

APPENDIX II-G

COVER SHEET FOR FINAL PROPOSAL

Notice Number 2021-73 Rule Number He-P 802.03, He-P 802.14, He-P 802.18, and He-P 802.34

<p>1. Agency Name & Address: Department of Health & Human Services Health Facilities Licensing Unit 129 Pleasant Street, Brown Building Concord, NH 03301</p>	<p>2. RSA Authority: <u>RSA 151:2, I(a) and RSA 151:9, I(a) and (b)</u></p> <p>3. Federal Authority: _____</p> <p>4. Type of Action: <input type="checkbox"/> Adopt <input type="checkbox"/> Amendment (only if Initial Proposal was filed before 9/27/20.) <input type="checkbox"/> Repeal <input type="checkbox"/> Readoption <input checked="" type="checkbox"/> Readoption w/amendment</p>
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5. Short Title: **Rules for Hospitals**

6. Contact person for copies and questions:
Name: **Allyson Zinno** Title: **Administrator-Administrative Rules Unit**
Address: **Dept. of Health & Human Services** Phone #: **(603) 271-9604**
Administrative Rules Unit
129 Pleasant Street, Brown Bldg.
Concord, NH 03301

7. The rulemaking notice appeared in the Rulemaking Register on **July 22, 2021**.

**SEE THE INSTRUCTIONS--PLEASE SUBMIT ONE COPY OF THIS COVER SHEET
AND ONE COPY OF THE FOLLOWING:
(optional to number correspondingly)**

8. The "Final Proposal-Fixed Text," including the cross-reference table required by RSA 541-A:3-a, II as an appendix.
9. Yes N/A Incorporation by Reference Statement(s) because this rule incorporates a document or Internet content by reference for which an Incorporation by Reference Statement is required pursuant to RSA 541-A:12, III.
10. Yes N/A The "Final Proposal-Annotated Text," indicating how the proposed rule was changed because the text of the rule changed from the Initial Proposal pursuant to RSA 541-A:12, II(d).
11. Yes N/A The amended fiscal impact statement because the change to the text of the Initial Proposal affects the original fiscal impact statement (FIS) pursuant to RSA 541-A:5, VI.

Notice Number 2021-73

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<p>1. Agency Name & Address: Department of Health & Human Services Health Facilities Licensing Unit 129 Pleasant Street, Brown Building Concord, NH 03301</p>	<p>2. RSA Authority: RSA 151:2, I(a) and RSA 151:9, I(a) and (b)</p> <p>3. Federal Authority: _____</p> <p>4. Type of Action: Adoption _____ Repeal _____ Readoption X _____ Readoption w/amendment _____</p>
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5. Short Title: **Rules for Hospitals**

6. (a) Summary of what the rule says and of any proposed amendments:

He-P 802 sets forth the requirements necessary to establish, operate, and maintain a licensed hospital. As required by RSA 151:9, I(a), the rule contains specific provisions and criteria for such facilities in the areas of sanitation, organization, administration, physical environment, health and safety, nursing units, resident environment, dietary needs, medical records, medication, infection control, personnel, and management of clinical records. Groups affected by this rule include owners and operators of hospitals, residents who receive hospital services, and their families.

The Department of Health and Human Services (Department) is proposing to readopt various sections of He-P 802, specifically He-P 802.03 on definitions, He-P 802.14 on duties and responsibilities of all licensees, He-P 802.18 on required services, and He-P 802.34 on emergency services. Various provisions within those mentioned sections are currently emergency rules and are scheduled to expire on November 10, 2021.

6. (b) Brief description of the groups affected:

Groups affected by this rule include owners and operators of hospitals, residents who receive hospital services, and their families.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

Rule	Specific State or Federal Statutes the Rule Implements
He-P 802.03	RSA 151:9, I(a) and (b)
He-P 802.14	RSA 151:9, I(a)
He-P 802.18	RSA 151:9, I(a)
He-P 802.34	RSA 151:9, I(a)

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Allyson Zinno** Title: **Administrator- Administrative Rules Unit**
Address: **Dept. of Health and Human Services** Phone #: **(603) 271-9604**
Administrative Rules Unit Fax#: **(603) 271-5590**
129 Pleasant Street, 2nd Floor E-mail: Allyson.E.Zinno@dhhs.nh.gov
Concord, NH 03301

TTY/TDD Access: Relay NH 1-800-735-2964
or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:
<http://www.dhhs.nh.gov/oos/aru/comment.htm>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Wednesday, September 1, 2021.**

Fax E-mail Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Wednesday, August 25, 2021 at 1:30pm.**

Place: [**DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH**](#)

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 21-069, dated June 29, 2021

1. **Comparison of the costs of the proposed rule(s) to the existing rule(s):**
There is no difference in cost when comparing the proposed rules with the existing rules.
2. **Cite the Federal mandate. Identify the impact on state funds:**
No federal mandate, no impact on state funds.
3. **Cost and benefits of the proposed rule(s):**
 - A. **To State general or State special funds:**
None.
 - B. **To State citizens and political subdivisions:**
None.
 - C. **To independently owned businesses:**
None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposed rules continue modifications adopted by emergency rule to a previously existing program or responsibility, but do not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore do not violate Part I, Article 28-a of the N.H. Constitution.

PART He-P 802 RULES FOR HOSPITALS AND SPECIAL HEALTH CARE SERVICES

Readopt with amendment He-P 802.03, effective 1-28-21 (Document #13166), as amended effective 5-14-21 (Document #13206, Emergency), to read as follows:

He-P 802.03 Definitions.

- (a) “Abuse” means any one of the following:
- (1) “Emotional abuse” means the misuse of power, authority, or both, verbal harassment, or confinement which results or could result in the mental anguish or emotional distress of patients;
 - (2) “Physical abuse” means the misuse of physical force which results or could result in physical injury to patients; and
 - (3) “Sexual abuse” means contact or interaction of a sexual nature involving patients without his or her informed consent.
- (b) “Activities of daily living (ADL)” means basic daily routine tasks such as eating, transferring, toileting, bathing, dressing, and medication management.
- (c) “Addition” means an increase in the building area, aggregate floor area, building height, or number of stories of a structure.
- (d) “Administer” means an act whereby one or more doses of a medication is instilled into the body, applied to the body of, or otherwise given to a person for immediate consumption or use by an individual authorized by law, pursuant to RSA 318-B and RSA 326-B.
- (e) “Administrator” means the person responsible for the management of the licensed premises and who reports to and is accountable to the governing body.
- (f) “Admission” means the point in time when a patient has been accepted by a licensee for the provision of services. This term also includes “admitted”.
- (g) “Advance directive” means a directive 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 directive” includes living wills, durable powers of attorney for health care, or surrogate decision maker in accordance with RSA 137-J.
- (h) “Adverse event” means a consequence of care that results in an undesired outcome which may or may not have been preventable, and which is listed in RSA 151:38.
- (i) “Affiliated or related parties” means companies or individuals that serve as operators, landlords, management companies or advisors, real estate or consulting companies, members of limited liability companies, administrative services companies, lenders and companies providing financial guarantees, and captive or affiliated insurance companies.
- (j) “Agent” means an adult to whom authority to make health care decisions is delegated under an activated durable power of attorney for health care executed in accordance with RSA 137-J, or a surrogate decision maker identified under RSA 137-J:34-37.
- (k) “Applicant” means an individual, agency, partnership, corporation, government entity, association, or other legal entity seeking a license to operate a hospital pursuant to RSA 151:2, I(a) or provide a special health care service pursuant to RSA 151:2-e.

(l) “Area of non-compliance” means any action, failure to act, or other set of circumstances that cause a licensee to be out of compliance with RSA 151, He-P 802, or other applicable federal or state requirements.

(m) “Cardiac catheterization laboratory services” mean those cardiac catheterization procedures that are performed in a cardiac catheterization laboratory, including diagnostic and interventional cardiac catheterization procedures.

(n) “Care plan or treatment plan” means a documented guide developed by the licensee, in consultation with personnel, the patient, and the patient’s guardian or agent, if any, as a result of the assessment process for the provision of care and services.

(o) “Change of ownership” means a change in the controlling interest of an established hospital or provider of special health care services to any individual, agency, partnership, corporation, government entity, association, or other legal entity.

(p) “Chemical restraint” means a drug or medication that is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.

(q) “Commissioner” means the commissioner of the department of health and human services or his or her designee.

(r) “Critical access hospital (CAH)” means a hospital that has been so designated by the state in which it is located and has been surveyed by the state survey agency or by Centers for Medicare and Medicaid Services (CMS) pursuant to 42 CFR Subpart F § 485.606.

(s) “Critical incident stress management (CISM)” means an adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem. Its purpose is to enable people to return to their daily routine more quickly and with less likelihood of experiencing post-traumatic stress disorder.

(t) “Days” means calendar days unless otherwise specified in the rule.

(u) “Deficiency” means any action, failure to act, or other set of circumstances that cause a licensee to be out of compliance with RSA 151 or He-P 802.

(v) “Demonstrated competency” means the ability of the employee to demonstrate to an evaluator that he or she is able to complete the required task in a way that reflects the minimum standard including, but not limited to, a certificate of completion of course material or a post-test to the training provided.

(w) “Department” means the department of health and human services, at 129 Pleasant St, Concord, NH 03301.

(x) “Direct care” means hands on care or services to a patient, including but not limited to medical, nursing, psychological, or rehabilitative treatments.

(y) “Directed plan of correction” means a plan developed and written by the department that specifies the actions the licensee must take to correct identified deficiencies.

(z) “Dietitian” means a person who is licensed under RSA 326-H.

(aa) “Do not resuscitate order (DNR order)” means an order, signed by a licensed provider, 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. This term also includes “do not attempt resuscitation order (DNAR order)”.

(ab) “Elopement” means an event in which a patient who is cognitively, physically, mentally, emotionally, or chemically impaired wanders away, walks away, runs away, escapes, or otherwise leaves the facility unsupervised, unnoticed, or prior to their scheduled discharge.

(ac) “Emergency” means an unexpected occurrence or set of circumstances, which require immediate remedial attention.

(ad) “Emergency plan” means a document outlining the responsibilities of personnel in an emergency.

(ae) “Emergency psychiatric services” means those services available on a 24-hour basis when a patient needs immediate treatment for psychiatric health concerns.

(af) “Emergency services” means those services rendered in accordance with RSA 151:2-g and includes emergency medical treatment of both physical and behavioral health concerns.

(ag) “Employee” means anyone employed by the licensee and for whom the licensee has direct supervisory authority.

(ah) “Equipment” means “any plumbing, heating, electrical, ventilating, air-conditioning, refrigerating, and fire protection equipment, and any elevators, dumbwaiters, escalators, boilers, pressure vessels, or other mechanical facilities or installations related to building services. This term includes fixtures.

(ai) “Exploitation” means the illegal use of a patient’s person or property for another person’s profit or advantage, or the breach of a fiduciary relationship through the use of a person or person’s property for any purpose not in the proper and lawful execution of a trust, including, but not limited to, situations where a person obtains money, property, or services from a patient through the use of undue influence, harassment, duress, deception, or fraud.

(aj) “Facility” means “facility” as defined in RSA 151:19, II, including the part of the hospital where special health care services are rendered in accordance with RSA 151:2-e.

(ak) “Freestanding hospital emergency facility (FHEF)” means a hospital geographically separate from the parent hospital, which is owned or operated, directly or indirectly, by the parent hospital and which provides emergency acute care identical to those services provided by the parent hospital.

(al) “Governing body” means a group of designated person(s) functioning as a governing body that appoints the administrator and is legally responsible for establishing and implementing policies regarding management and operation of the facility.

(am) “Guardian” means a person appointed in accordance with RSA 463, RSA 464-A or the laws of another state, to make informed decisions relative to the patient’s health care and other personal needs.

(an) “Hospital” means “hospital” as defined in RSA 151:2, I(a).

(ao) “Incident Command System (ICS)” means a standardized on-scene emergency management system specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and

communications operating within a common organizational structure, designed to aid in the management of resources during incidents.

(ap) “Independent contractor” means an individual or business entity working under the supervision of the licensee but not employed by the licensee.

(aq) “Infectious waste” means those items specified by Env-Sw 904.

(ar) “Informed consent” means the decision by a person, his or her guardian or agent, or surrogate decision-maker, to agree to a proposed course of treatment, after the person, his or her guardian or agent, or surrogate decision-maker has received full disclosure of the facts, including information about the risks and benefits of the treatment and available alternatives, needed to make the decision competently.

(as) “Inspection” means the process followed by the department to determine an applicant’s or a licensee’s compliance with RSA 151 and He-P 802 or to respond to allegations pursuant to RSA 151:6, of non-compliance with RSA 151 and He-P 802.

(at) “License” means the document issued by the department to an applicant, at the start of operation as a hospital or provider of special health care services which authorizes operation of a hospital or special health care services in accordance with RSA 151 and He-P 802, and includes the name of the licensee, the name of the business, the physical address, the license category, the effective date, and license number.

(au) “License certificate” means the document issued by the department to an applicant or licensee that contains the information on a license, and includes the name of the administrator, the type(s) of services authorized, and the number of beds for which the hospital is licensed.

(av) “Licensed practitioner” means:

(1) Medical doctor;

(2) Physician's assistant;

(3) Advanced practice registered nurse (APRN);

(4) Doctor of osteopathy;

(5) Doctor of naturopathic medicine; or

(6) Any other practitioner with diagnostic and prescriptive powers licensed by the appropriate state licensing board.

(aw) “Licensed premises” means the building, or portion thereof, that comprises the physical location that the department has approved for the licensee to conduct operations in accordance with its license.

(ax) “Licensee” means any person or legal entity to which a license has been issued pursuant to RSA 151.

(ay) “Life safety code” means the National Fire Protection Association (NFPA) 101, as adopted pursuant to RSA 153:1, VI-a and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5.

(az) “Locked unit” means a locked, secured, or alarmed hospital or units within a hospital, or anklets, bracelets or similar devices that cause a door to close automatically and lock when approached, thereby preventing a patient from freely exiting the hospital or unit within.

(ba) “Medical director” means a physician licensed in New Hampshire pursuant to RSA 329, who is responsible for the implementation of patient care policies and the coordination of medical care in the hospital.

(bb) “Medical staff” means those physicians and other licensed practitioners permitted by law and licensee policies to provide patient care services independently within their scope of practice.

(bc) “Medication” means a substance available with or without a prescription, which is used as a curative, remedial, or palliative, supportive substance.

(bd) “Megavoltage radiation therapy equipment” means therapeutic equipment having a minimum power rating in excess of one MeV which utilizes directed beams of ionizing radiation to kill cancerous tissues. The term includes, but is not limited to, Cobalt-60 and linear accelerator machines.

(be) “Modification” means the reconfiguration of any space, the addition, relocation, or elimination of any door or window, the addition or elimination of load-bearing elements, the reconfiguration or extension of any system, or the installation of any additional equipment. This term does not include repair or replacement of interior finishes.

Edit. Requirements cannot be placed in definitions. Use “provides”.

(bf) “Neglect” means an act or omission which results or could result in the deprivation of essential services or supports necessary to maintain the minimum mental, emotional, or physical health and safety of any patient. For the purposes of this definition, minimum means that the hospital **must provide** stabilizing treatment to all patients until the patient has been physically transferred from the hospital.

(bg) “Nursing care” means the provision or oversight of a patient’s physical, mental, or emotional condition or diagnosis by a nurse, that if not monitored on a routine basis by a nurse, would or could result in physical or mental harm to a patient.

(bh) “Open heart surgery (OHS)” means open surgical procedures on the heart muscle, valves, coronary arteries, or other heart structures, including coronary artery bypass graft surgery.

(bi) “Orders” means an electronic or written document, or a verbal direction, by a licensed practitioner for medications, treatments, recommendations, and referrals, and signed by the licensed practitioner using terms such as authorized by, authenticated by, approved by, reviewed by, or any other term that denotes approval by the licensed practitioner.

(bj) “Owner” means a person or organization who has controlling interest in the hospital.

(bk) “Parent hospital” means the hospital which owns and operates a freestanding hospital emergency facility.

(bl) “Patient” means any person admitted to or in any way receiving care, services, or both from a hospital licensed in accordance with RSA 151 and He-P 802.

(bm) “Patient record” means a separate file maintained for each person receiving care and services by the licensee, which includes all documentation required by RSA 151 and He-P 802 and all documentation as required by other federal and state requirements.

(bn) “Patient rights” means the privileges and responsibilities possessed by each patient pursuant to RSA 151:21.

(bo) “Performance-based design” means a flexible, informed design approach that allows for design freedom while specifically addressing fire and life safety concerns of a specific building project, and that makes use of computer fire models or other fire engineering calculation methodologies, such as timed

egress studies, to help assess if proposed fire safety solutions meet fire safety goals under specific conditions.

(bp) “Personal care” means personal care services that are non-medical, hands-on services provided to a patient including, but not limited to, assistance with activities of daily living such as grooming, toileting, eating, dressing, bathing, getting into or out of a bed or chair, walking, or reminding the patient to take medications.

(bq) “Personnel” means an individual who is employed by, a volunteer of, or an independent contractor of the hospital who provides services to patients.

(br) “Physical restraint” means the use of hands-on or other physically applied technique to physically limit a patient’s freedom of movement, such as forced escorts, holding, prone restraints, or other containment techniques. This term does not include orthopedic appliances.

(bs) “Physician” means medical doctor or doctor of osteopathy currently licensed in the state of New Hampshire pursuant to RSA 329.

(bt) “Plan of correction (POC)” means a plan developed and written by the licensee, which specifies the actions that will be taken to correct identified deficiencies with applicable rules or codes identified at the time of a clinical or life safety code inspection conducted pursuant to RSA 151:6-a or during the course of a complaint investigation conducted pursuant to RSA 151:6.

(bu) “Primary interventional cardiac catheterization” means those catheter-based procedures that involve modification of the coronary arterial system under emergency conditions.

(bv) “Pro re nata (PRN) medication” means medication administered as circumstances might require in accordance with licensed practitioner’s orders.

(bw) “Procedure” means a licensee’s written, standardized method of performing duties and providing services.

(bx) “Protective care” means the provision of patient monitoring services, including but not limited to:

- (1) Knowledge of patient whereabouts; and
- (2) Minimizing the likelihood of accident or injury.

(by) “Psychiatric hospital” means a:

- (1) Hospital that has been verified by CMS as an inpatient psychiatric hospital; or
- (2) Hospital designated by CMS to provide psychiatric services in a distinct part unit.

(bz) “Qualified personnel” means personnel that have been trained and have demonstrated competency to adequately perform the tasks which they are assigned, such as nursing staff, clinical staff, housekeeping staff trained in infection control, and kitchen staff trained in food safety protocols.

(ca) “Radiographic images” means x-rays or other images which are either on film, paper, or stored electronically.

(cb) “Reconstruction” means the reconfiguration of a space that affects an exit or a corridor shared by more than one occupant space, or the reconfiguration of a space such that the rehabilitation work area is

not permitted to be occupied because existing means of egress and fire protection systems, or their equivalent, are not in place or continuously maintained.

(cc) “Renovation” means the replacement in kind or strengthening of building elements, or upgrading of building elements, material, equipment, or fixtures, without involving the reconfiguration of spaces.

(cd) “Rehabilitation hospital” means a:

- (1) Hospital that has been certified by CMS as an inpatient rehabilitation hospital; or
- (2) Hospital designated by CMS to provide comprehensive physical rehabilitation services in a distinct part unit.

(ce) “Repair” means the patching, restoration, or painting of materials, elements, equipment, or fixtures for the purpose of maintaining such materials, elements, equipment, or fixtures in good or sound condition.

(cf) “Service” means a specific activity performed by the licensee, either directly or indirectly, to benefit or assist a patient, such as dietary, laboratory, nursing, or surgery.

(cg) “Special health care service” means cardiac catheterization laboratory services, open heart surgery, or treatment using megavoltage radiation therapy equipment.

(ch) “Swing beds” means beds within a hospital or critical access hospital participating in Medicare that are approved by the Centers for Medicare and Medicaid Services for the provision of a skilled level of care.

Edit. “CMS”

(ci) “Volunteer” means an unpaid person who assists with the provision of services such as personal care services, food services, entertainment, or activities, and who does not provide direct care or assist with direct care. This term does not include visitors or those persons who provide religious services.

Readopt with amendment He-P 802.14, effective 1-28-21 (Document #13166), as amended effective 5-14-21 (Document #13206, Emergency), to read as follows:

He-P 802.14 Duties and Responsibilities of All Licensees.

(a) The licensee shall comply with all relevant federal, state, and local laws, rules, codes, and ordinances, including RSA 161-F:49 and rules promulgated thereunder, and:

- (1) For Medicare Certified Hospitals (Acute), CMS federal regulation at 42 CFR Part 482;
- (2) For Medicare Certified Critical Access Hospitals (CAH), CMS federal regulations at 42 CFR Part 485;
- (3) For Medicare Certified Psychiatric Hospitals, CMS federal regulations at 42 CFR Part 482;
- (4) For Medicare Certified Rehabilitation Hospitals, CMS federal regulations at 42 CFR Part 482;
- (5) For Medicare Certified Hospitals with Prospective Payment System Units for Psych or Rehab, CMS federal regulations at 42 CFR Part 412; and
- (6) For any newly licensed and certified hospital not specified as an acute, rehab, psych, or CAH hospital, all applicable CMS federal regulations for that hospital’s particular designation.

- (b) The licensee shall comply with the patients' bill of rights as set forth in RSA 151:19-21.
- (c) The licensee shall define, in writing, the scope and type of services to be provided by the hospital, which shall include, at a minimum, the required services listed in He-P 802.18.
- (d) The licensee shall develop and implement written policies and procedures governing the operation and all services provided by the licensee.
- (e) By January 1, 2023, the licensee shall complete and implement an operational plan for the recognition and management of patients with dementia or delirium in accordance with RSA 151:2-I. The licensee shall keep the plan on file and make the plan available to the department of health and human services, bureau of licensing and certification upon request.
- (f) All policies and procedures shall be reviewed per licensee policy.
- (g) The licensee shall assess and monitor the quality of care and service provided to patients on an ongoing basis.
- (h) The licensee or any personnel shall not falsify any documentation or provide false or misleading information to the department.
- (i) Except for the requirements of RSA 151:4, III(a)(5), the licensee shall not:
 - (1) Advertise or otherwise represent itself as operating a hospital or providing a special health care service, unless it is licensed; and
 - (2) Advertise that it provides services that it is not authorized to provide.
- (j) The licensee shall comply with all conditions of warnings and administrative remedies issued by the department, and all court orders.
- (k) Licensees shall:
 - (1) Meet the needs of the patients during those hours that the patients are in the care of the licensee;
 - (2) Establish, in writing, a chain of command that sets forth the line of authority for the operation of the hospital or special health care service;
 - (3) Appoint an administrator;
 - (4) Verify the qualifications of all personnel;
 - (5) Provide sufficient numbers of qualified personnel to meet the needs of patients during all hours of operation;
 - (6) Provide sufficient supplies, equipment, and lighting to meet the needs of the patients; and
 - (7) Implement any POC that has been accepted by the department.
- (l) The licensee shall consider all patients to be competent and capable of making health care decisions unless the patient:
 - (1) Has a guardian appointed by a court;
 - (2) Has a durable power of attorney or surrogate for health care that has been activated; or

(3) Is an un-emancipated minor.

(m) The licensee shall not exceed the number of occupants authorized by NFPA 101 as adopted pursuant to RSA 153:1, VI-a and amended in Saf-FMO 300 by the fire marshal with the board of fire control, pursuant to RSA 153:5.

(n) If the licensee accepts a patient who is known to have a disease reportable under He-P 301 or an infectious disease, which is any disease caused by the growth of microorganisms in the body which might or might not be contagious, the licensee shall follow the required procedures for the care of the patients, as specified by the United States Centers for Disease Control and Prevention “2007 Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings,” (June 2007 edition), available as noted in Appendix A.

(o) The licensee shall report all positive tuberculosis test results for personnel to the office of disease control in accordance with RSA 141-C:7, He-P 301.02, and He-P 301.03.

(p) The licensee shall implement measures to ensure the safety and stabilizing treatment of patients who are assessed as an elopement risk or danger to self or others.

(q) In addition to the posting requirements specified in RSA 151:29, the licensee shall post the following documents in a public area:

(1) The current license certificate issued in accordance with RSA 151:2;

(2) All inspection reports issued in accordance with He-P 802.09(b), for the previous 12 months;

(3) A copy of the patients’ bill of rights;

(4) A copy of the licensee’s policies and procedures relative to the implementation of patient rights and responsibilities as required by RSA 151:20;

(5) A copy of the licensee’s complaint procedure, including a statement that complaints may be submitted by calling 1-800-852-3345 x 9499 or in writing, to the:

Department of Health and Human Services
Office of Legal and Regulatory Services
Health Facilities Administration
129 Pleasant Street, Concord, NH 03301; and

(6) The licensee’s evacuation floor plan identifying the location of, and access to all fire exits.

(r) The licensee shall admit and allow any department representative to inspect the premises and all programs and services that are being provided by the licensee at any time for the purpose of determining compliance with RSA 151 and He-P 802 as authorized by RSA 151:6 and RSA 151:6-a.

(s) Licensees shall, in accordance with He-P 802.15:

(1) Report all adverse events to the department;

(2) Submit additional information if required by the department; and

(3) Report the event to other agencies as required by law.

(t) The licensee shall immediately notify the local police department, the guardian and agent if any, when a patient, who has been assessed or is known as being a danger to self or others, has an unexplained absence after the licensee has searched the building and the grounds of the hospital.

(u) A licensee shall, upon request, provide a patient or the patient's guardian or agent, if any, with a copy of his or her patient record pursuant to the provisions of RSA 151:21, X.

(v) All records required by law or this rule shall be legible, current, accurate, and available to the department during an inspection or investigation conducted in accordance with RSA 151:6 and RSA 151:6-a.

(w) Any licensee that maintains electronic records shall develop written policies and procedures designed to protect the privacy of patients and personnel that, at a minimum, include:

- (1) Procedures for backing up files to prevent loss of data;
- (2) Safeguards for maintaining the confidentiality of information pertaining to patients and personnel; and
- (3) Systems to prevent tampering with information pertaining to patients and personnel.

(x) The licensee shall develop policies and procedures regarding the release of information contained in patient records.

(y) The licensee shall provide cleaning and maintenance services, as needed to protect patients, personnel, and the public.

(z) The building housing the licensed facility shall comply with all state and local:

- (1) Health requirements;
- (2) Building ordinances;
- (3) Fire ordinances; and
- (4) Zoning ordinances.

Edit. no cap

(aa) Smoking shall be prohibited in the licensed facility as required by RSA 155:66, I(b).

(ab) If the licensee is not on a public water supply, the water used by the licensee shall be suitable for human consumption, pursuant to Env-DW 702.02 and Env-DW 704.02.

(ac) If the licensee holds or manages a patient's funds or possessions, it shall first receive written authorization in accordance with RSA 151:24 and RSA 151:21, VII, and such funds shall not be used for the benefit of the licensee, other patients, or other household members.

(ad) The licensee shall have written policies on the proper completion of an involuntary emergency admission certificate for those in need of mental health treatment that:

- (1) Are in compliance with RSA 135-C:27-33 and He-M 613; and
- (2) Detail the medical screening examination and stabilizing treatment provided to patients with mental health needs.

Readopt with amendment He-P 802.18, effective 1-28-21 (Document #13166), as amended effective 5-14-21 (Document #13206, Emergency), to read as follows:

He-P 802.18 Required Services.

(a) Each licensee shall provide the services that have been disclosed on its application and have been approved for by the department, or are required by state or federal law.

(b) If the licensee wishes to provide services other than the ones it is already licensed to provide, the licensee shall submit a letter of intent to provide the additional services, prior to providing the new service(s), to the department which includes:

- (1) A listing of the additional services to be provided;
- (2) The physical resources, personnel, and competency necessary to provide the additional services;
- (3) Floor plans describing change(s) or architectural plans if structural changes are involved;
- (4) The date the hospital wishes to start such services; and
- (5) Documentation of compliance with RSA 151 and He-P 802.

(c) If the licensee wishes to provide a special health care service, the licensee shall complete the requirements of He-P 802.04 above.

(d) Each licensee shall ensure the availability of competent and sufficient personnel, with the required skills and experience, to provide the services in (a) and (b) above, including personnel able to provide services for both physical and behavioral health concerns.

(e) The licensee shall have a policy governing CPR.

(f) The licensee shall establish health and safety services to minimize the likelihood of accident or injury, with protective care and oversight while the patient is at the hospital that includes:

- (1) Monitoring the patient's functioning, safety and whereabouts; and
- (2) Emergency response and crisis intervention.

(g) The licensee shall have social services available to the patient and patient's family, which shall be provided by a social worker with at least a bachelor's degree in social work or human services and includes:

- (1) The compilation of a social history and conducting patient psychosocial assessments;
- (2) The provision of emotional support to patients and families or caregivers as needed;
- (3) Assistance with the patient's adaptation to the hospital and involvement in the plan of care; and
- (4) Advocacy for the patient's human and civil rights and responsibilities.

(h) The licensee shall complete discharge planning on all patients admitted to the hospital including the provision of written instructions to the patient, agent, or guardian.

(i) Discharge planning shall include, as applicable:

- (1) The patient’s medication needs upon discharge;
- (2) The need for medical equipment, special diets, or potential food-drug interactions;
- (3) The need for further placement in another health care setting;
- (4) The need for home health services upon discharge; and
- (5) Discharge instructions and education shall be provided to the patient in writing.

(j) All laboratories operated by the licensee shall be in compliance with He-P 808, He-P 817, and CMS 42 CFR Part 493 – Laboratory Requirements.

(k) Pharmacies shall be in compliance with RSA 318 and RSA 318-B and shall employ or contract with a pharmacist who is licensed to practice pharmacy in the state of New Hampshire.

Readopt with amendment He-P 802.34, effective 1-28-21 (Document #13166), as amended effective 5-14-21 (Document #13206, Emergency), to read as follows:

He-P 802.34 Emergency Services.

(a) Hospital shall provide emergency services overseen by a medical director of emergency services who shall be certified by the American College of Emergency Physicians in emergency medicine or the equivalent osteopathic board, be eligible to sit for the examination in emergency medicine, or have equivalent training or experience in emergency medicine in the following skills in accordance with the American College of Emergency Physicians (ACEP) “Emergency Department Planning and Resource Guidelines,” (2014 edition), available as noted in Appendix A:

- (1) Bladder catheterization;
- (2) Cardiopulmonary resuscitation;
- (3) Cardiac electro conversion;
- (4) Cardiac pacer placement;
- (5) Cricothyrotomy;
- (6) CVP catheter placement;
- (7) EKG interpretation;
- (8) Endotracheal intubation;
- (9) Gastric lavage;
- (10) Initial fracture/dislocation management;
- (11) Nasal packing;
- (12) Pericardiocentesis;
- (13) Spinal immobilization; and
- (14) Thoracotomy tube drainage.

Edit. Restructure (i.e., subdivide) this language to eliminate the use of multiple requirements in introductory language.

(b) The medical director of emergency services shall hold current certification in advanced cardiac life support from the American Heart Association and in advanced trauma life support from the American College of Surgeons.

(c) An emergency department shall offer comprehensive emergency care to all individuals regardless of ability to pay 24 hours a day with at least one physician experienced in emergency care in the emergency care area or immediately available within the hospital.

Edit. no caps

(d) An emergency department shall employ or contract with licensed practitioners in the field of psychiatry, psychology, or other medical practitioners recognized by the Board of Medicine to have the knowledge and expertise to treat individuals in need of emergency mental health treatment to meet the mental health needs of individuals who present in the emergency department for mental health treatment.

Edit. Replace comma with "or".

(e) The nursing director of the emergency services shall be a registered nurse who is qualified by education, training, and experience to supervise the provision of emergency nursing services.

(f) The emergency department shall contain:

- (1) Appropriate access from ambulance unloading area to facilitate easy transfer of patients;
- (2) A waiting area for families of patients who are being treated or for patients waiting to be seen;
- (3) Treatment rooms for the care of emergency patients that are equipped to provide treatment of life-threatening conditions; and
- (4) Treatment areas which provide privacy for patient treatment without compromising patient care.

(g) Emergency service policies and procedures shall be developed regarding assessment and treatment by physicians and other personnel.

(h) The hospital shall develop a procedure for reporting suspected or alleged cases of child or adult abuse and neglect and emergency service personnel shall be trained in this procedure.

(i) Documentation of care provided in the emergency service department shall include the following information:

- (1) A record of the emergency care provided; and
- (2) A record of any emergency care provided prior to the patient's arrival in the emergency room.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-P 802.14(n)	United States Center for Disease Control and Prevention “2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” (June 2007 Edition)	<p>Publisher: United States Center for Disease Control and Prevention</p> <p>Cost: Free of Charge</p> <p>The incorporated document is available at: https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf</p>
He-P 802.34(a)	American College of Emergency Physicians (ACEP) “Emergency Department Planning and Resource Guidelines” (2014 Edition)	<p>Publisher: American College of Emergency Physicians (ACEP)</p> <p>Cost: Free of Charge</p> <p>The incorporated document is available at: https://www.acep.org/globalassets/new-pdfs/policy-statements/emergency-department-planning-and-resource-guidelines.pdf</p>

Appendix B

Rule	Specific State or Federal Statutes the Rule Implements
He-P 802.03	RSA 151:9, I(a) and (b)
He-P 802.14	RSA 151:9, I(a)
He-P 802.18	RSA 151:9, I(a)
He-P 802.34	RSA 151:9, I(a)