

Notice Number 2022-8

Rule Number Med 608

1. Agency Name & Address:

**Board of Medicine
c/o Office of Professional
Licensure & Certification
7 Eagle Square
Concord, NH 03301**

2. RSA Authority: RSA 329:9, II

3. Federal Authority: n/a

4. Type of Action:

Adoption _____

Repeal _____

Readoption _____

Readoption w/amendment X

5. Short Title: **Renewal Application**

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

Med 608.01 describes the renewal application and is being readopted with amendment to change the reporting of felony, misdemeanor, termination of a relationship with a registered supervisory physician, termination of employment, subject of disciplinary action, denied a license, surrendered a license, monitored or treated by a physician health program, restricted in an manor by the DEA, been reported to the NPDB, or had a malpractice claim(s) from within the last 12 months to the last 24 months.

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

The groups affected by these rule changes are licensees renewing their NH license with the Board of Medicine.

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

Rule	Statute Implemented
Med 608	RSA 541-A:16, I(b)

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

Name: **Tina Kelley**

Title: **Program Specialist IV**

Address: **Office of Professional
Licensure and Certification
7 Eagle Square
Concord, NH 03301**

Phone #: **(603) 271-5247**

Fax#: **(603) 271-0597**

E-mail: **OPLC-Rules@oplc.nh.gov**

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

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Wednesday, March 2, 2022 at the conclusion of the public hearing.**

Fax

E-mail

Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Wednesday, March 2, 2022 at 2:30 pm**

Place: **Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH 03301**

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

FIS # 21:142, dated 12-15-2021

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 to 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:

These rules do not violate Part I, Article 28-a of the New Hampshire Constitution. These rules do not mandate or assign this program to any political subdivision in any way.

APPENDIX II-G

COVER SHEET FOR FINAL PROPOSAL

Notice Number 2022-8 Rule Number Med 608

<p>1. Agency Name & Address: Board of Medicine c/o Office of Professional Licensure & Certification 7 Eagle Square Concord, NH 03301</p>	<p>2. RSA Authority: <u>RSA 329:9, II</u> 3. Federal Authority: <u>n/a</u> 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: **Renewal Application**

6. Contact person for copies and questions:

Name:	Tina Kelley	Title:	Program Specialist IV
Address:	Office of Professional Licensure and Certification 7 Eagle Square Concord, NH 03301	Phone #:	(603) 271-5247

7. The rulemaking notice appeared in the Rulemaking Register on March 18, 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.

Readopt with amendments Med 608, effective 8-6-21 (Document #13249), to read as follows:

PART Med 608 LICENSE RENEWAL

Med 608.01 Renewal Application.

Note to JLCAR. Chapter 264 (HB 615) of the Laws of 2019 changed the renewal times for licenses from annual to biennial.

(a) On or before October 31, of every other year, the board shall forward a license renewal application for the coming year to each licensee. The applicant shall file the completed renewal application no later than December 31. For the transition from annual to biennial renewal, licensees who were initially licensed in odd-numbered years prior to 2021 shall renew by December 31, 2021 and every 2 years thereafter, and licensees who were initially licensed in even-numbered years shall renew by December 31, 2022 and every 2 years thereafter.

(b) Persons seeking renewal of a physician assistant license shall complete and submit form “Physician Assistant Renewal Application,” revised 5/2022, containing, on or as an attachment to the application, the following:

Edit. The edition date here and on the form should be 6/2022.

- (1) Name, telephone number, email address, and home address of the licensee, including street address and mailing address;
- (2) Place(s) of employment, business address, and business telephone number and business email address;
- (3) Name and New Hampshire license number of RSP;
- (4) Other states where the licensee holds a current license;
- (5) Copy of current national certification issued by the NCCPA;
- (6) The applicant’s ~~US Drug Enforcement Agency (DEA)~~ license number, the state of issuance, and the expiration date;
- (7) Whether the applicant has, within the past 24 months, been found guilty or pleaded no contest to any felony or misdemeanor;
- (8) Whether the applicant has terminated a relationship with a registered supervisory physician or terminated employment for any reason during the past 24 months;
- (9) Whether the applicant has been the subject of disciplinary action, or has been denied a license or surrendered a license in any state or jurisdiction within the past 24 months;
- (10) Whether the applicant is currently or has in the past 24 months been monitored or treated by a private, state, medical society, or hospital physician health program other than through the NH board approved physician health program or has been restricted in any manner by the US Drug Enforcement Agency (DEA);
- (11) Whether the applicant is suffering from any condition, mental or physical, that impairs their judgment or that would otherwise adversely affect his or her ability to practice medicine in a competent, ethical, and professional manner;
- (12) Whether the applicant has been the subject of any investigation or disciplinary

Edit. There shouldn't be annotations in a fixed text document.

proceeding or has been reported to the National Practitioners Data Bank (NPDB) within the past 24 months;

(13) Whether any malpractice claims have been made against the applicant within the past 24 months;

(14) If responses to questions (6) through (11) above are in the affirmative, a written explanation of the circumstances;

(15) Whether the applicant has registered with the Controlled Drug Health and Safety Program (also known as the N.H. Prescription Drug Monitoring Program);

(16) The renewal applicant shall furnish the last 4 digits of his or her social security number required pursuant to 45 CFR Part 60.8 and RSA 161-B:11, VI-a. The applicant shall furnish the last 4 digits of his or her social security number on the line provided below the following preprinted statement: “The board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory.”;

Edit. Move up to previous line.

(17) The applicant's signature and the date of the applicant's signature, certifying the accuracy of his or her responses under the penalty for unsworn falsification pursuant to RSA 641:3; and

(18) The fee required in Med 306.01.

(c) Applications which do not contain all of the information required in section (b) above shall not be accepted for filing and shall be returned, unprocessed to the applicant.

(d) Pursuant to RSA 126-A:5, XVIII-a(a) and RSA 330-A:10-a, licensees shall complete, as part of their renewal application, the New Hampshire division of public health service’s health professions survey issued by the state office of rural health and primary care, department of health and human services.

(e) The board shall provide licensees with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application. The opt out form may be accessed at the state office of rural health and primary care at <https://www.dhhs.nh.gov/dphs/bchs/rhpc/data-center.htm> and at the board’s website at www.oplc.nh.gov/board-medicine.

(f) Licensees choosing to opt-out of the survey shall submit the completed opt out form described in He-C 801.04, to the State office of rural health and primary care, department of health and human services, via one of the following:

- (1) Mail;
- (2) Email; or

Note to JLCAR. RSA 310-A:1-d, II(h)(1) and RSA 310-A:1-e, I(a) gave all fee authority to the OPLC Director, eff. 7-1-18, but fee authority still existed in the Board of Medicine pursuant to RSA 329:2, II(e). Section 80 of SB 58, 2021, (page 18), effective 7-1-2021, deleted the Board's statutory fee authority contained in RSA 329:2, II(e). The fees as established by the Board and not the OPLC Director are listed in Table 3.6.1 in Med 306.01.

Edit. Do not use parenthetical rules. Use commas or otherwise reword the language.

Edit. Because of the intro language of (b), it's not necessary to say "the applicant shall".
Suggestion: "The last 4 digits of the applicant's social security number pursuant to 45 CFR...and on the line below..."

(3) Fax.

(g) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 126-A:5 XVIII-a.(c).

Note to agency. The appendix doesn't need to be on a separate page.



Appendix

Rule	Specific State Statute the Rule Implements
Med 608	RSA 328-D:5; RSA 328-D:10, I(c); RSA 318-B:33, II