall be subjected to criminal or civil liability for making a health care decision on behalf of the principal in good faith pursuant to the provisions of this chapter and the terms of the advance directive if such person exercised such power in a manner consistent with the requirements of this chapter and New Hampshire law.

II. No health care provider or residential care provider, or any other person acting for the provider or under the provider's control, shall be subjected to civil or criminal liability or be deemed to have engaged in unprofessional conduct for:

(a) Any act or intentional failure to act, if the act or intentional failure to act is done pursuant to the dictates of an advance directive, the directives of the principal's agent, and the provisions of this chapter, and said act or intentional failure to act is done in good faith and in keeping with reasonable medical standards pursuant to the advance directive and in accordance with this chapter; or

(b) Failure to follow the directive of an agent if the health care provider or residential care provider or other such person believes in good faith and in keeping with reasonable medical standards that such directive exceeds the scope of or conflicts with the authority of the agent under this chapter or the contents of the principal's advance directive.

III. Nothing in this section shall be construed to establish immunity for the failure to exercise due care in the provision of services or for actions contrary to the requirements of this chapter or other laws of the state of New Hampshire.

IV. For purposes of this section, "good faith" means honesty in fact in the conduct of the transaction concerned.

137-J:13 Use of Statutory Forms.

I. Every person wishing to execute an advance directive shall be provided with a disclosure statement substantially in the form set forth in RSA 137-J:18 prior to execution. The principal shall be required to sign a statement acknowledging that he or she has received the disclosure statement and has read and understands its contents.

II. An advance directive executed on or after the effective date of this chapter shall be substantially in the form set forth in RSA 137-J:19.

III. Artificial nutrition and hydration shall not be withdrawn or withheld under an advance directive unless there is a clear expression of such power in the document.

137-J:14 Execution and Witnesses.

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

(a) Two or more subscribing witnesses, neither of whom shall, at the time of execution, be the agent, the principal's spouse or heir at law, attending physician or ARNP, or person acting under the direction or control of the attending physician or ARNP. No more than one such witness may be the principal's health or residential care provider or such provider's employee. The witnesses shall affirm that the principal appeared to be of sound mind and free from duress at the time the advance directive was signed and that the principal affirmed that he or she was aware of the nature of the document and signed it freely and voluntarily; or

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

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

137-J:15 Revocation.

I. An advance directive consistent with the provisions of this chapter shall be revoked:

(a) By written revocation delivered to the agent or to a health care provider or residential care provider expressing the principal's intent to revoke, signed, and dated by the principal; by oral revocation in the presence of 2 or more witnesses, none of whom shall be the principal's spouse or heir at law; or by any other act evidencing a specific intent to revoke the power, such as by burning, tearing, or obliterating the same or causing the same to be done by some other person at the principal's direction and in the principal's presence;

(b) By execution by the principal of a subsequent advance directive;

(c) By the filing of an action for divorce, legal separation, annulment or protective order, where both the agent and the principal are parties to such action, except when there is an alternate agent designated, in which case the designation of the primary agent shall be revoked and the alternate designation shall become effective. Re-execution or written re-affirmation of the advance directive following a filing of an action for divorce, legal separation, annulment or protective order shall make effective the original designation of the primary agent under the advance directive; or

(d) By a determination by a court under RSA 506:7 that the agent's authority has been revoked.

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

137-J:16 Documents from Other States; Documents Executed Prior to Enactment. Nothing in this chapter limits the enforceability of a durable power of attorney for health care or living will or similar instrument validly executed under prior New Hampshire law or in another state or jurisdiction in compliance with the law of that state or jurisdiction. However, any exercise of power under such a previously valid or foreign advance directive or similar instrument shall be restricted by and in compliance with the requirements of this chapter and the laws of the state of New Hampshire.

137-J:17 Naming of Multiple Agents. If the principal lists more than one person as the agent in a durable power of attorney for health care document, the agents shall have authority in priority of the order in which their names are listed on the document.

137-J:18 Durable Power of Attorney; Disclosure Statement. The disclosure statement which must accompany a durable power of attorney for health care shall be in substantially the following form:

**INFORMATION CONCERNING THE DURABLE POWER OF
ATTORNEY FOR HEALTH CARE THIS IS AN IMPORTANT LEGAL DOCUMENT.
BEFORE SIGNING IT, YOU SHOULD KNOW THESE IMPORTANT FACTS:**

Except if you say otherwise in the document, this document gives the person you name as your health care agent the power to make any and all health care decisions for you when you lack the capacity to make health care decisions for yourself (in other words, you no longer have the ability to understand and appreciate generally the nature and consequences of a health care decision, including the significant benefits and harms of and reasonable alternatives to any proposed health care). “Health care” means any treatment, service or procedure to maintain, diagnose or treat your physical or mental condition. Your health care agent, therefore, will have the power to make a wide range of health care decisions for you. Your health care agent may consent (in other words, give permission), refuse to consent, or withdraw consent to medical treatment, and may make decisions about withdrawing or withholding life-sustaining treatment. Your health care agent cannot consent to or direct any of the following: commitment to a state institution, sterilization, or termination of treatment if you are pregnant and if the withdrawal of that treatment is deemed likely to terminate the pregnancy, unless the treatment will be physically harmful to you or prolong severe pain which cannot be alleviated by medication.

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

If you want to give your health care agent power to withhold or withdraw artificial nutrition and hydration, you must say so in your document. Otherwise, your health care agent will not be able to direct that. Under no conditions will your health care agent be able to direct the withholding of food and drink that you are able to eat and drink normally.

Your health care agent will be guided by your oral and written instructions in this document when making decisions for you. Unless you state otherwise in the document, your agent will have the same power to make decisions about your health care as you would have had, if those decisions by your health care agent are made consistent with state law.

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

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

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

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

EVEN AFTER YOU HAVE SIGNED THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF AS LONG AS YOU ARE ABLE TO DO SO, AND TREATMENT CANNOT BE GIVEN TO YOU OR STOPPED OVER YOUR CLEAR OBJECTION. You have the right to revoke the power given to your health care agent by telling him or her, or by telling your health care provider, orally or in writing, that you no longer want that person to be your health care agent.

This document cannot be changed or modified. If you want to make changes, you must make an entirely new document.

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

___ The person you have designated as your health care agent;

___ Your spouse or heir at law;

___ Your attending physician or ARNP, or person acting under the direction or control of the attending physician or ARNP;

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

137-J:19 Advance Directive; Durable Power of Attorney and Living Will; Form. An advance directive in its individual "Durable Power of Attorney for Healthcare" and "Living Will" components shall be in substantially the following form:

NEW HAMPSHIRE ADVANCE DIRECTIVE

NOTE: This form has two sections.

— You may complete both sections, or only one section.

I. DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____ hereby appoint _____ of _____ *(Please choose only one person. If you choose more than one agent, they will have authority in priority of the order their names are listed.)* as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document or as prohibited by law. This durable power of attorney for health care shall take effect in the event I lack the capacity to make my own health care decisions.

In the event the person I appoint above is unable, unwilling or unavailable, or ineligible to act as my health care agent, I hereby appoint _____ of _____ as alternate agent. *(Please choose only one person. If you choose more than one alternate agent, they will have authority in priority of the order their names are listed.)*

STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS REGARDING HEALTH CARE DECISIONS.

For your convenience in expressing your wishes, some general statements concerning the withholding or removal of life-sustaining treatment are set forth below. (Life-sustaining treatment is defined as procedures without which a person would die, such as but not limited to the following: mechanical respiration, kidney dialysis or the use of other external mechanical and technological devices, drugs to maintain blood pressure, blood transfusions, and antibiotics.) There is also a section which allows you to set forth specific directions for these or other matters. If you wish, you may indicate your agreement or disagreement with any of the following statements and give your agent power to act in those specific circumstances.

A. LIFE-SUSTAINING TREATMENT.

1. If I am near death and permanently lack the capacity to make health care decisions, I authorize my agent to direct that:

(Initial beside your choice of (a) or (b).)

___ (a) life-sustaining treatment not be started, or if started, be discontinued.

-or-

___ (b) life-sustaining treatment continue to be given to me.

2. Whether near death or not, if I become permanently unconscious I authorize my agent to direct that:

(Initial beside your choice of (a) or (b).)

___ (a) life-sustaining treatment not be started, or if started, be discontinued.

-or-

___ (b) life-sustaining treatment continue to be given to me.

B. ARTIFICIAL NUTRITION AND HYDRATION.

1. I realize that situations could arise in which the only way to allow me to die would be to not start or to discontinue artificial feeding (artificial nutrition and hydration). In carrying out any instructions I have given in this document, I authorize my agent to direct that:

(Initial beside your choice of (a) or (b).)

____ (a) artificial nutrition and hydration not be started or, if started, be discontinued.

-or-

____ (b) even if all other forms of life-sustaining treatment have been withdrawn, artificial nutrition and hydration continue to be given to me.

(If you fail to complete item B, your agent will not have the power to direct the withholding or withdrawal of artificial nutrition and hydration.)

C. ADDITIONAL INSTRUCTIONS.

Here you may include any specific desires or limitations you deem appropriate, such as when or what life-sustaining treatment you would want used or withheld, or instructions about refusing any specific types of treatment that are inconsistent with your religious beliefs or are unacceptable to you for any other reason. You may leave this question blank if you desire.

(attach additional pages as necessary)

I hereby acknowledge that I have been provided with a disclosure statement explaining the effect of this document. I have read and understand the information contained in the disclosure statement.

The original of this document will be kept at _____ and the following persons and institutions will have signed copies:

Signed this ____ day of _____, 2____.

Principal's Signature: _____

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

THIS POWER OF ATTORNEY DOCUMENT MUST BE SIGNED BY TWO WITNESSES OR A NOTARY PUBLIC.

We declare that the principal appears to be of sound mind and free from duress at the time the durable power of attorney for health care is signed and that the principal affirms that he or she is aware of the nature of the document and is signing it freely and voluntarily.

Witness: _____ Address: _____

Witness: _____ Address: _____

STATE OF NEW HAMPSHIRE

COUNTY OF _____

The foregoing durable power of attorney for health care was acknowledged before me this ____ day of _____, 20____, by _____ ("the Principal").

Notary Public / Justice of the Peace

My commission expires:

II. LIVING WILL

Declaration made this ____ day of _____, 20____.

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

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

In carrying out any instruction I have given under this section, I authorize that:

(Initial beside your choice of (a) or (b).)

____ (a) artificial nutrition and hydration not be started or, if started, be discontinued,

-or-

____ (b) even if all other forms of life-sustaining treatment have been withdrawn, artificial nutrition and hydration continue to be given to me.

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

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

Signed this ____ day of _____, 2____.

Principal's Signature: _____

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

THIS LIVING WILL DOCUMENT MUST BE SIGNED BY
TWO WITNESSES OR A NOTARY PUBLIC.

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

Witness: _____

Address: _____

Witness: _____

Address: _____

STATE OF NEW HAMPSHIRE

COUNTY OF _____

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

Notary Public/Justice of the Peace

My commission expires:

137-J:20 Effect of Appointment of Guardian; Inconsistency.

I. On motion filed in connection with a petition for appointment of a guardian or on petition of a guardian if one has been appointed, the probate court shall consider whether the authority of an agent designated pursuant to an advance directive should be suspended or revoked. In making its determination, the probate court shall take into consideration the preferences of the principal as expressed in the advance directive. No such consideration shall change the procedures or burden of proof involved in the guardianship process as otherwise provided by law or procedures. In such consideration, the advance directive and agent appointed shall be presumed to be in the best interest of the principal and valid, absent clear and convincing evidence to the contrary.

II. To the extent that a durable power of attorney for health care, or such component of an advance directive as set forth in RSA 137-J:19, conflicts with a terminal care document or living will, or such component of an advance directive as set forth in RSA 137-J:19, the durable power of attorney for health care shall control.

137-J:21 Civil Action.

I. The principal or any person who is a near relative of the principal, or who is a responsible adult who is directly interested in the principal by personal knowledge and acquaintance, including, but not limited to a guardian, social worker, physician, or clergyman, may file an action in the probate court of the county where the principal is located at the time:

(a) Requesting that the authority granted to an agent by an advance directive be revoked on the grounds that the principal was not of sound mind or was under duress, fraud, or undue influence when the advance directive was executed, and shall have all the rights and remedies provided by RSA 506:7 which shall apply to documents executed under this chapter and persons acting pursuant to this chapter.

(b) Challenging the right of any agent who is acting or who proposes to act as such pursuant to this chapter and naming another person, who agrees to so act, to be appointed guardian over the person of the principal for the sole purpose of making health care decisions, as provided for in RSA 464-A.

II. A copy of any such action shall be given in hand to the principal's attending physician or ARNP and, as applicable, to the principal's health care provider or residential care provider. To the extent they are not irreversibly implemented, health care decisions made by a challenged agent shall not thereafter be implemented without an order of the probate court or a withdrawal or dismissal of the court action.

III. The probate court in which such a petition is filed shall hold a hearing as expeditiously as possible.

137-J:22 Penalty. A person who knowingly and falsely makes, alters, forges, or counterfeits, or knowingly and falsely causes to be made, altered, forged, or counterfeited, or procures, aids or counsels the making, altering, forging, or counterfeiting, of an advance directive or revocation of same with the intent to injure or defraud a person shall be guilty of a class B felony, notwithstanding any provisions in title LXII.

Do Not Resuscitate

137-J:23 Applicability. The provisions of this subdivision apply to all persons regardless of whether or not they have completed an advance directive.

137-J:24 Presumed Consent to Cardiopulmonary Resuscitation; Health Care Providers and Residential Care Providers Not Required to Expand to Provide Cardiopulmonary Resuscitation.

I. Every person shall be presumed to consent to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest, unless one or more of the following conditions, of which the health care provider or residential care provider has actual knowledge, apply:

(a) A do not resuscitate order in accordance with the provisions of this chapter has been issued for that person;

(b) A completed advance directive for that person is in effect, pursuant to the provisions of this chapter, in which the person indicated that he or she does not wish to receive cardiopulmonary resuscitation, or his or her agent has determined that the person would not wish to receive cardiopulmonary resuscitation;

(c) A person who lacks capacity to make health care decisions is admitted to a health care facility and the person's agent is not reasonably available or capable of making a decision regarding a do not resuscitate order, and the attending physician or ARNP, and a concurring second physician, have determined that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards, and the attending physician or ARNP has completed a do not resuscitate order; or

(d) A person is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof.

II. Nothing in this section shall be construed to revoke any statute, regulation, or law otherwise requiring or exempting a health care provider or residential care provider from instituting or maintaining the ability to provide cardiopulmonary resuscitation or expanding its existing equipment, facilities, or personnel to provide cardiopulmonary resuscitation.

137-J:25 Issuance of a Do Not Resuscitate Order; Order to be Written by the Attending Physician or ARNP.

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

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

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

IV. If an agent is not reasonably available or capable of making a decision regarding a do not resuscitate order, an attending physician or ARNP may issue a do not resuscitate order for a person who lacks capacity to make health care decisions and who is admitted to a health care facility if a second physician who has personally examined the person concurs in the opinion of the attending physician or ARNP that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards.

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

Do Not Resuscitate Order

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

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

Attending physician or ARNP Name _____

Attending physician or ARNP Signature _____

Address _____

Person Signature _____

Address _____

Agent Signature (*if applicable*) _____

Address _____

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

- (a) Forms required by the policies and procedures of the health care facility;
- (B) THE DO NOT RESUSCITATE CARD AS SET FORTH IN PARAGRAPH V; OR
- (c) The medical orders form.

137-J:26 Compliance with a Do Not Resuscitate Order.

I. Health care providers and residential care providers shall comply with the do not resuscitate order when presented with one of the following:

- (a) A do not resuscitate order completed by the attending physician or ARNP on a form as specified in RSA 137-J:25;
- (b) Do not resuscitate identification as set forth in RSA 137-J:32;
- (c) A do not resuscitate order for a person present or residing in a health care facility issued in accordance with the health care facility's policies and procedures; or
- (d) A medical orders form on which the attending physician or ARNP has documented a do not resuscitate order.

II. Pursuant to this chapter, health care providers shall respect do not resuscitate orders for persons in health care facilities, ambulances, homes, and communities within this state.

137-J:27 PROTECTION OF PERSONS CARRYING OUT IN GOOD FAITH A DO NOT RESUSCITATE ORDER; NOTIFICATION OF AGENT BY ATTENDING PHYSICIAN OR ARNP REFUSING TO COMPLY WITH DO NOT RESUSCITATE ORDER.

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

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

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

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

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

137-J:28 Revocation of Do Not Resuscitate Order.

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

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

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

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

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

VI. Only a physician or advanced registered nurse practitioner may cancel the issuance of a do not resuscitate order.

137-J:29 Not Suicide or Murder. The withholding of cardiopulmonary resuscitation from a person in accordance with the provisions of this chapter shall not, for any purpose, constitute suicide or murder. The withholding of cardiopulmonary resuscitation from a person in accordance with the provisions of this chapter, however, shall not relieve any individual of responsibility for any criminal acts that may have caused the person's condition. Nothing in this chapter shall be construed to legalize, condone, authorize, or approve mercy killing or assisted suicide.

137-J:30 Interinstitutional Transfers. If a person with a do not resuscitate order is transferred from one health care facility to another health care facility, the health care facility initiating the transfer shall communicate the existence of a do not resuscitate order to the receiving facility prior to the transfer. The written do not resuscitate order, the do not resuscitate card as described in RSA 137-J:25, or the medical orders

form shall accompany the person to the health care facility receiving the person and shall remain effective until a physician at the receiving facility issues admission orders. The do not resuscitate card or the medical orders form shall be kept as the first page in the person's transfer records.

137-J:31 Preservation of Existing Rights.

I. Nothing in this chapter shall impair or supersede any legal right or legal responsibility which any person may have to effect the withholding of cardiopulmonary resuscitation in any lawful manner. In such respect, the provisions of this chapter are cumulative.

II. Nothing in this chapter shall be construed to preclude a court of competent jurisdiction from approving the issuance of a do not resuscitate order under circumstances other than those under which such an order may be issued pursuant to the provisions of this chapter.

137-J:32 Do Not Resuscitate Identification. Do not resuscitate identification as set forth in this chapter may consist of either a medical condition bracelet or necklace with the inscription of the person's name, date of birth in numerical form and "NH Do Not Resuscitate" or "NH DNR" on it. Such identification shall be issued only upon presentation of a properly executed do not resuscitate order form as set forth in RSA 137-J:25, a medical orders form in which a physician or advanced registered nurse practitioner has documented a do not resuscitate order, or a do not resuscitate order properly executed in accordance with a health care facility's written policy and procedure.

2 Emergency Care; Reference Change. Amend RSA 153-A:20, II to read as follows:

II. Protocols recommended by the emergency medical services medical control board for provision of emergency medical care, which shall provide for the provision of local options under medical control. The protocols shall address living wills established under RSA ~~[137-H]~~ **137-J**, durable powers of attorney for health care established under RSA 137-J, and patient-requested, physician generated orders relative to resuscitation.

3 Guardians; Reference Change. Amend RSA 464-A:25, I(d) to read as follows:

(d) If a ward has previously executed a valid living will, under RSA ~~[137-H]~~ **137-J**, a guardian shall be bound by the terms of such document, provided that the court may hold a hearing to interpret any ambiguity in such document. If a ward has previously executed a valid durable power of attorney for health care, RSA 137-J shall apply.

4 Jurisdiction; Reference Change. Amend RSA 547:3, (j) to read as follows:

(j) The interpretation and effect of living wills under RSA ~~[137-H]~~ **137-J**.

5 Repeal. RSA 137-H, relative to living wills, is hereby repealed.

6 Effective Date. This act shall take effect January 1, 2006.

2005-0970s

AMENDED ANALYSIS

This bill revises the laws relative to living wills and durable powers of attorney for health care. This bill also establishes procedures for Do Not Resuscitate Orders.

Senate Executive Departments and Administration

March 30, 2005

2005-0976s

08/10

Amendment to SB 170

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

1 Nurse Practice Act. RSA 326-B is repealed and reenacted to read as follows:

**CHAPTER 326-B
NURSE PRACTICE ACT**

326-B:1 Purpose. In order to safeguard the life, health, and public welfare of the people of New Hampshire and in order to protect the people of the state from the unauthorized, unqualified, and improper application of services by individuals in the practice of nursing, it is necessary that a regulatory authority be established

and adequately funded. To further this policy, the practice of nursing shall be regulated through the New Hampshire board of nursing, and such board shall have the power to enforce the provisions of this chapter. Licensees under this chapter are accountable to clients, the nursing profession, and the board for complying with the requirements of this act and the quality of nursing care rendered, and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's experience.

326-B:2 Definitions. In this chapter:

I. "Advanced registered nurse practitioner" or "ARNP" means a registered nurse currently licensed by the board under RSA 326-B:19.

II. "Board" means the New Hampshire board of nursing established in RSA 326-B:3.

III. "Competence development" means the method by which a licensee gains, maintains, or refines practice knowledge, skills, and abilities. This development may occur through a formal education program, continuing education, and clinical practice, and is expected to continue throughout the practitioners' career.

IV. "Licensed nursing assistant" or "LNA" means an individual who holds a current license to provide client care under the direction of a registered nurse or licensed practical nurse.

V. "Licensed practical nurse" or "LPN" means an individual who holds a current license to practice practical nursing as defined in paragraph XII.

VI. "Medication nursing assistant" means a licensed nursing assistant holding a currently valid certificate authorizing the delegation to the nursing assistant of tasks of medication administration.

VII. "Nursing" means assisting clients or groups of clients to attain or maintain optimal health by implementing a strategy of care to accomplish defined goals and by evaluating responses to nursing care and medical treatment. Nursing includes basic health care that helps both clients and groups of clients cope with difficulties in daily living associated with their actual or potential health or illness status and also those nursing activities that require a substantial amount of scientific knowledge or technical skill. Nursing also includes, but is not limited to:

(a) Promoting an environment conducive to well-being.

(b) Planning and implementing independent nursing strategies and prescribed treatment in the prevention and management of illness, injury, and disability and the achievement of a dignified death.

(c) Providing health counseling and teaching.

(d) Collaborating on aspects of the health regimen.

(e) Advocating for the client's medical needs.

VIII. "Nursing-related activities" means client care provided by a licensed nursing assistant directed by an ARNP, an RN, or an LPN.

IX. "Practical nursing" means the practice of nursing as defined in paragraph VII by a person who:

(a) Uses sound nursing judgment based on preparation, knowledge, skills, understanding, and past nursing experience.

(b) Works under the direction of a registered nurse, advanced registered nurse practitioner, dentist, or physician.

(c) Functions as a member of a health care team and contributes to the assessment, planning, implementation, and evaluation of client care.

X. "Registered nurse" or "RN" means an individual who holds a current license to practice registered nursing as defined in paragraph XI.

XI. "Registered nursing" means the application of nursing knowledge, judgment, and skill drawn from broad in-depth education in the biological, psychological, social, and physical sciences in assessing and diagnosing the health status of a client, and in planning, implementing, and evaluating client care which promotes the optimum health, wellness, and independence of the individual, the family, and the community.

326-B:3 Board of Nursing.

I. The board of nursing shall comprise 11 members to be appointed by the governor with the consent of the council. Any interested individual, association, or entity may make recommendation to the governor. The members of the board shall include 5 registered nurses, one of whom shall be an advanced registered

nurse practitioner, 2 licensed practical nurses, 2 licensed nursing assistants, one of whom shall be a medication licensed nursing assistant if possible, and 2 representative members of the public. The terms of members shall be staggered as determined by the governor and council. All terms shall be for 3 years, and no member of the board shall be appointed to more than 3 consecutive terms.

II. Each RN member shall be a resident of this state, licensed in good standing under the provisions of this chapter, and currently engaged in the practice of nursing as an RN and shall have no fewer than 5 years of experience as an RN, at least 3 of which shall have immediately preceded appointment. RN members of the board shall represent the various areas of nursing practice including education, administration, and clinical practice.

III. The LPN members of the board shall be residents of this state, licensed in good standing under the provisions of this chapter, and currently engaged in the practice of nursing and shall have had no fewer than 5 years of experience as an LPN, at least 3 of which shall have immediately preceded the date of appointment.

IV. The LNA members of the board shall be residents of this state, licensed in good standing under the provisions of this chapter, and currently engaged in nursing-related activities. These members shall have a minimum of 5 years of experience as an LNA, at least 3 of which shall have immediately preceded the date of their appointment.

V. The public members shall be residents of the state of New Hampshire who are not, and never have been, members of the nursing profession or the spouse of any such person. The public members shall not have, and shall never have had, a material financial interest in either the provision of nursing services or an activity directly related to nursing, including the representation of the board or its predecessor or the profession for a fee at any time during the 5 years preceding the date of appointment.

VI. No more than one board member shall be associated with a particular agency, corporation, or other enterprise or subsidiary at one time.

VII. Each member of the board shall be compensated at the rate of \$100 for attendance at a regular board meeting and \$50 for each other day actually engaged in official duties of the board, and shall be reimbursed for actual and necessary expenses incurred in the discharge of official duties, including travel at the state employee mileage rate.

VIII. An appointee to a full term on the board shall be appointed by the governor with the consent of the council before the expiration of the term of the member being succeeded and shall become a member of the board on the first day following the appointment expiration date of the previous appointee. Appointees to unexpired portions of full terms shall become members of the board on the day following such appointment, and shall serve the unexpired term and then be eligible to serve 3 full 3-year terms.

IX. The governor may remove any member from the board for neglect of any duty under RSA 326-B:4 or for incompetence or unprofessional or dishonorable conduct. Any person may file a complaint against a board member with the department of health and human services. The provisions of RSA 4:1 controlling the removal of public officials from office shall be followed in dismissing board members.

X. All members of the board and its agents or employees shall enjoy immunity from individual civil liability while acting within the scope of their duties as board members, agents, or employees, as long as they are not acting in a wanton or reckless manner.

XI. Board meetings shall be open to the public. In accordance with RSA 91-A:3, the board may conduct part of a meeting in nonpublic session.

XII. The board shall be administratively attached, under RSA 21-G:10, to the department of health and human services.

326-B:4 Powers and Duties of the Board. The board may:

I. Establish reasonable and uniform standards for nursing practice.

II. Provide consultation regarding nursing practice for institutions and agencies and investigate reports of illegal practice.

III. Examine, license, and renew the licenses of duly qualified individuals. The board shall select an appropriate nationally approved licensing examination.

IV. Gather and report to the public statistical information regarding, but not limited to, the education and licensure of registered and practical nurses.

V. Conduct investigations, hearings, and proceedings concerning alleged violations of this chapter or of rules adopted under this chapter.

VI. Subpoena witnesses, records, and documents, as needed, and administer oaths to those testifying at hearings.

VII. Determine and enforce appropriate disciplinary action against all individuals found guilty of violating this chapter or the rules adopted under this chapter.

VIII. Deny or withdraw approval of nursing educational programs that do not meet the minimum requirements of this chapter.

IX. Maintain records of proceedings as required by the laws of New Hampshire.

X. Conduct conferences, forums, studies, and research on nursing practice and education.

XI. Obtain legal counsel, hearing officers, accountants and such other employees, assistants, and agents as may be necessary, in the opinion of the board to administer and enforce the provisions of this chapter.

XII. Prescribe the duties of a qualified registered nurse to serve as executive director and request such additional staff positions as may be necessary to administer and enforce the provisions of this chapter.

XIII. Establish and collect fees, under rules adopted by the board pursuant to RSA 541-A, relative to applicants seeking any type of license issued by the board under this chapter, including fees for applications for temporary licenses, reinstatement of inactive licenses, license by examinations, renewal of licenses, and multistate licenses, as well as fees for verifying license status, program graduation, or computerized lists.

XIV. Require a registered nurse or a licensed practical nurse licensed in the state of New Hampshire to obtain a multistate license if the registered nurse or licensed practical nurse practices in a remote state. The board may charge an additional fee for such a multistate license.

XV. In accordance with state due process laws, limit the multistate licensure privilege of any registered nurse or licensed practical nurse to practice in New Hampshire and may take any other actions under applicable state laws necessary to protect the health and safety of New Hampshire citizens. If the board does take such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such action taken by the state of New Hampshire.

326-B:5 Administration By Executive Director.

I. The executive director shall have at least the following qualifications:

- (a) Be eligible for licensure to practice as an RN in this state; and
- (b) Hold a master's degree in nursing or hold a master's degree in a related field and a baccalaureate degree in nursing.

II. The executive director shall be responsible for:

- (a) The performance of the administrative responsibilities of the board.
- (b) Employment of personnel needed to carry out the functions of the board.
- (c) The performance of any other duties the board may direct.

326-B:6 Collection and Expenditure of Funds. The board shall receive and expend funds provided such funds are received and expended for the pursuit of the objectives authorized by this chapter. Fees, fines, and administrative charges other than those collected pursuant to RSA 326-B:8 shall be deposited in the general fund.

326-B:7 Nursing Assistant Fees and Fines; Continual Appropriation.

I. The nursing assistant fund is established in the state treasury and continually appropriated to the board which shall administer the fund. The fund shall be used only for administration of the nursing assistant component and expenses relating to that component.

II. All fees, charges, and fines relating to nursing assistants shall be credited to the fund.

326-B:8 Fees; Charges.

I. The board shall charge fees for the issuance, renewal, and reinstatement of all licenses, specialty licenses, and certificates authorized by this chapter. The board shall recover at least 125 percent of its direct expenses through licensee fees, fines, and administrative charges.

II. The board may provide the following services and make administrative charges for:

- (a) The administration of examinations required by this chapter.
- (b) Verification of licensure status.
- (c) The sale of lists of licensees who have given their written authorization to have their names included on such lists.
- (d) The actual costs of a criminal conviction record check required pursuant RSA 326-B:16.
- (e) The actual cost of collection of statistical data provided to private entities.

326-B:9 Public Hearings on Fees.

I. The board shall be exempt from the requirements, procedures, and provisions of RSA 541-A with respect to the establishment of fees.

II. The board shall review all fees on a biannual basis.

III. The board shall hold at least one public hearing on all proposed changes to such fees.

326-B:10 Rulemaking Authority. The board shall adopt rules, in accordance with RSA 541-A, relative to the following:

I. Application procedures and eligibility requirements for the issuance of all initial, temporary, and renewal licenses, specialty licenses, and certificates issued by the board, including the issuance of such licenses to applicants holding a currently valid license or other authorization to practice in another jurisdiction.

II. Application procedures and eligibility requirements for the reinstatement of licenses after lapse and after disciplinary action.

III. Recognition of national certifying bodies issuing specialty certifications required for licensure as an ARNP.

IV. The standards to be met by, and the process for approval of, education programs designed to prepare applicants to qualify for licensure or certification in any of the disciplines regulated by the board, including the time period within which noncompliance must be corrected before such approval is withdrawn.

V. The standards to be met by, and the process for approval of, education programs designed to prepare LPNs in intravenous therapy and by programs designed to prepare LNAs to perform tasks not addressed in the basic curriculum required for licensure.

VI. The determination of disciplinary sanctions authorized by this chapter, including the determination of administrative fines.

VII. The administration of examinations authorized by this chapter, and the manner in which information regarding the contents of any licensing examinations may be disclosed, solicited, or compiled.

VIII. Ethical standards for the practice of nursing and nursing-related activities.

IX. Competence development requirements.

X. Designations that may be used by persons regulated by the board and retired persons regulated by the board.

XI. The implementation and coordination of the nurse licensure compact adopted in RSA 326-B:47. The board shall use model rules developed for the nurse licensure compact by the National Council of State Boards of Nursing as the basis for adopting rules which shall be modified as necessary to comply with state statutes.

326-B:11 Joint Health Council.

I.(a) The joint health council shall consist of 9 members as follows: 3 licensed, practicing ARNPs, appointed by the board of nursing; 3 licensed, practicing physicians who work with ARNPs, appointed by the board of medicine; and 3 licensed clinical pharmacists who are practicing clinical pharmacists, appointed by the board of pharmacy. In no case shall a member of the joint health council be a member of the member's appointing board.

(b) The chairmanship of the council shall rotate annually among the appointees of the 3 respective boards. Administrative expenses shall be assumed, and administrative support services provided, by the board of nursing.

(c) Members of the council shall be appointed for 3-year terms and shall serve no more than 2 terms.

II. The council shall meet not less than once every 3 months to discuss matters pertinent to the ARNP formulary and matters of mutual concern to the board of medicine, the board of nursing, and the board of pharmacy, unless there are no agenda items. Any council member may submit items to be considered by the council. Any council member may request that an item submitted for consideration by the council include relevant scientific information from recognized professional publications. A denial of a request to include a drug in the formulary or a decision to further restrict a drug already approved by the council shall be issued in writing and shall include relevant scientific information from recognized professional publications.

III. The duties of the joint health council shall include, but not be limited to, determining the type of ARNP formulary, exclusionary, inclusionary, or other, and adding to or altering the list of controlled and non-controlled molecular entities in the ARNP formulary. The council shall render decisions on such additions or alterations within 3 months of initial consideration unless there is a request for additional scientific information. Appeals of decisions shall be submitted to the council in writing for further deliberation by the council. The ARNP formulary shall be updated at least annually and shall be available in paper and electronic format from the board of nursing, the board of medicine, and the board of pharmacy.

IV. Meetings of the joint health council shall be open to the public and conducted in accordance with the provisions of RSA 91-A. Meetings shall be conducted in a building owned or leased by the state and situated in Concord. Notice of the time and place of each meeting shall be posted in the house and senate calendars at least 30 days prior to the meeting date.

326-B:12 Scope of Practice and Authority; Advanced Registered Nurse Practitioner.

I. Advanced registered nursing practice by nurse practitioners, nurse anesthetists, nurse midwives, or clinical nurse specialists shall consist of a combination of knowledge and skills acquired in basic nursing education; licensure as a registered nurse; and graduation from or completion of a graduate level ARNP program accredited by a national certifying body in the appropriate ARNP role and specialty.

II. The ARNP scope of practice, with or without compensation or personal profit, shall include the registered nurse scope of practice. The scope of practice of an ARNP includes but is not limited to performing acts of advanced assessment, diagnosing, prescribing, selecting, administering, and dispensing therapeutic measures, including over-the-counter drugs, legend drugs, and controlled substances.

III. An ARNP shall practice within standards established by the board. Each ARNP shall be accountable to clients and the board:

(a) For complying with this chapter and the quality of advanced nursing care rendered;

(b) For recognizing limits of knowledge and experience, planning for the management of situations beyond the ARNP's expertise; and

(c) For consulting with or referring clients to other health care providers as appropriate.

IV. An ARNP shall have authority to possess, compound, prescribe, administer, and dispense and distribute to clients controlled and non-controlled drugs in accordance with the formulary established by the joint health council and within the scope of the ARNP's practice as defined by this chapter. Such authority may be denied, suspended, or revoked by the board after notice and the opportunity for hearing, upon proof that the authority has been abused.

326-B:13 Scope of Practice; Registered Nurse.

I. An RN shall, with or without compensation or personal profit, practice nursing that incorporates caring for all clients in all settings, is guided by nursing standards and evidence-based practice guidelines developed by a national certifying body and approved by the board, and shall include but is not limited to:

(a) Providing comprehensive nursing assessment of the health status of clients, families, groups, and communities.

(b) Collaborating with a health care team to develop an integrated client-centered plan of health care.

(c) Developing a plan of nursing strategies to be integrated within the client-centered health care plan that establishes nursing diagnoses, setting goals to meet identified health care needs, prescribing nursing interventions, and implementing nursing care through the execution of independent nursing strategies and prescribed medical regimen.

- (d) Delegating and assigning nursing interventions to implement the plan of care.
- (e) Providing for the maintenance of safe and effective nursing care rendered directly or indirectly.
- (f) Promoting a safe and therapeutic environment.
- (g) Providing health teaching and counseling to promote, attain, and maintain the optimum health level of clients, families, groups, and communities.
- (h) Advocating for clients, families, groups, and communities by attaining and maintaining what is in the best interest of the client or group.
- (i) Evaluating responses to interventions and the effectiveness of the plan of care.
- (j) Communicating and collaborating with other health care professionals in the management of health care and the implementation of the total health care regimen within and across care settings.
- (k) Acquiring and applying critical new knowledge and technologies to the practice of nursing.
- (l) Managing, supervising, and evaluating the practice of nursing.
- (m) Teaching the theory and practice of nursing.
- (n) Participating in the development of policies, procedures, and systems to support the client.
- (o) Other nursing services that require education and training prescribed by the board and in conformance with national nursing standards. Additional nursing services shall be commensurate with the RN's experience, continuing education, and demonstrated competencies.

II. Each RN is accountable to clients, the nursing profession, and the board for complying with the requirements of this act and the quality of nursing care rendered, and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's experience.

326-B:14 Scope of Practice; Licensed Practical Nurse.

I. An LPN shall, with or without compensation or personal profit, practice under the supervision of an RN, ARNP, licensed physician, or other health care provider authorized to delegate health care activities and functions. Such practice is guided by nursing standards developed by a national certifying body and approved by the board, and shall include, but is not limited to:

- (a) Collecting data and conducting nursing assessments of the health status of clients.
- (b) Planning nursing care for clients with stable conditions.
- (c) Participating in the development and modification of the comprehensive plan of care for all types of clients.
- (d) Implementing appropriate aspects of the strategy of care within the LPN scope of practice.
- (e) Participating in nursing care management through delegating, assigning, and directing nursing interventions that may be performed by others, including other LPNs, that do not conflict with this chapter.
- (f) Maintaining safe and effective nursing care rendered directly or indirectly.
- (g) Promoting a safe and therapeutic environment.
- (h) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of clients.
- (i) Serving as an advocate for the client by communicating and collaborating with other health service personnel.
- (j) Participating in the evaluation of client responses to interventions.
- (k) Communicating and collaborating with other health care professionals.
- (l) Providing input into the development of policies and procedures.
- (m) Other nursing services that require education and training prescribed by the board and in conformance with national nursing standards. Additional nursing services shall be commensurate with the LPN's experience, continuing education, and demonstrated LPN competencies.

II. Each nurse is accountable to clients, the nursing profession, and the board for complying with the requirements of this chapter and the quality of nursing care rendered and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's expertise.

III. LPNs who have successfully completed the curriculum of a board-approved LPN intravenous therapy course may administer intravenous solutions under the direction of a physician or dentist, or as delegated by an RN.

326-B:15 Scope of Practice; Licensed Nursing Assistant.

I. An LNA shall, with or without compensation or personal profit, practice under the supervision of an RN, ARNP, or LPN.

II. An LNA is responsible for competency in the nursing assistant curriculum approved by the board. LNAs are authorized to administer medication when they hold a currently valid certificate of medication administration and under the circumstances established by the board through rules adopted pursuant to RSA 541-A.

III. Following successful completion of the curriculum, a nursing assistant shall be able to:

(a) Form a relationship, communicate, and interact effectively with individuals and groups in a nursing environment.

(b) Demonstrate comprehension related to individuals' emotional, mental, physical, and social health needs through skillful, direct nursing-related activities.

(c) Assist individuals to attain and maintain functional independence in a home or health care facility.

(d) Exhibit behaviors supporting and promoting care recipients' rights.

(e) Demonstrate observational and documenting skills required for reporting of people's health, safety, welfare, physical and mental condition, and general well-being.

(f) Provide safe nursing-related activities under the supervision of an RN or an LPN.

IV. LNAs may perform tasks not addressed in the basic curriculum required for licensure if they obtain additional training in the performance of such tasks through programs approved by the board. Additional tasks may be delegated provided:

(a) The task has been properly delegated to the nursing assistant by the supervising licensed nurse pursuant to RSA 326-B:29.

(b) The task has not been made exempt from nursing assistant practice.

(c) The policies of the employing health care facility allow the delegation of the task to an LNA.

326-B:16 Criminal Record Checks.

I. Every applicant for initial licensure or license renewal or reinstatement shall submit to the board a notarized criminal conviction record release authorization form, as provided by the division of state police, which authorizes the release of his or her criminal conviction record to the board pursuant to RSA 106-B:14.

II. Upon receipt of a notarized criminal conviction record release authorization form from the board or from an applicant for licensure or license renewal or reinstatement, the division of state police shall conduct a criminal conviction record check pursuant to RSA 106-B:14 and provide the results to the board.

III. The board shall review the criminal record information prior to making a licensing decision and shall maintain the confidentiality of all criminal conviction records received pursuant to this section.

326-B:17 Licensure; All Applicants. All applicants shall:

I. Submit a completed application and fees as established by the board.

II. Have the ability to read and write in the English language.

III. Report any pending criminal charges, criminal convictions, or plea arrangement in lieu of convictions.

IV. Have committed no acts or omissions which are grounds for disciplinary action as set forth in this chapter, or, if such acts have been committed and would be grounds for disciplinary action, the board has found, after investigation, that sufficient restitution has been made.

V. Meet competence development requirements as defined in rules adopted under RSA 541-A.

VI. Meet other criteria as established by the board.

326-B:18 Registered Nurse and Licensed Practical Nurse; Initial License by Examination.

I. The board shall administer the examination to applicants for licensure as RN's or LPN's.

II. The board may employ, contract, and cooperate with any entity in the preparation and process for determining results of a valid, reliable, legally defensible and uniform licensure examination. When such an examination is utilized, the board shall restrict access to questions and answers.

III. The board shall determine whether a license examination may be repeated, the frequency of reexamination, and any requisite education prior to reexamination.

IV. An applicant for licensure by examination to practice as an RN or LPN who successfully meets the requirements of this section shall be entitled to licensure as an RN or LPN, whichever is applicable.

V. Applicants for licensure by exam as an RN or LPN shall graduate from or verify successful completion and eligibility for graduation from a board approved nursing education program or a program that meets criteria comparable to those established by the board.

VI. An internationally educated applicant for RN or LPN licensure by examination shall meet the requirements as established by the board.

326-B:19 Advanced Registered Nurse Practitioner; Licensure.

I. An applicant for initial ARNP licensure shall:

- (a) Hold a current license as a registered nurse;
- (b) Have graduated with a graduate degree earned in an accredited advanced registered nurse practitioner education program;
- (c) Be currently certified by a board-recognized national certifying body in the specialty for which the applicant was educated; and
- (d) Meet other criteria as established by the board.

II. The board may issue one or more licenses to applicants meeting the qualifications established in paragraph I.

326-B:20 Licensed Nursing Assistant; Licensure by Examination. Applicants for an initial LNA license shall:

I. Submit documentation of successful completion and certification from a board approved nursing assistant education program.

II. Pass an examination approved by the board.

III. Meet other criteria as established by the board.

326-B:21 Registered Nurse and Licensed Practical Nurse; Licensure by Endorsement. An applicant for licensure by endorsement to practice as an RN or LPN who is currently licensed or certified in any other state or jurisdiction shall:

I. Hold an active unencumbered license as an RN or LPN.

II. Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction, or, if such acts have been committed and would be grounds for disciplinary action as set forth in this chapter, the board has found, after investigation, that sufficient restitution has been made.

III. Pass an examination approved by the board.

IV. Submit verification of licensure status directly from the jurisdiction of licensure by examination.

V. Meet other criteria established by the board.

326-B:22 Licensed Nursing Assistant; Licensure by Endorsement. An applicant for licensure by endorsement as a licensed nursing assistant who is currently licensed or certified in any other state or jurisdiction shall:

I. Provide proof of current and original licensing, certification, or nursing assistant registry status;

II. Have committed no acts or omissions which are grounds for disciplinary action as set forth in this chapter, or, if such acts have been committed and would be grounds for disciplinary action, the board has found, after investigation, that sufficient restitution has been made; and

III. Meet other criteria as established by the board.

326-B:23 License Renewal; All Licensees:

I. Any person licensed who intends to continue practicing as a nurse or nursing assistant shall:

(a) By midnight on his or her date of birth in the renewal year submit a completed application and fees as established by the board;

(b) Report any pending criminal charges, criminal convictions, or plea arrangements in lieu of convictions;

(c) Have committed no acts or omissions which are grounds for disciplinary action as set forth in this chapter, or, if such acts have been committed and would be grounds for disciplinary action, the board has found, after investigation, that sufficient restitution has been made;

(d) Meet competence development requirements as defined in rules adopted under RSA 541-A;

(e) For those licensees applying for renewal following disciplinary action, comply with all board licensure requirements as well as any specific requirements set forth in the board's discipline order; and

(f) Meet other criteria as established by the board.

II. Failure to renew the license shall result in forfeiture of the ability to practice nursing in the state of New Hampshire.

326-B:24 License Reinstatement; All licensees. An individual whose license has lapsed by failure to renew may apply for reinstatement by meeting all requirements for renewal, or satisfying the following conditions:

I. An individual who applies for license reinstatement who does not meet the competence development requirements shall demonstrate current nursing or nursing assistant knowledge and skill.

II. For those licensees applying for reinstatement following disciplinary action, compliance with all board licensure requirements as well as any specific requirements set forth in the board's discipline order.

326-B:25 Temporary Licenses; All Licensees. The board may issue temporary licenses to applicants who meet entry level licensing requirements in the license category. A temporary license shall expire on the date the board approves or denies the permanent license sought by the holder of the temporary license, or in 120 days, whichever is less.

326-B:26 Modified License; Registered Nurse or Licensed Practical Nurse. The board may issue a modified license to an individual who has met licensure requirements and who is able to practice without compromising public safety within a modified scope of practice or with accommodations or both as specified by the board.

326-B:27 Licensed Nursing Assistant Registry. The board shall maintain a registry of nursing assistants licensed who qualify pursuant to 42 C.F.R. section 483.156. Nursing assistants who are registered or licensed shall comply with all provisions of the Omnibus Reconciliation Act (OBRA) of 1987, sections 1819 and 1919 of the Social Security Act, and all provisions of this chapter.

326-B:28 Certificate of Medication Administration for Licensed Nursing Assistants.

I. The board may issue a certificate of medication administration to a current LNA who:

(a) Has participated in and completed a board-approved medication administration education program;

(b) Has passed an examination approved by the board; and

(c) Has paid the certification fee.

II. Certification may be renewed on a biennial basis.

326-B:29 Delegation of Nursing Activities and Tasks. A nurse holding a currently valid license as an RN or an LPN may delegate specific nursing activities and tasks under the circumstances, and in accordance with the constraints, set forth in rules of the board adopted under RSA 541-A.

326-B:30 Delegation; Circumstances Not Subject to Disciplinary Action.

I. A licensee who delegates or has delegated a specific nursing activity or task in compliance with this chapter shall not be subject to disciplinary action because of the performance of the person to whom the nursing activity or task is or was delegated.

II. No person may coerce an RN or an LPN into compromising client safety by requiring the nurse to delegate a nursing activity or task when the nurse determines that it is inappropriate to do so. A licensee shall not be subject to disciplinary action for refusing to delegate, or refusing to accept delegated nursing activities or tasks or refusing to provide training related to such delegation when the licensee has determined that such delegation may compromise client safety.

326-B:31 Obligations of Licensees.

I. In response to board inquiries relevant to a licensee's status or practice of nursing or nursing-related activities, each licensee shall provide complete and truthful information.

II. Each licensee shall notify the board if a license is lost or stolen.

III. Each licensee shall notify the board of a change of name or address within 10 days.

IV. Each licensee shall report to the board those acts or omissions which are violations of this chapter or grounds for disciplinary action.

326-B:32 Continuing Education. Applicants for license renewal and license reinstatement after lapse shall complete continuing education as follows:

I. An LNA shall complete 12 hours of continuing education in programs approved by the board each year, provided that licensees who hold a certificate of medication administration shall complete at least 4 hours of those 12 hours in medication administration.

II. An LPN or an RN shall complete 30 hours of continuing education every 2 years.

III. An ARNP, in addition to the continuing education requirements to renew or reinstate a license as an RN, shall complete 30 hours of continuing education every 2 years, 20 hours of which shall be specific to the specialty for which renewal or reinstatement is sought, and 5 hours of which shall be training in pharmacology appropriate to the specialty for which license renewal or reinstatement is sought.

326-B:33 Education Programs.

I. The board shall establish standards for the establishment and outcomes for nursing and nursing assistant education programs, including clinical learning experiences, and approve such programs that meet the requirements of this chapter.

II. The board shall establish the process for determining nursing and nursing assistant education program compliance.

III. The board:

(a) Shall set requirements for establishment of new nursing and nursing assistant programs.

(b) Shall periodically review nursing and nursing assistant education programs and require such programs to submit evidence of compliance with standards.

(c) Shall grant continuing approval if, upon review of evidence, the board determines that the program meets the established standards. The board shall publish a list of approved programs.

(d) May deny or withdraw approval or take such action as deemed necessary when nursing or nursing assistant education programs fail to meet the standards established by the board.

(e) Shall reinstate approval of a nursing or nursing assistant education program upon submission of satisfactory evidence that its program meets the standards established by the board.

(f) Shall establish the process for nursing and nursing assistant programs that cease operation.

IV. Any education program conducted in another state shall be deemed to be an education program approved by the board if that program meets the requirements for approval established by this section and the program has been approved by the regulatory authority of its state.

326-B:34 Duty to Warn of Violent Acts of Client; Civil Liability.

I. A psychiatric/mental health ARNP, defined in paragraph V of this section, or other ARNP licensed under this chapter has a duty to warn of, or to take reasonable precautions to provide protection from, a patient's violent behavior when the patient has communicated to such psychiatric/mental health ARNP or other ARNP licensed under this chapter a serious threat of physical violence against a clearly identified or reasonably identifiable person or persons, or a serious threat of substantial damage to real property.

II. The duty may be discharged by, and no monetary liability or cause of action may arise against, a psychiatric/mental health ARNP or other ARNP licensed under this chapter if the psychiatric/mental health ARNP or other ARNP licensed under this chapter makes reasonable efforts to communicate the threat to the person or persons, notifies the police department closest to the patient's or potential victim's residence, or obtains civil commitment of the patient to the state mental health system.

III. No monetary liability and no cause of action may arise concerning patient privacy or confidentiality against a psychiatric/mental health ARNP or other ARNP licensed under this chapter for information disclosed to third parties in an effort to discharge a duty under paragraph II.

IV. For purposes of this section, "psychiatric/mental health ARNP or other ARNP licensed under this chapter" shall include persons providing treatment under the supervision of a psychiatric/mental health ARNP or other ARNP licensed under this chapter.

V. For the purposes of this section, "psychiatric/mental health ARNP" means an individual who is defined by and whose scope of practice is described under the rules adopted pursuant to this chapter and which apply to this special category.

326-B:35 Duties of Licensees Relating to Reports of Sexual Relations.

I. If, during the course of diagnosis or treatment by a licensee, a client alleges that another mental health counselor or health care practitioner licensed by the board of nursing or another state licensing or certifying agency has engaged with the client in sexual relations, the licensee shall have a duty to inform the client that the act reported by the client may be unprofessional or unethical and may subject the actor to disciplinary action by the actor's licensing or certifying agency.

II. No liability for breach of client confidentiality, slander, or defamation, or other civil or criminal liability, shall arise from the disclosure by a licensee of information related to reported sexual relations between a client and any mental health counselor or health care licensee of a state licensing or certifying agency when the disclosure is made in good faith and made to the board or any other state licensing or certifying agency.

326-B:36 Privileged Communications Between Licensees and Their Clients.

I. Confidential communications between licensees and their clients are privileged in the same manner as those provided by law between physician and patient, and, except as otherwise provided by law, no licensee shall be required to disclose such privileged communications. Confidential communications between a client of a licensee and any person working under the supervision of such licensee to provide services that are customary and necessary for diagnosis and treatment are privileged to the same extent as would be the same communications between the supervising licensee and the client.

II. This section shall not apply to disciplinary proceedings conducted by:

(a) The board;

(b) The board of examiners of nursing home administrators under RSA 151-A:11; or

(c) Any other statutorily-created health care occupational licensing board conducting disciplinary proceedings.

III. This section shall not apply to hearings conducted pursuant to RSA 135-C or RSA 464-A.

326-B:37 Emergency Treatment; Assisting the Board; Immunity From Civil Liability.

I. No person licensed to practice under this chapter or under the laws of any other state who, in good faith, renders emergency care at the scene of an emergency, which occurs outside both the place and the course of employment, shall be liable for any civil damages as a result of acts or omissions in rendering such emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care.

II. Any person acting in good faith shall be immune from civil liability to a licensee or an applicant for licensure for making any report or other information available to the board or assisting the board in carrying out any of its duties.

III. Nurses licensed in other states who respond to emergencies in New Hampshire during a civil disaster event shall be immune from civil liability and board action for acts or omissions in rendering such emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care.

326-B:38 Disciplinary Action; Misconduct.

I. The board may undertake investigations and disciplinary proceedings:

(a) Upon its own initiative.

(b) Upon written complaint of any person which charges that a licensee has committed any acts of misconduct under this section and which specifies the grounds for such complaint.

II. The board may discipline a licensee or applicant for any one or a combination of the following grounds:

(a) Failing to demonstrate the qualifications or satisfy the requirements.

(b) Conduct that violates the security of the examination, including, but not limited to:

(1) Copying, disseminating, or receiving any portion of an examination.

(2) Having unauthorized possession of any portion of a future, current, or previously administered examination.

(3) Violating test administration.

(4) Permitting an impersonator to take the examination on one's behalf or impersonating an examinee.

(c) Convictions by a court or any plea to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing.

(d) Employing fraud or deceit in procuring or attempting to procure a license to practice nursing, in filing any reports or completing client records, in representation of oneself to the board or public, in authenticating any report or records in the nurse's capacity as an ARNP, RN, LPN or LNA, or in submitting any information or record to the board.

(e) Unethical conduct including but not limited to conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health or safety of a client. Actual injury need not be established.

(f) If a nurse's license to practice nursing or a multi-state privilege or another health care related license or other credential has been denied, revoked, suspended, or restricted, or the licensee has been otherwise disciplined in this or any other state.

(g) Conduct including but not limited to failure or inability to perform nursing or nursing assistant practice as defined in this chapter, with reasonable skill and safety.

(h) Unprofessional conduct including but not limited to:

(1) A departure from or failure to conform to nursing standards, including improper management of client records.

(2) Delegating or accepting the delegation of a nursing function or a prescribed health function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective client care.

(3) Failure to supervise the performance of acts by any individual working at the nurse's delegation or assignment.

(4) Failure of a clinical nursing instructor to supervise student experiences.

(i) Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system.

(j) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the board in granting a modified license under this act.

(k) Any nursing practice that may create unnecessary danger to a client's life, health, or safety. Actual injury to a client need not be established.

(l) Inability to practice safely, including demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness or as a result of any mental or physical condition.

(m) Actions or conduct that include, but are not limited to falsifying reports, client documentation, agency records or other essential health documents, failure to cooperate with a lawful investigation conducted by the board, failure to maintain professional boundaries with clients or family members, use of excessive force upon or mistreatment or abuse of any client, engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors or language or behaviors suggestive of same, or threatening or violent behavior in the workplace.

(n) Diversion or attempts to divert drugs or controlled substances.

(o) Failure of a licensee to comply with terms of any alternative program agreement made with the board.

(p) Other drug-related actions or conduct that include but are not limited to:

(1) Use of any controlled substance or any drug or device or alcoholic beverages to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public, or to the extent that such use may impair his or her ability to conduct with safety to the public the practice of nursing.

(2) Falsification or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances.

(3) A positive drug screen for which there is no lawful prescription.

(q) Actions or conduct that include but are not limited to:

(1) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the practice of nursing.

(2) Violating a rule adopted by the board under RSA 541-A, an order of the board, a state or federal law relating to the practice of nursing, or a state or federal narcotics or controlled substance law.

(3) Practicing beyond the scope of practice as stated in this chapter, and failing to report violations of this chapter.

(r) Upon notification by the licensing authority of another jurisdiction that a licensee has been disciplined.

III. The board may refuse to renew or reinstate a license on disciplinary grounds, or take disciplinary action in any one or more of the following ways:

(a) By reprimand or by suspension, limitation, conditions, or probation of a licensee for a period of time as determined reasonable by the board.

(b) By revocation of a license.

(c) By requiring licensees to participate in educational or rehabilitative programs in the area or areas in which they have been found deficient or incompetent.

(d) By requiring the licensee to submit to the care, counseling, or treatment of a physician, counseling service, health care facility, professional assistance program, or any comparable person or facility approved by the board.

(e) By requiring the person to practice under the direct supervision of an RN for a period of time specified by the board.

(f) By imposition, after notice and the opportunity for hearing, of fines not to exceed \$1,000 for each violation or, in the case of a continuing violation, \$100 for each day the violation continues.

IV. In cases involving imminent danger to public health, safety, or welfare, the board may order the immediate suspension of a license pending an adjudicative proceeding. The board shall commence this adjudicative proceeding not later than 10 working days after the date of the board order suspending the license. The licensee may waive the 10-day commencement requirement to allow for additional time to prepare for a hearing. If the licensee waives the requirement, the license shall remain suspended until the completion of the hearing. A record of the proceeding shall be made by a certified court reporter provided by the board. Unless expressly waived by the licensee, board failure to commence an adjudicative proceeding within 10

working days shall mean that the suspension order is automatically vacated. The board shall not again suspend the license for the same conduct which formed the basis of the vacated suspension without granting the licensee prior notice and an opportunity for an adjudicative proceeding.

V. Every individual, agency, facility, institution, or organization that employs licensed nursing personnel within the state shall report to the board within 30 days any action by a licensee that willfully violates any provision of paragraph II. The board shall have authority, after notice and the opportunity for hearing, to impose civil penalties of up to \$1,000 per violation upon persons found to have willfully violated the reporting requirements of this paragraph.

326-B:39 Investigations and Hearings.

I. The board shall investigate possible misconduct by licensees and other matters governed by the provisions of this chapter. Investigations shall be conducted with or without the issuance of a board order setting forth the general scope of the investigation. Board investigations and any information obtained by the board pursuant to such investigations shall be exempt from the public disclosure provisions of RSA 91-A, unless such information subsequently becomes part of a public disciplinary hearing. However, the board may disclose information acquired in an investigation to law enforcement or health licensing agencies in this state or any other jurisdiction, or in accordance with specific statutory requirements or court orders.

II. The board may appoint legal counsel, health care advisors, or other investigators to assist with any investigation and with adjudicative hearings.

III. The form taken by an investigation is a matter within the discretion of the board. The board may conduct investigations on an ex parte basis.

IV.(a) The board may administer oaths or affirmations, preserve testimony, and issue subpoenas for witnesses, documents, and things, relative to investigations or adjudicative hearings, except that subpoenas for records issued pursuant to paragraph V may be issued at any time.

(b) The board may serve a subpoena on any licensee by certified mail, but shall serve a subpoena on any other person in accordance with the procedures and the fee schedules established by the superior court.

(c) A person licensed by the board shall not be entitled to a witness fee or mileage expenses for travel within the state related to his or her appearance at a hearing or investigatory proceeding.

(d) In order to be valid, any subpoena issued by the board, except one issued to a licensee, shall be annotated "Fees guaranteed by the New Hampshire board of nursing."

(e) A minimum of 48 hours' notice shall be given for compliance with a subpoena issued under this paragraph.

V. The board may at any time subpoena a licensee's health care records, employment records, and nursing education academic records in the possession of its licensees, nursing education programs licensed by the board, or hospitals, and other health care providers and facilities regulated in this state, except that it may not subpoena quality assurance records of health facilities licensed under RSA 151. Subpoenas shall be served by certified mail or personal delivery to the address currently on file with the board in the case of delivery to a licensee. No witness or other fee shall be required. A minimum of 15 days' advance notice shall be allowed for complying with a subpoena issued under this paragraph.

VI. Complaints of licensee misconduct shall be in writing and shall be treated as petitions for the commencement of a disciplinary hearing. The board shall determine whether a complaint alleges misconduct sufficient to support disciplinary proceedings. If the board determines that it does, the board shall forward a copy of the complaint to the licensee complained against within 5 business days of its determination. If the board determines that it does not, the board shall send the complainant a written notice of dismissal of the complaint. Some or all of the allegations in a complaint may be consolidated with another complaint or with issues the board wishes to investigate or hear on its own motion. If an investigation of a complaint results in an offer of settlement by the licensee, the board may settle the allegations against the licensee without the consent of a complainant, provided that material facts are not in dispute.

VII. At any time during an investigation of a complaint, and without issuing a subpoena, the board may mail a copy of a complaint to the licensee named in the complaint, and may require in a written request that the licensee and the licensee's employer provide detailed and good faith written responses to allegations identified by the board and also provide copies of all records concerning any client identified in the complaint.

The licensee and others receiving inquiries from the board shall respond within a reasonable time period of not less than 15 days as the board may specify. This procedure may also be used in connection with matters the board has undertaken to investigate on its own motion.

VIII. The board may hold adjudicative hearings concerning allegations of misconduct or other matters within the scope of this chapter. Such hearings shall be public proceedings. Any member of the board other than the public members, or any other qualified person appointed by the board, shall have authority to preside at such a hearing and to issue oaths or affirmations to witnesses.

IX. The board shall give the respondent and the complainant, if any, at least 15 days' written notice of the date, time, and place of a hearing, except as otherwise provided in this chapter. Such notice shall comply with RSA 541-A and include an itemization of the issues to be heard, and, in the case of a disciplinary hearing, a statement as to whether the action has been initiated by a written complaint or upon the board's own motion, or both. If a written complaint is involved, the notice shall provide the complainant with a reasonable opportunity to intervene as a party. Such notice shall be sent by certified mail return receipt requested to the complainant and to the respondent at the address provided by respondent currently on file at the board offices. Notice mailed in compliance with this section shall be deemed served.

X. The board may at any time dispose of allegations in a complaint, investigation, or disciplinary hearing by settlement, default, or consent order, by issuing an order of dismissal for failing to state a proper basis for disciplinary action, or by summary judgment order based upon undisputed material facts. In disciplinary hearings, the board may hold prehearing conferences which shall be exempt from the provisions of RSA 91-A, but any final disciplinary action or decision which occurs without holding a public hearing shall be publicly released at the time it is served upon the parties.

XI. Final disciplinary actions and other adjudicative decisions made by the board shall be in writing and served upon the parties. Such decisions shall not be released to the public until they are served upon the parties.

XII. Any person appearing at a board hearing or investigation may be represented by legal counsel or other representative, but the board shall have no obligation or authority to appoint or provide such representation.

XIII. The board shall hear any complaint not resolved at or prior to a preliminary hearing.

XIV. In the case of sanctions for discipline in another jurisdiction, the decision of the other jurisdiction's disciplinary authority may not be collaterally attacked and the board may impose any of the sanctions set forth in this chapter, but shall provide notice and an opportunity to be heard if it intends to impose sanctions above those imposed by the other jurisdiction.

326-B:40 Rehearing; Appeals.

I. Any person who has been refused a license by the board or has been disciplined by the board shall have the right to petition for a rehearing within 30 days after the original decision.

II. Appeals from a decision on rehearing shall be by appeal pursuant to RSA 541.

III. No sanction shall be stayed by the board during an appeal.

326-B:41 Injunctive Relief. The attorney general, the board of nursing, any citizen, or the prosecuting attorney of any county or municipality where the act occurs may maintain an action to enjoin a person not currently licensed to do so from practicing, or purporting to practice, nursing or nursing-related activities. The action to enjoin shall not replace any other civil, criminal, or regulatory remedy. An injunction without bond is available to the board.

326-B:42 Unlawful Acts. It shall be unlawful for any person or entity to:

I. Sell or fraudulently obtain or furnish any nursing diploma, license, or record, or to aid and abet in such an act.

II. Practice as a licensee when the license to do so has been revoked or suspended or when the license to do so has lapsed.

III. Use, in connection with the individual's name, any designation tending to imply licensure as an RN, an LPN, or an LNA unless so licensed.

IV. Represent or imply that the person or entity is conducting a nursing education program or a program for the education of nursing assistants which has been approved by the board when the program has not been so approved.

V. Disclose, solicit, or compile information regarding the contents of any licensing examinations relative to this chapter, except as authorized by the board.

326-B:43 Persons Licensed Under Previous Laws. Any person authorized to practice nursing by authority of this state as of the effective date of this section shall continue to be licensed under the provisions of this chapter and shall be eligible for license renewal pursuant to this chapter.

326-B:44 Exemptions. The provisions of this chapter shall not prohibit or limit:

I. The employment in federal government institutions and agencies of nurses who are members of federal agencies and are currently licensed in some state of the United States.

II. The practice of nursing by persons enrolled in nursing programs approved by the board when such practice is part of their program of study.

III. The furnishing of nursing assistance in an emergency.

IV. Nursing services by anyone when done in accordance with the practice of the religious principles or tenets of any well-recognized church or denomination which relies upon prayer or spiritual means alone for healing.

V. The practice of nursing in this state by any nurse currently licensed by another state engaged to accompany and care for a person passing through or temporarily residing in this state, during the period of one visit not to exceed 2 months.

VI. The administration of medications, by any person employed or under contract, to provide direct care to clients receiving community-based services pursuant to RSA 135-C or RSA 171-A, provided that persons delivering such care who administer medications shall have successfully completed a medication administration educational program conducted by an RN and approved by the board under rules adopted pursuant to RSA 541-A. The commissioner of health and human services, in consultation with the board, shall adopt rules under RSA 541-A establishing criteria for the administration of medications, and for the process of approving an RN to conduct the medication administration educational program.

VII. The practice of any nurse currently licensed in another state who is in this state on a non-routine basis to provide nursing consulting services.

326-B:45 Midwifery Not the Practice of Nursing. Midwives certified under RSA 326-D, and practicing midwifery as defined by RSA 326-D:2, V, shall not be construed as practicing nursing.

326-B:46 Direct Care in Community-Based Services. The administration of medications, by non-licensees to individuals receiving community-based services pursuant to RSA 135-C or RSA 171-A shall not be construed as practicing nursing.

326-B:47 Nurse Licensure Compact. The nurse licensure compact is adopted and entered into with all other jurisdictions that legally join the compact, which is substantially as follows:

ARTICLE I

Findings and Declaration of Purpose

(a) The party states find that:

(1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex; and

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

(b) The general purposes of this compact are to:

(1) Facilitate the states' responsibility to protect the public's health and safety;

(2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

(3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;

(4) Promote compliance with the laws governing the practice of nursing in each jurisdiction; and

(5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

ARTICLE II Definitions

In this compact:

(a) "Adverse action" means a home or remote state action.

(b) "Alternative program" means a voluntary, nondisciplinary monitoring program approved by a nurse licensing board.

(c) "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards.

(d) "Current significant investigative information" means:

(1) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(2) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

(e) "Home state" means the party state which is the nurse's primary state of residence.

(f) "Home state action" means any administrative, civil, equitable, or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation, or any other action which affects a nurse's authorization to practice.

(g) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

(h) "Multistate licensure privilege" means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation, or any other action which affects a nurse's authorization to practice.

(i) "Nurse" means a registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.

(j) "Party state" means any state that has adopted this compact.

(k) "Remote state" means a party state, other than the home state:

(1) Where the patient is located at the time nursing care is provided; or

(2) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.

(l) "Remote state action" means:

(1) Any administrative, civil, equitable, or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state; and

(2) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.

(m) "State" means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

(n) "State practice laws" means those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term state practice laws does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

(a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

(b) Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their states and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

(c) Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

(d) This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if one is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

(e) Individuals not residing in a party state shall continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

ARTICLE IV

Applications for Licensure in a Party State

(a) Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

(b) A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

(c) A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

(d) When a nurse changes primary state of residence by:

(1) Moving between 2 party states, and obtains a license from the new home state, the license from the former home state is no longer valid;

(2) Moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state;

(3) Moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

ARTICLE V Adverse Actions

In addition to the general provisions described in Article III, the following provisions apply:

(a) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

(b) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate action, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

(c) A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state shall have the power to impose adverse action against the license issued by the home state.

(d) For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

(e) The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.

(f) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from such other party state.

ARTICLE VI Additional Authorities Invested in Party State Nurse Licensing Boards

Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

(a) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

(b) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located;

(c) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their states;

(d) Promulgate uniform rules and regulations as provided for in Article VIII(c).

ARTICLE VII

Coordinated Licensure Information System

(a) All party states shall participate in a cooperative effort to create a coordinated data base of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

(b) Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials, to the coordinated licensure information system.

(c) Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(d) Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

(e) Any personally identifiable information obtained by a party states' licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

(f) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information, shall also be expunged from the coordinated licensure information system.

(g) The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

ARTICLE VIII

Compact Administration and Interchange of Information

(a) The head of the nurse licensing board, or his or her designee, of each party state shall be the administrator of this compact for his or her state.

(b) The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this compact.

(c) Compact administrators shall have the authority to develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states, under the authority invested under Article VI (d).

ARTICLE IX

Immunity

No party state or the officers or employees or agents of a party state's nurse licensing board who act in accordance with the provisions of this compact are liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article does not include willful misconduct, gross negligence, or recklessness.

ARTICLE X

Entry into Force, Withdrawal, and Amendment

(a) This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no such withdrawal shall take effect until 6 months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.

(b) No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

(c) Nothing contained in this compact may be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this compact.

(d) This compact may be amended by the party states. No amendment to this compact becomes effective and binding upon the party states unless and until it is enacted into the laws of all party states.

ARTICLE XI

Construction and Severability

(a) This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance may not be affected thereby. If this compact is held contrary to the constitution of any state party thereto, the compact remains in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

(b) In the event party states find a need for settling disputes arising under this compact:

(1) The party states may submit the issues in dispute to an arbitration panel which will be comprised of an individual appointed by the compact administrator in the home state; an individual appointed by the compact administrator in the remote state or states involved; and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute; and

(2) The decision of a majority of the arbitrators shall be final and binding.

2 Nursing Assistant Fund. Amend RSA 6:12, I(b)(24), to read as follows:

(24) Money received under RSA ~~[326-B:29]~~ **326-B:7**, which shall be credited to the board of nursing's nursing assistant fund.

3 Residential Care and Facility Licensing; Disciplinary Actions; Report to Board of Nursing Added. Amend RSA 151:6-b to read as follows:

151:6-b Report of Disciplinary Action. Every facility administrator, or designee, for any health care facility licensed under this chapter shall report to the board of medicine *or the board of nursing* any disciplinary or adverse action[;] ***taken against a licensee of the board. Such report shall be made*** within 30 days after such action is taken[~~including~~]. ***Actions reported shall only involve misconduct sufficient to support disciplinary proceedings by the board and shall include all*** situations in which allegations of misconduct are settled by voluntary resignation without adverse action[~~against a person licensed by the board~~].

4 Residential Care and Facility Licensing; Rules. Amend RSA 151:9, I(k) to read as follows:

(k) Procedures for reviewing documentation of the mandatory completion of a state approved program under RSA ~~[326-B:4-a]~~ **326-B** for assistants to nurses in facilities licensed under RSA 151:2, who may not assume the responsibility of the position of an assistant to nurses prior to completion of the appropriate course required by this chapter.

5 Privileged Communication. Amend RSA 316-A:27 to read as follows:

316-A:27 Privileged Communications. The confidential relations and communications between any person licensed under provisions of this chapter and such licensed person's patient are placed on the same basis as those provided by law between attorney and client, and, except as otherwise provided by law, no such doctor of chiropractic shall be required to disclose such privileged communications. Confidential relations and communications between a patient and any person working under the supervision of a doctor of chiropractic that are customary and necessary for diagnosis and treatment are privileged to the same extent as though those relations or communications were with such supervising doctor of chiropractic. This section shall not apply to disciplinary hearings or actions conducted under RSA 316-A:22, relative to the board of chiropractic examiners, RSA ~~[326-B:12]~~ **326-B**, relative to the board of nursing, RSA 151-A:11, relative to the board of examiners of nursing home administrators, or any other statutorily created medical occupational licensing board conducting disciplinary proceedings. This section shall not apply to hearings conducted pursuant to RSA 135-C:27-54.

6 Pharmacies; Definitions. Amend RSA 318:1, I-a to read as follows:

I-a. “Advanced registered nurse practitioner” means a person licensed to practice as an advanced registered nurse practitioner in this state pursuant to RSA [326-B:10] **326-B:19**.

7 Pharmacies; Possessing Prescription Drugs. Amend RSA 318:42, VII(b) to read as follows:

(b) The drugs appear on the current formulary approved pursuant to RSA [326-B:10, H] **326-B**.

8 Controlled Drug Act; Definitions. Amend RSA 318-B:1, I-b to read as follows:

I-b. “Advanced registered nurse practitioner” means a person licensed to practice as an advanced registered nurse practitioner in this state pursuant to RSA [326-B:10] **326-B:19**.

9 Respiratory Care Practice Act; Definitions. Amend RSA 326-E:1, V to read as follows:

V. “Nurse practitioner” means a person licensed to practice as an advanced registered nurse practitioner in this state pursuant to RSA [326-B] **326-B:19**.

10 Mental Health Practice; Definitions. Amend RSA 330-A:2, VIII to read as follows:

VIII. “Psychotherapist” means a psychologist, clinical social worker, pastoral psychotherapist, clinical mental health counselor, or marriage and family therapist licensed under this chapter who performs or purports to perform psychotherapy. This definition shall include psychiatrists licensed as physicians under RSA 329 and advanced registered nurse practitioners licensed under RSA [326-B:10] **326-B:19** as psychiatric nurse practitioners.

11 Mental Health Practice; Penalties. Amend RSA 330-A:23, I to read as follows:

I. Except as provided in RSA 330-A:34, it shall be unlawful for any person to be engaged in mental health practice unless that person is licensed by the board, working as a candidate under the direct supervision of a person licensed by the board, or engaged in the practice of other mental health services as an alternative provider as defined in RSA 330-A:2, I. The license or the registration of such person shall be current and valid. It shall be unlawful for any person to practice as or to refer to oneself as a psychologist, a pastoral psychotherapist, a clinical social worker, a clinical mental health counselor, or a marriage and family therapist, or use the word “psychotherapist,” or any variation thereof, in such person’s title unless that person is licensed by the board or working as a candidate under the direct supervision of a person licensed by the board. Psychiatrists licensed under RSA 329 and psychiatric nurse practitioners licensed under RSA [326-B:10] **326-B:19** may refer to themselves as psychotherapists.

12 Mental Health Practice; Persons Exempted. Amend RSA 330-A:34, I(e) to read as follows:

(e) The psychotherapy activities and services of physicians licensed under RSA 329, and advanced registered nurse practitioners, licensed under RSA [326-B:10] **326-B:19**.

13 Insurance; Coverage for Mental or Nervous Conditions. Amend RSA 415:18-a, V(d) to read as follows:

(d) “Psychiatric/mental health advanced registered nurse practitioner” means an individual who is licensed as an advanced registered nurse practitioner in psychiatric mental health nursing under RSA [326-B:10] **326-B:19**, who is defined by and whose scope of practice is described under the rules adopted pursuant to RSA 326-B, and who is a licensed registered nurse, educationally prepared in nursing at a minimum of the master’s level, and certified in the specialty by a recognized national certifying agency, such as the American Nurses Credentialing Center.

14 Effective Date. This act shall take effect July 1, 2005.

Senate Judiciary
March 31, 2005
2005-0987s
09/01

Amendment to SB 186

Amend the bill by replacing sections 1 and 2 with the following:

1 New Section; Assignment of Justices. Amend RSA 502-A by inserting after section 5 the following new section:

502-A:5-a Assignment of Judges. After assessing caseload needs and requirements under exigent circumstances and consulting with the administrative judges, the chief justice of the supreme court may assign any district justice to hear cases in the probate court.

2 New Section; Assignment of Judges. Amend RSA 547 by inserting after section 37 the following new section:

547:38 Assignment of Judges. After assessing caseload needs and requirements under exigent circumstances and consulting with the administrative judges, the chief justice of the supreme court may assign any probate court judge to hear cases in the district court.

Senate Judiciary

March 31, 2005

2005-0985s

06/09

Amendment to SB 196

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

AN ACT requiring a hearing when medical malpractice insurance rates change.

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

1 New Paragraph; Rate Filings; Medical Malpractice. Amend RSA 412:16 by inserting after paragraph XIII the following new paragraph:

XIV.(a) For medical malpractice insurance, regardless of whether the market is competitive or noncompetitive, the commissioner shall notify the public of any filing for a rate change when the proposed rate adjustment increases the then applicable rate by more than 15 percent or when the proposed rate adjustment decreases the then applicable rate by more than 15 percent.

(b) The commissioner shall hold a hearing on the rate adjustment upon receipt of a timely request.

(c) The rate change shall be deemed approved under rules established according to the provisions of RSA 412:43 unless the rate filing is disapproved by the commissioner.

(d) Public notice under subparagraph (a) shall be made through distribution to the news media and to any member of the public who requests placement on a mailing list for that purpose.

2 New Paragraphs; Rulemaking Authority. Amend RSA 412:43 by inserting after paragraph II the following new paragraphs:

III. The commissioner shall adopt rules under RSA 541-A relative to the conduct of hearings under RSA 412:16, XIV which shall include the definition of a timely request for a hearing, timelines for scheduling hearings, and procedures to prevent delays in commencing or continuing the hearings.

IV. The commissioner shall adopt rules under RSA 541-A relative to time periods for approvals of filings under RSA 412:16, XIV.

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

2005-0985s

AMENDED ANALYSIS

This bill requires the commissioner of insurance to hold a public hearing, if requested, when medical malpractice insurance rates change by more than 15 percent from the currently applicable rates.

HEARINGS

TUESDAY, APRIL 5, 2005

BANKS AND INSURANCE, Room 102, LOB

Sen. Flanders (C), Sen. Roberge (VC), Sen. Barnes, Sen. Odell, Sen. Foster, Sen. Gottesman

10:15 a.m. **HB 181**, establishing a committee to study the special account in the New Hampshire retirement system.

10:35 a.m. **HB 512**, (New Title) establishing a commission to study property tax relief and reverse mortgages.

10:55 a.m. **HB 42**, establishing a statutory joint committee to review and propose changes to state unclassified officers' salaries.

11:15 a.m. **HB 153-FN**, relative to the collection of debts owed to the state.
EXECUTIVE SESSION MAY FOLLOW

EDUCATION, Room 105-A, SH

Sen. Bragdon (C), Sen. Johnson (VC), Sen. Gatsas, Sen. Green, Sen. Estabrook, Sen. Foster

8:15 a.m. **HB 97**, relative to replacing school budget committee members.

8:25 a.m. **HB 150**, defining truancy.

8:35 a.m. **HB 308**, relative to the special education payment distribution schedule and relative to alternative dispute resolution proceedings in special education.

8:45 a.m. **HB 448-FN**, relative to the collection of certain fees by the postsecondary education commission.

EXECUTIVE SESSION MAY FOLLOW

ENVIRONMENT AND WILDLIFE, Room 103, LOB

Sen. Johnson (C), Sen. Gallus (VC), Sen. Barnes, Sen. Gatsas, Sen. Hassan

1:00 p.m. **HB 229**, extending the committee to study the establishment of a farm viability program.

1:20 p.m. **HB 107**, relative to the use of artificial light to view moose in Coos County.

1:40 p.m. **HB 353**, (New Title) relative to consent to haul lobster and crab gear of license holders.

2:00 p.m. **HB 340**, (New Title) renaming Jones Brook Wildlife Management Area in Strafford County for former chairman of the fish and game commission, Ellis Hatch, Jr., and naming a building at the Sandy Point Discovery Center in Stratham for former governor Hugh Gregg.

2:20 p.m. **HB 199**, relative to fish and game department expenditures for marine fisheries.

2:40 p.m. **HB 445**, relative to the taking of certain game birds and fur-bearing animals.

EXECUTIVE SESSION MAY FOLLOW

FINANCE, Room 103, SH

Sen. Morse (C), Sen. Boyce (VC), Sen. Clegg, Sen. Eaton, Sen. Odell, Sen. D'Allesandro, Sen. Larsen

8:15 a.m. Agency Presentations on the Governor's Proposed Budget
 Department of Corrections

8:45 a.m. Department of Transportation

9:15 a.m. **HB 102-FN-A**, increasing the personal needs allowance of nursing home residents and certain other residents and making an appropriation therefor.

9:30 a.m. **HB 71-FN-A-L**, relative to funding of the school building aid program for the 2005 fiscal year and making an appropriation therefor.

**Members of the House Finance Committee are welcome to attend
 Agency Presentations on the Governor's Proposed Budget.**

EXECUTIVE SESSION MAY FOLLOW

HEALTH AND HUMAN SERVICES, Room 101, LOB

Sen. Martel (C), Sen. Kenney (VC), Sen. Gallus, Sen. Letourneau, Sen. Estabrook, Sen. Fuller Clark

10:15 a.m. Presentation by Commissioner Stephen regarding Avian Flu

11:15 a.m. **HB 173**, relative to food service and distribution.

11:30 a.m. **HB 488**, establishing a task force on mental health costs.

EXECUTIVE SESSION MAY FOLLOW

JUDICIARY, Room 105-A, SH

Sen. Foster(C), Sen. Clegg (VC), Sen. Green, Sen. Letourneau, Sen. Roberge, Sen. Gottesman

1:00 p.m. **EXECUTIVE SESSION ON THE FOLLOWING BILL**

SB 214, relative to screening panels for medical injury claims.

1:30 p.m. **HB 41**, (New Title) relative to the right-to-know oversight commission.

- 1:45 p.m. **HB 112**, relative to psychiatric evaluations in competency hearings.
 2:00 p.m. **HB 204-FN**, relative to unauthorized video surveillance.
 2:15 p.m. **HB 223**, relative to the procedure for assignment of juvenile probation and parole officers.
EXECUTIVE SESSION MAY FOLLOW

WEDNESDAY, APRIL 6, 2005

EXECUTIVE DEPARTMENTS AND ADMINISTRATION, Room 102, LOB

- Sen. Kenney (C), Sen. Flanders (VC), Sen. Barnes, Sen. Letourneau, Sen. Fuller Clark, Sen. Hassan
 1:00 p.m. **HB 303-FN**, (New Title) relative to the fire standards and training commission.
 1:20 p.m. **HB 434-FN**, requiring state agencies using automated answering systems to provide a method of access to a human being.
EXECUTIVE SESSION MAY FOLLOW

INTERNAL AFFAIRS, Room 103, LOB

- Sen. Boyce (C), Sen. Bragdon (VC), Sen. Flanders, Sen. Roberge, Sen. Hassan, Sen. Larsen
 3:00 p.m. **HB 82**, (New Title) relative to political committees of political parties.
 3:15 p.m. **HB 95**, relative to delegates to state party conventions.
 3:25 p.m. **HB 144-L**, relative to special elections for municipal charter amendments.
 3:45 p.m. **HB 154**, relative to changes of party registration on primary day.
EXECUTIVE SESSION MAY FOLLOW

PUBLIC AND MUNICIPAL AFFAIRS, Room 100, SH

- Sen. Roberge (C), Sen. Larsen (VC), Sen. Barnes, Sen. Kenney, Sen. Martel, Sen. Burling
 10:15 a.m. **HB 74**, relative to the sale of permissible fireworks.
 10:45 a.m. **HB 83**, repealing the obligation to provide persons applying for a marriage license with a list of family planning services and with brochures on fetal alcohol syndrome and the human immunodeficiency virus.
 11:15 a.m. **HB 84**, (New Title) relative to compensation of county convention members for county business.
 11:45 a.m. **HB 86**, relative to property held in police department property rooms.
EXECUTIVE SESSION MAY FOLLOW

TRANSPORTATION AND INTERSTATE COOPERATION, Room 101, LOB

- Sen. Letourneau (C), Sen. Morse (VC), Sen. Flanders, Sen. Martel, Sen. Burling, Sen. Estabrook
 8:15 a.m. **HB 263**, relative to the use of design build and construction management methods for state capital projects.
 8:35 a.m. **HB 540**, relative to the disposal of real property purchased with highway or turnpike funds.
 8:55 a.m. **HB 128-FN**, (New Title) relative to negligent operation of a carnival or amusement ride.
 9:15 a.m. **HB 33**, (New Title) relative to the study of state retainage practices.
EXECUTIVE SESSION MAY FOLLOW

TUESDAY, APRIL 12, 2005

EDUCATION, Room 105-A, SH

- Sen. Bragdon (C), Sen. Johnson (VC), Sen. Gatsas, Sen. Green, Sen. Estabrook, Sen. Foster
 8:15 a.m. **HB 53**, repealing a 1901 law relating to the apportionment of library funds in the town of Haverhill.
 8:25 a.m. **HB 240-FN**, relative to psychotropic drugs and child protection.
 8:35 a.m. **HB 129-FN-L**, establishing a high performance school incentive.

8:45 a.m. **HB 151**, requiring school districts to develop a school age nutrition and physical activity committee.

EXECUTIVE SESSION MAY FOLLOW

ENVIRONMENT AND WILDLIFE, Room 103, LOB

Sen. Johnson (C), Sen. Gallus (VC), Sen. Barnes, Sen. Gatsas, Sen. Hassan

1:00 p.m. **HB 444**, (New Title) relative to the surrender and condemnation of game animals to the fish and game department.

1:20 p.m. **HB 446**, relative to applications for resident hunting or fishing licenses.

1:45 p.m. **HB 625-FN-L**, (New Title) authorizing borrowing from the state revolving loan fund for the Winnepesaukee River Basin project.

2:15 p.m. **HB 58**, (New Title) relative to the effective date for the elimination of certain substances from gasoline supplies and removing a certain requirement relative to opting out of the reformulated gasoline program.

EXECUTIVE SESSION MAY FOLLOW

WEDNESDAY, APRIL 13, 2005

INTERNAL AFFAIRS, Room 103, LOB

Sen. Boyce (C), Sen. Bragdon (VC), Sen. Flanders, Sen. Roberge, Sen. Hassan, Sen. Larsen

3:00 p.m. **HB 171**, relative to nicknames on ballots.

3:15 p.m. **HB 277**, relative to special elections for executive councilor, state senator, and state representative.

3:30 p.m. **HB 339**, relative to electioneering at polling places.

EXECUTIVE SESSION MAY FOLLOW

PUBLIC AND MUNICIPAL AFFAIRS, Room 100, SH

Sen. Roberge (C), Sen. Larsen (VC), Sen. Barnes, Sen. Kenney, Sen. Martel, Sen. Burling

10:15 a.m. **HB 87**, relative to the authority of the Carroll county public water system.

10:45 a.m. **HB 157**, (New Title) establishing a commission to study procurement methods for public works projects by state and local government agencies.

11:15 a.m. **HB 168**, relative to the licensure of electrologists and establishing an electrology advisory committee.

11:45 a.m. **HB 236**, relative to the time for filing a motion to rehear a zoning decision.

EXECUTIVE SESSION MAY FOLLOW

TRANSPORTATION AND INTERSTATE COOPERATION, Room 101, LOB

Sen. Letourneau (C), Sen. Morse (VC), Sen. Flanders, Sen. Martel, Sen. Burling, Sen. Estabrook

8:15 a.m. **HB 40**, relative to inspection dates for certain vehicles.

8:30 a.m. **HB 124**, (New Title) naming a certain portion of New Hampshire Route 125 the Officer Mel Keddy Memorial highway.

8:45 a.m. **HB 160**, naming a certain bridge on New Hampshire Route 3 between Pembroke and Allenstown.

9:00 a.m. **HB 242**, relative to falsification of motor vehicle applications filed with the department of safety.

EXECUTIVE SESSION MAY FOLLOW

WEDNESDAY, APRIL 20, 2005

INTERNAL AFFAIRS, Room 103, LOB

Sen. Boyce (C), Sen. Bragdon (VC), Sen. Flanders, Sen. Roberge, Sen. Hassan, Sen. Larsen

3:00 p.m. **HB 32**, establishing a committee to study the feasibility of implementing the Second Chance drug rehabilitation program in the New Hampshire prison system.

- 3:15 p.m. **HB 382**, (New Title) establishing a committee to develop a strategic capital plan for department of corrections' facilities.
- 3:30 p.m. **HB 43**, (New Title) relative to state employees appearing before the legislature.
EXECUTIVE SESSION MAY FOLLOW

PUBLIC AND MUNICIPAL AFFAIRS, Room 100, SH

- Sen. Roberge (C), Sen. Larsen (VC), Sen. Barnes, Sen. Kenney, Sen. Martel, Sen. Burling
- 10:15 a.m. **HB 239-FN**, (New Title) relative to registration of shampoo assistants by the board of barbering, cosmetology and esthetics.
- 10:45 a.m. **HB 265**, relative to minutes of land use board meetings involving developments of regional impact.
- 11:15 a.m. **HB 269**, establishing a statutory committee for the protection of human research subjects.
EXECUTIVE SESSION MAY FOLLOW

WEDNESDAY, APRIL 27, 2005

INTERNAL AFFAIRS, Room 103, LOB

- Sen. Boyce (C), Sen. Bragdon (VC), Sen. Flanders, Sen. Roberge, Sen. Hassan, Sen. Larsen
- 3:00 p.m. **HB 47**, regulating the use of computer spyware.
- 3:15 p.m. **HB 483**, relative to instructions to be placed on the general election ballot.
EXECUTIVE SESSION MAY FOLLOW

PUBLIC AND MUNICIPAL AFFAIRS, Room 100, SH

- Sen. Roberge (C), Sen. Larsen (VC), Sen. Barnes, Sen. Kenney, Sen. Martel, Sen. Burling
- 10:15 a.m. **HB 138-FN**, requiring medical examiners to inventory and account for property taken from decedents.
- 10:45 a.m. **HB 141-L**, relative to the planning board's authority to limit building permits.
EXECUTIVE SESSION MAY FOLLOW

MEETINGS

MONDAY, APRIL 4, 2005

LEGISLATIVE ETHICS COMMITTEE (RSA 14-B:2)

9:00 a.m. Room 100, SH Regular Meeting

BOARD OF MANUFACTURED HOUSING (RSA 205-A:25)

1:00 p.m. Room 201, LOB Regular Meeting

COMMISSION TO STUDY ALL ASPECTS OF SAME SEX CIVIL MARRIAGE AND THE LEGAL EQUIVALENTS THEREOF, WHETHER REFERRED TO AS CIVIL UNIONS, DOMESTIC PARTNERSHIPS, OR OTHERWISE (SB 427, Chapter 100:2, Laws of 2004)

1:00 p.m. Room 208, LOB Regular Meeting

NH BRAIN AND SPINAL CORD INJURY ADVISORY COUNCIL (RSA 137-K:2)

2:00 p.m. Room 104, LOB Regular Meeting

TUESDAY, APRIL 5, 2005

ENVIRONMENTAL RESEARCH ADVISORY COMMITTEE (RSA 187-B:1)

10:00 a.m. Room 305, LOB Regular Meeting

STATE VETERANS' ADVISORY COMMITTEE (RSA 115-A:2, VI)

5:00 p.m. American Legion Post 79 Regular Meeting
 35 W. Brook St.
 Manchester, NH

NH DEPARTMENT OF TRANSPORTATION (Laconia 13895, Involves construction of 5 foot sidewalks along both sides of Rte 3 and on one side of Rte 11B)

7:00 p.m.	Weirs Community Hall Corner of Rte. 11B and Lucerne Ave At the Weirs Fire Station Weirs Beach, Laconia	Combined Public Officials/ Public Informational Meeting
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WEDNESDAY, APRIL 6, 2005

SENATE WAYS AND MEANS REVENUE BRIEFINGS

1:00 p.m.	Room 103, SH	Liquor Commissioner Beer Tax, Liquor Sales	John Byrne
1:15 p.m.	Room 103, SH	Safety Gasoline Road Toll Revenue Motor Vehicle Fees	Wes Colby
1:30 p.m.	Room 103, SH	Secretary of State Securities Revenue	Mark Connolly
1:45 p.m.	Room 103, SH	Department of Justice Tobacco Settlement	David Rienzo
2:00 p.m.	Room 103, SH	Pari-Mutuel Commission Horse & Dog Racing Bingo Revenue	Paul Kelley
2:15 p.m.	Room 103, SH	Fish & Game Fish & Game Revenue	Dan Lynch
2:30 p.m.	Room 103, SH	Transportation Other Highway Revenue	Bill Watson
2:45 p.m.	Room 103, SH	Administrative Office of the Courts Court Fines & Fees	Don Goodnow
3:00 p.m.	Room 103, SH	Health and Human Services Board & Care, Net Medicaid Enhancement Revenue, Other Medicaid Enhancement Revenue	Jim Fredyma

NH DEPARTMENT OF TRANSPORTATION (Congestion Mitigation and Air Quality Advisory Committee (CMAQ))

1:00 p.m.	NHDOT 7 Hazen Drive Room 112/113 Concord, NH	Advisory Committee Meeting
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THURSDAY, APRIL 7, 2005

NH DEPARTMENT OF TRANSPORTATION (Pembroke-Concord 14341 Paving NH Route 106 beginning at US Route 3 intersection in Pembroke & proceeding north approximately 4.5 miles to the Autumn Street intersection in Concord. Also address minor drainage issues and update guard rails.)

7:00 p.m.	Pembroke Town Library 261 Pembroke Street Pembroke, NH	Combined Public Informational/ Public Officials Meeting
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FRIDAY, APRIL 8, 2005

EQUALIZATION STANDARDS BOARD (RSA 21-J:14-c)

9:00 a.m.	NH Department of Revenue Administration Community Services Division in the Training Room 57 Regional Dr., Concord, NH	Regular Meeting
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CURRENT USE BOARD (RSA 79-A:3)

9:30 a.m.	Hearing Room 57 Regional Dr. Concord, NH	Sub-committee Meeting
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GOVERNOR'S COMMISSION ON ALCOHOL AND DRUG ABUSE PREVENTION, INTERVENTION, AND TREATMENT (RSA 12-J:1)

9:30 a.m.	Rooms 201-203, LOB	Regular Meeting
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NH LAND AND COMMUNITY HERITAGE AUTHORITY BOARD OF DIRECTORS (RSA 227-M:4)

Cancelled	CDFA Board Room 10 Dixon Avenue Concord, NH 03301	Regular Meeting
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MONDAY, APRIL 11, 2005**PUBLIC HEALTH AND ENVIRONMENT RELATIONSHIP COMMISSION (HB 1390, Chapter 114:2, Laws of 2000)**

9:30 a.m.	Room 206, LOB	Regular Meeting
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GUARDIAN AD LITEM BOARD (RSA 490-C:1)

1:00 p.m.	Room 102, LOB	Regular Meeting
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PET OVERPOPULATION COMMITTEE (RSA 437-A:7)

1:00 p.m.	Room 100, SH	Regular Meeting
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TUESDAY, APRIL 12, 2005**JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2)**

2:30 p.m. - 4:00 p.m.	Room 306, LOB	Orientation Meeting for Committee Members
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FRIDAY, APRIL 15, 2005**JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2)**

9:00 a.m.	Rooms 306-308, LOB	Regular Meeting
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MONDAY, APRIL 18, 2005**NH-CANADIAN TRADE COUNCIL (RSA 12-A:2-g)**

9:00 a.m.	Room 306, SH	Regular Meeting
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NH DEPARTMENT OF TRANSPORTATION (Londonderry 13015, NH Route 128)

1:00 p.m.	NHDOT 7 Hazen Drive Rooms 112/113 Concord, NH	Commission Meeting
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WEDNESDAY, APRIL 20, 2005**FISCAL COMMITTEE (RSA 14:30-a)**

9:00 a.m.	Rooms 210-211, LOB	Regular Business
9:30 a.m.	Rooms 210-211, LOB	Audits State of New Hampshire Lottery Commission Management Letter For the Fiscal Year Ended June 30, 2004 Management Letter For the State of New Hampshire For the Year Ended June 30, 2004

FRIDAY, APRIL 22, 2005

ASSESSING STANDARDS BOARD (RSA 21-J:14-a)

9:30 a.m. 57 Regional Dr. Regular Meeting
Concord, NH

MONDAY, MAY 2, 2005

NH BRAIN AND SPINAL CORD INJURY ADVISORY COUNCIL (RSA 137-K:2)

2:00 p.m. Room 104, LOB Regular Meeting

FRIDAY, MAY 6, 2005

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2)

9:00 a.m. Rooms 306-308, LOB Continued Meeting

MONDAY, MAY 9, 2005

NH LAND AND COMMUNITY HERITAGE AUTHORITY BOARD OF DIRECTORS (RSA 227-M:4)

9:00 a.m. CDFA Board Room Regular Meeting
10 Dixon Avenue
Concord, NH 03301

GUARDIAN AD LITEM BOARD (RSA 490-C:1)

1:00 p.m. Room 102, LOB Regular Meeting

FRIDAY, MAY 20, 2005

JOINT LEGISLATIVE COMMITTEE ON ADMINISTRATIVE RULES (RSA 541-A:2)

9:00 a.m. Rooms 306-308, LOB Regular Meeting

DEVELOPMENTAL DISABILITY WAITLIST FUND ALLOCATION OVERSIGHT COMMITTEE (RSA 171-A:1-c)

10:00 a.m. Room 205, LOB
Regular Meeting

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FISCAL NOTE ADDITIONS AND UPDATES HAVE BEEN AMENDED TO THE BILLS ON THE WEB SITE AND ARE AVAILABLE IN THE SENATE CLERK'S OFFICE FOR THE FOLLOWING 2005 SENATE BILLS: 6, 21, 27, 33, 35, 48, 52, 58, 62, 63, 79, 92, 94, 101, 102, 106, 107, 110, 112, 114, 117, 118, 125, 127, 128, 129, 131, 134, 135, 137, 144, 146, 151, 152, 153, 154, 157, 163, 164, 165, 180, 182, 184, 194, 197, 200, 206, 208, 209, 210, 215, 219, 222, 223, 225 HOUSE BILLS: 47, 460, 604, 625

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NOTICES

The Governor's Task Force on the Humane Treatment of Animals will meet in Room 100, SH, from 2:30 – 4:00 p.m. on the following dates. All interested parties are invited to attend.

Monday, April 11, 2005; Monday, May 9, 2005; and Monday, June13, 2005.

Senator Sheila Roberge

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TUESDAY, APRIL 5, 2005

Teamsters Local 633 cordially invites all legislators and staff to attend their legislative reception to be held on Tuesday, April 5th, 2005 at the Szechuan Garden Restaurant, 108 Fishersville Road, Concord, NH. The event will be held from 3:30 p.m. to 6:00 p.m. Refreshments will be provided.

Senator Lou D'Allesandro

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WEDNESDAY, APRIL 13, 2005

All Legislators and staff are invited to attend the New Hampshire Automobile Dealers Association's (NHADA) Annual Crossover Day Reception at the NHADA office on 507 South Street on Wednesday, April 13, at 3:00 p.m. or immediately following legislative sessions. This is a wonderful opportunity to unwind and enjoy the company of fellow legislators and staff in a fun social gathering.

Senator Robert E. Clegg, Jr.

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WEDNESDAY, APRIL 20, 2005

In recognition of "Save Your Vision Month," the NH Optometric Association invites legislators and staff to a reception at 4:00 p.m. on Wednesday, April 20th, at the Holiday Inn, Concord. Please RSVP to 964-2885 or optometrist@comcast.net.

PS: "Save Your Vision Month" is March. When was your last exam? It may be time to see your optometrist!

Senator Robert E. Clegg, Jr.

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THURSDAY, APRIL 21, 2005

networkNH invites each legislator to join us for an unveiling of the most recent study focusing on the status of the high tech industry in New Hampshire. This study looks specifically at the industry's decline in the state from 2000-2003, its subsequent recovery, and the future of the technology industry within New Hampshire. The unveiling will take place April 21, 4:00-6:00 p.m. at The Highlander Inn by the Manchester Airport. Complimentary hors d'oeuvres and cash bar will be provided. Please rsvp by April 18 at info@mrbin.org.

Senator Robert E. Clegg, Jr.

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THURSDAY, APRIL 21, 2005

In celebration of "*Hadassah's Stem Cell Research Advocacy Day*" all legislators are cordially invited for coffee, bagels and assorted other breakfast goodies at the Upham Walker House from 8:00-10:00 a.m. on Thursday, April 21, 2005. Speaker: Cynthia Soumoff, PhD. Sponsored by New Hampshire Chapters of Hadassah, the Women's Zionist Organization of America, Inc.

Senator Iris Estabrook

Senator Sylvia B. Larsen

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MONDAY, JUNE 13, 2005

The 32nd Annual Bill White Memorial Legislative Golf Tournament is scheduled for Monday, June 13, 2005 at Canterbury Woods Country Club, Canterbury, NH. The entry fee for this annual tournament is \$85.00 per person which includes greens fee, cart, barbecue dinner and prizes.

Registration is at 7:30 a.m. and the shotgun start is scheduled for 9:00 a.m. The format is "Captain and Crew". Sign-up as a foursome or sign-up by yourself in order to be placed in a foursome.

A maximum of 120 players will be allowed. Please note that payment must be made upon registration. There will be no exceptions to this rule! Cancellation must occur two weeks prior to the tournament date to receive a full fee refund.

Return your entry and payment no later than May 20th to Sandra Anderson at the LOB Lobby Desk. Checks should be made payable to Sandra Anderson.

Thomas R. Eaton, President of the Senate

32nd Annual Bill White Memorial Golf Tournament
 Canterbury Woods Country Club
 Canterbury, NH

Name: 1. _____
 2. _____
 3. _____
 4. _____

Telephone: _____ Amount Enclosed: _____

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SENATE SCHEDULE

Thursday, April 7, 2005	Last day to act on all Senate bills in the first body
Monday, May 30, 2005	Memorial Day (State Holiday)
Thursday, June 9, 2005	Last day for Senate to act on all House bills in the first year session
Thursday, June 16, 2005	Last day to form a Committee of Conference in the first year session
Wednesday, June 22, 2005, 3:00 p.m.	Deadline for Committee of Conference report sign-offs
Wednesday, June 29, 2005	Deadline for Senate to act on Committee of Conference reports
Monday, July 4, 2005	Independence Day (State Holiday)

VISITORS CENTER SCHEDULE - APRIL

State House Visitation Schedule 2005 School Year

Virginia Drew, Public Information Administrator
 Kenneth Leidner, Director

DATE	TIME	GROUP	CLASS/SIZE
M Apr 4	9:30 & 11:00 SH & HM	Henry Wilson School – Farmington	4/50
M Apr 4	11:00	Goshen Lempster Cooperative	4/18
M Apr 4	12:00 & 1:00 SH/SC		
	*45 min tour	Riddle Brook School – Bedford	4/70
T Apr 5	8:45	Henniker Community School	4/28
Tu Apr 5	10:00 & 11:30 SH & HM	Thornton Ferry School – Merrimack	4/75
W Apr 6	8:45	Henniker Community School	4/16
W Apr 6	10:00 & 11:30 SH & HM	Thornton Ferry School – Merrimack	4/75
Th Apr 7	9:30 & 11:00 SH&HM	Smyth Road School – Manchester	4/75
F Apr 8	9:00	Broken Ground Elementary-Concord	4/25
F Apr 8	10:00 & 11:30 SH & HM	Fuller School – Keene	4/50
F Apr 8	10:00 SH	Russell Elem School – Rumney	4/11

DATE	TIME	GROUP	CLASS/SIZE
M Apr 11	9:00 & 10:15 SH & HM	Maple Street School – Hopkinton	4/80
M Apr 11	11:00	World Affairs	45
M Apr 11	12:30 (SC 10:30)	So. Merrimack Christian Academy	4/27
Tu Apr 12	9:30 & 11:00 SH & HM	Webster School – Manchester	4/84
Tu Apr 12	9:00	Plymouth High School	30
Tu Apr 12	12:30	Washington Elementary – Rescheduled	5/25
W Apr 13	9:30 & 11:00 SH & HM	Bristol Elem School	4/40
W Apr 13	10:00 & 11:30 SH/ Lawn Activity	Woodland Heights School – Laconia	4/72
W Apr 13	2:00	Greater Leadership Concord – Chamber of Commerce	25
Th Apr 14	9:30 (11:00HM)	Greenland Central School	4/34
Th Apr 14	11:00	Unity Elementary School	4&5/37
Th Apr 14	1:00	Sullivan Elem School	3,4,5,6/29
F Apr 15	8:15	Kimball School- Concord (Rescheduled)	4/25
F Apr 15	10:00 & 11:00 SH & HM	Matthew Thornton School – Londonderry	4/80 –100
M Apr 18	8:45	St John Regional School – Concord	4/26
M Apr 18	10:00 & 11:00 SH & HM	Matthew Thornton School – Londonderry	4/80 –100
Tu Apr 19	9:30 & 11:00 SH & HM	Garrison School – Dover	4/66
Tu Apr 19	1:30	Keene HS French Students (Lycee Lumiere, Luxeuil)	HS/26
W Apr 20	9:30 & 11:00 SH & HM	Garrison School – Dover	4/44
W Apr 20	12:30 & 1:30 SH/HM	Paul School – Wakefield/Sanbornville	4/70
TH Apr 21	9:45 & 11:00 SH/ Pierce Manse	Loudon Elementary	4/60
Th Apr 21	12:00	The Community School – So. Tamworth	7-9/12
F Apr 22	9:30 & 10:45 SH & SC	Candia Moore School – Candia	4/45
F Apr 22	12:30 (11:00HM)	Tuftonboro Central	4/25
M Apr 25		History Museum Closed	
Tu Apr 26	9:30 & 11:00 SH & HM	Towle Elem – Newport	4/50
Tu Apr 26	1:30	Seacoast Republican Women	30-35
W Apr 27	9:30 & 11:00 SH & HM	Towle Elem – Newport	4/50
Th Apr 28	9:30 & 11:00 SH/HM	John Fuller School – North Conway	4/46
Th Apr 28	1:00	Lafayette Regional School – Franconia	4/20
Th Apr 28	2:00	Tiger Cub Pack 25315	
F Apr 29	9:30 & 11:00 SH/SC	Lancaster Elem	4/55