Bill as Introduced

HB 463 – AS INTRODUCED

2003 SESSION

03-0723
01/09

HOUSE BILL ***463***

AN ACT adding certain health care providers to certain statutes.

SPONSORS: Rep. French, Merr 34; Rep. Sokol, Graf 17

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill adds licensed physician assistants, and licensed advanced registered nurse practitioners to the statutes on walking disability plates and placards, resuscitation orders, and death records.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

03-0723
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Three

AN ACT adding certain health care providers to certain statutes.

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

1 Walking Disability; Certain Health Care Providers Added. Amend the introductory paragraph of RSA 261:88, I(c) to read as follows:

(c) "Walking disability" means a disability which limits or impairs a person's ability to walk, as determined by a licensed physician, ***licensed physician's assistant, or licensed advanced registered nurse practitioner,*** to such an extent that such person:

2 Walking Disability; Certain Health Care Providers Added. Amend RSA 261:88, III to read as follows:

III. An applicant for such special plates shall furnish the director with satisfactory proof, as the director may require, that the applicant meets the requirements of paragraph II. Such proof must be submitted every 4 years except in the case of a veteran who has been evaluated by the United States Department of Veterans Affairs to be permanently and totally disabled from service-connected disability. Such proof shall only have to be made upon initial application. Satisfactory proof of a walking disability, at a minimum, shall consist of the certification of a licensed physician, ***licensed physician's assistant, or licensed advanced registered nurse practitioner*** that the applicant meets the definition, set forth in paragraph I, of persons with walking disabilities. Upon request and for a fee of $1.50 per plate, the director shall exchange special plates for regular plates currently issued to an applicant who qualifies for special plates.

3 Walking Disability; Certain Health Care Providers Added. Amend RSA 261:88, VI to read as follows:

VI. Upon the application of a person with a temporary walking disability, the director shall issue a temporary removable windshield placard. The placard shall comply with the standards set forth in 23 CFR Part 1235, Appendix B. The temporary removable windshield placard shall be displayed in such a manner that it may be viewed from the front and the rear of the vehicle by hanging it from the front windshield rearview mirror of a vehicle utilizing a parking space reserved for persons with disabilities. When there is no rearview mirror, the placard shall be displayed on the dashboard. Upon request, the director shall issue one additional temporary removable windshield placard to applicants. Application for a temporary removable windshield placard shall be accompanied by the certification of a licensed physician, ***licensed physician's assistant, or licensed advanced registered nurse practitioner*** that the applicant meets the definition set forth in paragraph I of

persons with walking disabilities. The certification shall also include the period of time that the physician determines the applicant will have the disability, which period of time shall not exceed 6 months. The expiration date of the temporary placard shall be noted on the placard.

4 Emergency Medical and Trauma Services; Rulemaking. 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, durable powers of attorney for health care established under RSA 137-J, and patient-requested, physician, ***licensed physician's assistant, or licensed advanced registered nurse practitioner*** generated orders relative to resuscitation.

5 Death Records; Certain Health Care Providers Added. Amend RSA 290:1 to read as follows:

290:1 Death Records. Whenever a person shall die, the physician, ***licensed physician's assistant, or licensed advanced registered nurse practitioner*** attending at the last sickness shall complete and deliver to the funeral director, town clerk, next-of-kin as defined in RSA 290:16, IV, or designated agent under RSA 290:17 or shall complete electronically and forward immediately to the bureau of vital records and health statistics, a death record, duly signed, setting forth, as far as may be, the facts required by rules of the department of health and human services as provided in RSA 126:2. The cause or causes of death shall be printed or typed on all records required to be furnished under this section. The funeral director, town clerk, next-of-kin, or designated agent shall transmit electronically the record of death to the bureau of vital records and health statistics.

6 Fetal Death Records; Certain Health Care Providers Added. Amend RSA 290:1-a to read as follows:

290:1-a Fetal Death Records. Whenever a fetal death shall occur, the attending physician, ***licensed physician's assistant, or licensed advanced registered nurse practitioner*** shall fill out a fetal death record. This will be solely a statistical report.

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

Amendments

Rep. French, Merr. 34
February 5, 2003
2003-0192h
01/09

Amendment to HB 463

Not Used

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

1 Walking Disability; Certain Health Care Providers Added. Amend the introductory paragraph of RSA 261:88, I(c) to read as follows:

(c) "Walking disability" means a disability which limits or impairs a person's ability to walk, as determined by a licensed physician[,] ***or licensed advanced registered nurse practitioner*** to such an extent that such person:

2 Walking Disability; Certain Health Care Providers Added. Amend RSA 261:88, III to read as follows:

III. An applicant for such special plates shall furnish the director with satisfactory proof, as the director may require, that the applicant meets the requirements of paragraph II. Such proof must be submitted every 4 years except in the case of a veteran who has been evaluated by the United States Department of Veterans Affairs to be permanently and totally disabled from service-connected disability. Such proof shall only have to be made upon initial application. Satisfactory proof of a walking disability, at a minimum, shall consist of the certification of a licensed physician ***or licensed advanced registered nurse practitioner*** that the applicant meets the definition, set forth in paragraph I, of persons with walking disabilities. Upon request and for a fee of $1.50 per plate, the director shall exchange special plates for regular plates currently issued to an applicant who qualifies for special plates.

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walking disabilities. The certification shall also include the period of time that the physician determines the applicant will have the disability, which period of time shall not exceed 6 months. The expiration date of the temporary placard shall be noted on the placard.

4 Emergency Medical and Trauma Services; Rulemaking. Amend RSA 153-A:20, II to read as follows:

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

2003-0192h

AMENDED ANALYSIS

This bill adds licensed advanced registered nurse practitioners to the statutes on walking disability plates and placards, resuscitation orders, and death records.

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 463 Date 2/5/03

Committee HHS

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
Margaret Walker	Po Box 36 Northwood	271-6349	NH Board of Nsg	✓	
Lisch Carpenter	New London	526-8899	NH Nurses' Assoc.	X	

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 463

BILL TITLE: adding certain health care providers to certain statutes.

DATE: February 5, 2003

LOB ROOM: 205 **Time Public Hearing Called to Order:** 10:45 a.m.

Time Adjourned: 11:55 a.m.

(please circle if present)

Committee Members: Reps. Batula, Dalrymple, Chabot, Joseph Manning, P. Katsakiores, Pilliod, Wendelboe, MacKay, S. Eaton, Barry, C. Brown, Daniels, McMahon, Price, Weldy, French, Seldin, Harris, Sokol, Shultis and Miller.

Bill Sponsors: Rep. French, Sokol

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Barbara French, prime sponsor. Introduced the bill and spoke in favor of its passage.

*Lisah Carpenter, NH Nurse Practitioners Assn. Spoke in favor of the bill. She gave a history of the evolution of nurse practitioner practice. She spoke of this as a logical updating of the statute to add in nurse practitioner to already existing statutes when they are being revised. Specifically, she spoke of the importance of adding ARNP's to emergency (EMS) section and the section dealing with death. Rep. Barry (Question): Does this change existing law? (Answer): No this only adds ARNP and CPH's. Rep. Miller (Question): What is the difference between these two groups? (Answer): Can only speak about ARNP. Requires an MSN and specialized training with considerable supervision. All are licensed with a scope of practice that is defined (e.g., pediatric nurse). Rep. Miller (Question): Does ARNP's have to take an examination? (Answer): They must pass a national examination. Rep. Price (Question): How many are in practice? (Answer): In New Hampshire, there are about 1200 nurse practitioners. Maybe 24 are in private practice. Rep. Shultis (Question): What is a scope of practice? (Answer): Defines area of specialty. Can prescribe based on scope of practice and a limited formulary which is controlled by a group of medical professionals.

*Kathleen Kidder, Nurse Practitioner from New London and President of the NH Nurse Practitioners Assn. She has a private practice. She spoke in favor of the bill. She spoke about her practice and explained why the provisions of this bill are important. She said that this bill does not extend the ARNP scope of practice. No questions were asked by committee members.

Janet Monahan, New Hampshire Medical Society. The NH Medical Society is opposed to this bill. She did not feel informed enough to answer questions, but said that if there is a subcommittee on the bill, she would find a doctor qualified to speak. She added that PH's should not be included in this bill.

PUBLIC HEARING
HB 463
February 5, 2003

Page 2

Mary Kazarnowski, ARNP, Bedford. Spoke in favor of this bill and explained her practice. She discussed the importance of having the ability to write a DNR order to stop resuscitation. Without such an order, the EMS would proceed with resuscitation. Rep. Dalrymple (Question): Where does New Hampshire stand among other states concerning DNR orders? (Answer): Don't know. Rep. Miller (Question): Is an ARNP not eligible for DEA license? (Answer): No, I do have a DEA license. Rep. Pilliod (Question): New law last year, EMS not allowed to declare death, but they can decide not to resuscitate. Rep. Weldy (Question): Doesn't a living will cover the issue? (Answer): No. Your desires do not have to be followed.

Ellen Warecki, New Boston. Family ARNP. Spoke in favor. Specializes in rheumatology – joint and bone disease. She emphasized the need to have the authority to authorize handicapped parking permits. Rep. Shultis (Question): What is DEA? (Answer): Drug Enforcement Agency.

Margaret DiTulio, Atkinson. Family Nurse. Spoke in favor of the bill. She is in private practice, so that she can allow her patients more time than in clinic or group practice. She has an interest in end-of-life issues and supports that part of the bill. Rep. Weldy (Question): Does the bill have any implication as to Medicaid? (Answer): Don't know. Rep. Pilliod (Question): Does NH have one of the most global scopes of practice? (Answer): Yes, but other states are catching up. Rep. Pilliod (Question): NH is ahead of other states? (Answer): It is one of the forerunners. Rep. Pilliod (Question): Are we losing the need for medical collaboration? (Answer): No. My experience is that professionals are not divided.

John Stephen, Asst. Commissioner, Department of Safety. The Safety Department generally opposes the section dealing with handicapped plates. 8% of New Hampshire drivers have a type of handicapped plates. Most states range from 3-5%. Rep. Weldy (Question): Shouldn't the state just issue disability plates automatically at a certain age? (Answer): One department would be interested in considering that. Rep. Sokol (Question): You are concerned about too many handicapped plates. Do you think that adding ARNP's will increase the number of plates? (Answer): Ask yourself, will this further relax getting those plates? We are getting a large number of complaints every day. Rep. Brown (Question): After death, are the plates returned to DMV? (Answer): We probably don't know about the death. There is a serious problem because the fine for misuse of handicapped plates is only $50 – very low. The committee should consider raising that fine.

Pink Cards:
- ✓ Kathleen Kidder, ARNP, representing NHNPA/self, Life Long Care of New London, New London. 526-4144. Supports the bill.
- ✓ Lisah Carpenter, representing NH Nurse Practitioners Assn., New London. 526-8899. Supports the bill.
- ✓ Janet Monahan, representing NH Medical Society, 7 N. State St., Concord 03301. 224-1909. Opposes the bill.
- ✓ Mary Kazarnowski, 11 Weymouth Drive, Bedford. 472-2550. Supports the bill.
- ✓ Ellen Warecki, ARNP, 85 Weare Rd., New Boston. 487-2976. Supports the bill.
- ✓ Margaret DiTulio, 144 Brown Hill Rd., Atkinson. 382-8519. Supports the bill.
- ✓ John Stephen, Asst. Commissioner, NH Department of Safety. Opposes the bill.

Respectfully submitted,

Rep. James R. MacKay
Committee Clerk

JRM:co

Testimony

Mary Kazanowski ARNP, PhD, AOCN
11 Weymouth Drive
Bedford, NH 03110
(603) 472-2550

February 3, 2003

Chairman Batula and Members of the House Health, Human Services and Elderly Affairs Committee
Legislative Office Building
Concord, NH 03301

Dear Chairman Batula and Honorable Members of the House Health, Human Services and Elderly Affairs Committee:

I am a nurse practitioner, advanced oncology certified nurse, and professor of nursing, and have worked in palliative home hospice care since 1994. **I strongly support HB 463** which allows ARNPs to certify death certificates, sign orders for handicapped plates, and to write patient-initiated Do-Not-Resuscitate (DNR) orders for patients at home. Each of these initiatives would improve access to care for citizens of New Hampshire, and potentially improve the quality of lives of terminally ill individuals and those with disabilities. Although all of these initiatives are important, I would like to elaborate on the significance of the third proposal in particular (i.e. that ARNPs be allowed to write DNR orders).

As a palliative care/home hospice nurse, I have cared for hundreds of people with terminal disease at the end of their lives. Many of these patients have made the decision not to be resuscitated. The problem with resuscitation of a terminally ill person is that it may be painful, is not successful of over 96% of cases, and it deprives the person of a peaceful death. More importantly, to resuscitate a person against his or her wishes, deprives that individual of the fundamental right to make one's own health care decisions.

Having made the decision to die a natural death, these patients are generally discouraged from calling the Emergency Medical System (911). If EMS personnel are called, they are mandated to resuscitate clients who are breathless and pulse less, unless a written DNR order, signed by a physician, is available in the home. For a variety of reasons, a written DNR order may not be in the home.

Approximately, 25% of individuals admitted to hospice services are admitted within seven days of their death. This short stay often does not allow for written DNRs, initiated by patients, to be mailed to physicians, signed, and returned to patients in a timely fashion. Patients may also postpone making a decision regarding their DNR status until they are very close to death. Nurses who visit patients in the home are often the ones who initiate DNR discussions and witness that a patient does not want resuscitation. They confer with the physician by phone and receive a verbal DNR order. Without the physicians written order, however, EMS personnel feel mandated to resuscitate.

Even with a plan in place, patients and/or families in home hospice may at times feel the need to call Emergency Medical Services. Clients who call EMS should not be forced to undergo resuscitation in order to receive symptom management.

In November 2002, Last Acts, the nation's largest coalition working for better care near the end of life issued its report that America does only a mediocre job of caring for its most seriously ill and dying patients. Allowing ARNPs to sign a patient-initiated DNR order will improve our system of care for dying patients, and help ensure that citizens with terminal illness in New Hampshire have their voices heard. Thank you for the opportunity to share my opinion on this important matter. **Please support HB 463.**

Sincerely,

Mary Kazanowski ARNP, PhD, AOCN

NEW HAMPSHIRE NURSE PRACTITIONER ASSOCIATION

HB 463, adding certain health care providers to certain statutes

Position:	**SUPPORT**
Hearing date:	**February 5, 2003**
Committee:	**Health, Human Services and Elderly Affairs**
Contact:	**Lisah K. Carpenter, Executive Director**

The New Hampshire Nurse Practitioner Association (NHNPA) supports HB 463. Presently, there are 1,234 Advanced Registered Nurse Practitioners (ARNPs) licensed in New Hampshire. These practitioners provide quality health care to thousands of residents every day, making NH the #1 state in the country for access to health care. They work in offices, clinics, hospitals, schools, nursing homes, home care, and hospice. They serve as team leaders in acute care settings, often mentoring physician interns and residents, and they offer comprehensive preventive care and treatment modalities in outpatient and home settings.

ARNPs have plenary authority, granted by the Legislature in 1991. They are independent clinicians, who own their own practices, and are credentialed and reimbursed individually by private insurers, Medicare and Medicaid.

HB 463 does not expand ARNP practice. Each task impacted in HB 463 – assessing for a patient's mobility status for handicapped plates; pronouncing death; and, assisting patients with their end-of-life decisions – is presently within an ARNP's scope of practice. Barriers to carrying out these tasks lie in the outdated language of current statutes.

HB 463 does not compromise public safety. ARNPs are qualified by education and experience to perform the three tasks identified in this bill – beyond that, no provision involves treatment decisions.

- In the first instance, assessing the need and authorizing handicapped plates only serves to assist patients when limited mobility presents – there is no possible negative outcome by permitting patients to obtain these services from their ARNP primary care provider. In our aging population, mobility is becoming a greater issue. It is an unnecessary burden to require a patient to see a physician with whom they are unfamiliar, when the services can be provided competently and safely by their ARNP primary care provider.

- Secondly, under current law, ARNPs may pronounce death and complete the upper portion of the death certificate, which indicates cause of death. Then they must locate a physician to certify the document, even when the physician has never seen the patient. Again, there is no possible negative outcome for the patient to simplify this process.

- Finally, with respect to Do-Not-Resuscitate orders for patients at home, these are by statute patient-initiated orders. Patients are free to complete advanced directive documents on their own – this is just another step in assisting patients regarding their final wishes around health care.

HB 463 supports continuity of care between patients and their ARNP primary care providers.

HB 463 makes greater use of an ARNP's present scope of practice, which will serve as a cost-saving tool within the healthcare delivery system.

NHNPA urges you to support HB 463. Thank you.

P.O. Box 833 • Concord, New Hampshire 03302-0833 • 603/648-2233

STATE OF NEW HAMPSHIRE
NEW HAMPSHIRE BOARD OF NURSING
78 REGIONAL DRIVE, BLDG. B
PO BOX 3898
CONCORD NH 03302-3898

Webpage: http://www.state.nh.us/nursing

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323 **Nurse Asst.** 603-271-6282

New Hampshire Board of Nursing In Support of House Bill 463

As a representative of the New Hampshire Board of Nursing, I offer the following in support of this bill adding certain health care providers to certain statutes. Currently Advanced Registered Nurse Practitioners (ARNP) fully assess their client disabilities, act in emergency care situations, develop plans of care for those individuals needing terminal care as well as other practice issues. ARNPs have independent practice and plenary authority approved by the N. H. Legislature. The intent of this bill will not expand any duties the ARNP currently provides to the citizens of the State of New Hampshire.

The New Hampshire Board of Nursing already recognizes the Advanced Registered Nurse Practitioner as an independent provider of healthcare. These licensees act in many practice settings and have extensive experience and knowledge to provide care to their clients.

Respectfully submitted,

Margaret J. Walker

Margaret J. Walker MBA, BS, RN
Acting Executive Director
New Hampshire Board of Nursing

HOUSE COMMITTEE RESEARCH OFFICE
New Hampshire House of Representatives
4th Floor, Legislative Office Building
Concord, New Hampshire 03301
TDD Access: Relay NH
1-800-735-2964

603-271-3600

MEMORANDUM

TO: **Representative Peter Batula, Chairman**
Health, Human Services and Elderly Affairs Committee

FROM: **Ann FitzGerald**
Committee Researcher

DATE: **February 5, 2003**

SUBJ: **HB 463 Adding certain health care providers to certain statutes.**

Attached please find copies of the pertinent statutes relative to HB 463, Adding certain health care providers to certain statutes.

RSA 261:88, I(c)
RSA 261:88, VI
Certificates of Title and Registration of Vehicles, Walking Disabilities Plates and Placards,

RSA 153-A:20, II
Emergency Medical and trauma Services, Rulemaking

RSA 290:1-a
Burials and Disinternments, Fetal Death Records

TITLE XXI
MOTOR VEHICLES

CHAPTER 261
CERTIFICATES OF TITLE AND REGISTRATION OF VEHICLES

Number Plates

Section 261:88

261:88 Walking Disability Plates and Placards. – In this section:

I. (a) "Removable windshield placard' means a two-sided, hanger style placard which includes on each side the international symbol of access, which is at least 3 inches in height, centered on the placard, and which is white on a blue shield, has an identification number, a date of expiration, and a seal or other identification of the department of safety.

(b) "Temporary removable windshield placard' means a two-sided, hanger style placard which includes on each side the international symbol of access, which is at least 3 inches in height, centered on the placard, and which is white on a red shield, has an identification number, a date of expiration, and the seal or other identification of the department of safety.

(c) "Walking disability' means a disability which limits or impairs a person's ability to walk, as determined by a licensed physician, to such an extent that such person:

(1) [Repealed.]

(2) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or

(3) Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than 1 liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest; or

(4) Uses portable oxygen; or

(5) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class 3 or class 4 according to standards set by the American Heart Association; or

(6) Is severely limited in the ability to walk due to an arthritic, neurological, orthopedic, or other medically debilitating condition.

II. The director shall design and issue, with the approval of the commissioner, special number plates which shall incorporate the international accessibility symbol. The director shall make such plates available as an optional number plate to be used on a motor vehicle:

(a) Owned by a person with a walking disability.

(b) Owned by an organization in this state and is primarily used to transport persons with walking disabilities.

(c) Owned by a relative of a person with a walking disability when such person is a resident of this state, member of the relative's household, and dependent on the owner of the motor vehicle as the person's primary means of transportation.

III. An applicant for such special plates shall furnish the director with satisfactory proof, as the director may require, that the applicant meets the requirements of paragraph II. Such proof must be submitted every 4 years except in the case of a veteran who has been evaluated by the United States Department of Veterans Affairs to be permanently and totally disabled from service-connected disability. Such proof shall only have to be made upon initial application. Satisfactory proof of a

walking disability, at a minimum, shall consist of the certification of a licensed physician that the applicant meets the definition, set forth in paragraph I, of persons with walking disabilities. Upon request and for a fee of $1.50 per plate, the director shall exchange special plates for regular plates currently issued to an applicant who qualifies for special plates.

IV. The director shall design and issue, with approval of the commissioner, vanity number plates to be used on motor vehicles owned by persons qualified to receive special number plates under paragraph II. The vanity number plate shall be of such design and shall bear such letters or letters and numbers as the director shall prescribe, provided that the plates shall incorporate the international accessibility symbol and there shall be no duplication of identification. The vanity number plate shall be issued only upon application, approval, and upon payment of the special fee established in RSA 261:89. All special fees collected under this section shall be distributed as set forth in RSA 261:89.

V. Upon application, the department shall furnish a hanging windshield placard without charge to a person with a walking disability who satisfactorily furnishes proof of such disability to the director. Any nonprofit agency serving a person with a walking disability may apply to the department for a hanging windshield placard. An applicant for such placard shall furnish the director with satisfactory proof, as the director may require, that the applicant will use the placard solely for the transportation of a person with a walking disability. The quantity of placards issued under this paragraph shall be at the discretion of the director. This placard shall meet the standards set forth in 23 C.F.R. Part 1235, Appendix A. The removable windshield placard shall be displayed in such a manner that it may be viewed from the front and rear of the vehicle by hanging it from the front windshield rearview mirror of a vehicle utilizing a parking space reserved for persons with disabilities. When there is no rearview mirror, the placard shall be displayed on the dashboard. A request from any nonprofit agency for a placard shall be approved by the administrator of the nonprofit agency and any other application for such a placard shall be accompanied by the certification of a licensed physician that the applicant meets the definition set forth in paragraph I of persons with walking disabilities. The placard shall expire 4 years from the date of issuance, and the expiration date shall be noted on the placard. The placard shall be renewed, upon application on forms provided by the director, if the director determines that the disability which necessitated the issuance of the placard continues. Upon request of the applicant, the director shall issue one additional placard to the applicant if the applicant does not have special license plates.

VI. Upon the application of a person with a temporary walking disability, the director shall issue a temporary removable windshield placard. The placard shall comply with the standards set forth in 23 CFR Part 1235, Appendix B. The temporary removable windshield placard shall be displayed in such a manner that it may be viewed from the front and the rear of the vehicle by hanging it from the front windshield rearview mirror of a vehicle utilizing a parking space reserved for persons with disabilities. When there is no rearview mirror, the placard shall be displayed on the dashboard. Upon request, the director shall issue one additional temporary removable windshield placard to applicants. Application for a temporary removable windshield placard shall be accompanied by the certification of a licensed physician that the applicant meets the definition set forth in paragraph I of persons with walking disabilities. The certification shall also include the period of time that the physician determines the applicant will have the disability, which period of time shall not exceed 6 months. The expiration date of the temporary placard shall be noted on the placard.

VII. The issuance of special plates shall not preclude the issuance of a hanging placard.

VIII. Any person who finds or has reason to believe that such special plates or placards are being improperly used may report any such violation to the department. Any police officer of a city or town who finds that such special plate or placard is being improperly used shall report such violation to the department. The director may, at his discretion, revoke such special plate or placard for violation of any provision or law related to the use of special plates or placards.

IX. The state of New Hampshire shall recognize removable windshield placards, temporary removable windshield placards and special license plates which have been issued by issuing authorities of other states and countries, for the purpose of identifying vehicles permitted to utilize parking spaces reserved for persons with walking disabilities.

X. Special license plates, removable windshield placards, or temporary removable windshield placards displaying the international symbol of access shall be the only recognized means of identifying vehicles permitted to utilize parking spaces reserved for persons with walking disabilities.

XI. In order to lawfully utilize parking spaces reserved for persons with walking disabilities, all persons or organizations holding special number plates, decals, cards or placards pursuant to RSA 261:88, as of January 1, 1994, and who have not submitted a doctor's certificate since January 1, 1992, must reapply using the procedure set forth in paragraphs II-VII. In the case of those persons or organizations who successfully reapply and who possess special number plates or placards as of January 1, 1994, the expiration date of such plates or placards shall be as was the case prior to January 1, 1994.

XII. The commissioner shall appoint an advisory committee to review complaints regarding such special plates or placards, to review applications for such plates or placards, to hear appeals of denials of such plates or placards, and to otherwise advise him on matters related to the administration of this section.

Source. RSA 260:18-a. 1957, 160:1. 1977, 301:1; 525:1. 1978, 26:1. 1979, 36:1; 417:1-3. 1981, 146:1; 479:59, 61. 1982, 39:10; 42:210. 1985, 109:1. 1988, 65:2. 1989, 316:1. 1992, 282:2. 1993, 268:1. 1994, 399:4, eff. Aug. 9, 1994. 1998, 369:1-4, eff. Aug. 25, 1998. 1999, 41:1, eff. July 20, 1999.



State of New Hampshire
Revised Statutes Online

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Chapter 153-A: Emergency Medical and Trauma Services

Section 153-A:1 Declaration of Policy and Purpose
Section 153-A:2 Definitions
Section 153-A:3 Emergency Medical and Trauma Services Coordinating Board
Section 153-A:4 Powers and Duties of the Coordinating Board
Section 153-A:5 Emergency Medical Services Medical Control Board; Chair; Duties; State Medical Director
Section 153-A:6 Regions and Districts
Section 153-A:7 Duties of the Commissioner
Section 153-A:8 Trauma Medical Review Committee
Section 153-A:9 Proceedings Confidential; Liability
Section 153-A:10 Licensure of Emergency Medical Service Units and Emergency Medical Service Vehicles
Section 153-A:11 Licensure of Emergency Medical Care Providers
Section 153-A:12 Authority for Licensed Advanced Emergency Medical Care Providers
Section 153-A:13 Revocation of License
Section 153-A:14 Investigations
Section 153-A:15 Fees
Section 153-A:16 Exception for Physician, Registered Nurse, and Physician Assistant
Section 153-A:17 Liability
Section 153-A:18 Limitation of Liability for Failure to Obtain Consent
Section 153-A:19 Mutual Aid
Section 153-A:20 Rulemaking
Section 153-A:21 Prohibited Acts; Penalties
Section 153-A:22 Administrative Fines
Section 153-A:23 Statement of Intent
Section 153-A:24 Responsibility for Public Agency Response Services
Section 153-A:25 Collections; Insurance
Section 153-A:26 Admissibility in Criminal Proceedings
Section 153-A:27 Court Order
Section 153-A:28 Intent
Section 153-A:29 Definitions
Section 153-A:30 Training
Section 153-A:31 Liability Limited
Section 153-A:32 Automated External Defibrillator Registry
Section 153-A:33 Registration Required

TITLE XII
PUBLIC SAFETY AND WELFARE

CHAPTER 153-A
EMERGENCY MEDICAL AND TRAUMA SERVICES

Section 153-A:20

153-A:20 Rulemaking. – The commissioner shall adopt rules, under RSA 541-A, relative to:

I. The licensing and operation of emergency medical service units, emergency medical service vehicles, and emergency medical care providers, including advanced emergency medical care providers.

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, durable powers of attorney for health care established under RSA 137-J, and patient-requested, physician generated orders relative to resuscitation.

III. Necessary equipment and staffing for emergency medical service vehicles, including standards of suitability for such vehicles used in the transportation of patients in relation to health, sanitation, safety, communications, maintenance, on-board medical equipment, safety equipment, extrication equipment, markings, garaging conditions, and care and condition of the emergency medical service vehicle and its equipment.

IV. Reporting by emergency medical service units and maintenance of patient records, including protecting the confidentiality of patient records.

V. Length of licensure and procedures for issuance, renewal, limitation, suspension, and revocation of licensure authorized under this chapter.

VI. Levels of qualifications for licensure, including demonstration of coverage for financial liability.

VII. Procedures for hearings and investigations.

VIII. Training, including training programs for students and emergency medical services instructor/coordinators, requirements for training agencies, testing and student supervision.

IX. Communication.

X. Patient triage and transfer.

XI. Mass casualty response.

XII. Certification standards for licensed physicians, registered nurses, and physician assistants, in accordance with RSA 153-A:16.

XIII. Fees required under this chapter.

XIV. Operation of emergency medical care units.

XV. Responsibilities and authority for councils established under RSA 153-A:6.

XVI. Methods of providing data to bodies established under this chapter while maintaining confidentiality as required under RSA 21-P:12-b, II(g).

XVII. What constitutes good cause for waiver of a license under RSA 153-A:10, VI and 153-A:11, V.

XVIII. A schedule of administrative fines imposed under RSA 153-A:22 for violation of this chapter or the rules adopted pursuant to it.

XIX. Procedures for notice and hearing prior to the imposition of an administrative fine imposed under RSA 153-A:22.

XX. The categories of classification of hospitals which provide adult and pediatric trauma services.

XXI. Procurement, storage, and security of noncontrolled and controlled prescription drugs approved

for use by emergency medical care providers in accordance with RSA 318 and RSA 318-B.

XXII. Implementation and administration of the automated external defibrillator registry established in RSA 153-A:32.

Source. 1999, 345:6, eff. July 1, 1999. 2002, 156:3, eff. July 14, 2002.

TITLE XXVI
CEMETERIES; BURIALS; DEAD BODIES

CHAPTER 290
BURIALS AND DISINTERMENTS

Section 290:1

290:1 Death Records. – Whenever a person shall die, the physician attending at the last sickness shall complete and deliver to the funeral director, town clerk, next-of-kin as defined in RSA 290:16, IV, or designated agent under RSA 290:17 or shall complete electronically and forward immediately to the bureau of vital records and health statistics, a death record, duly signed, setting forth, as far as may be, the facts required by rules of the department of health and human services as provided in RSA 126:2. The cause or causes of death shall be printed or typed on all records required to be furnished under this section. The funeral director, town clerk, next-of-kin, or designated agent shall transmit electronically the record of death to the bureau of vital records and health statistics.

Source. 1935, 95:1. RL 168:46. 1949, 98:4. RSA 290:1. 1955, 95:2. 1977, 530:3. 1983, 291:1. 1995, 310:181, eff. Nov. 1, 1995. 1997, 325:10, eff. Aug. 22, 1997. 1999, 62:1, eff. Jan. 1, 2000. 2002, 97:2, eff. July 2, 2002.

TITLE XXVI
CEMETERIES; BURIALS; DEAD BODIES

CHAPTER 290
BURIALS AND DISINTERMENTS

Section 290:1-a

290:1-a Fetal Death Records. – Whenever a fetal death shall occur, the attending physician shall fill out a fetal death record. This will be solely a statistical report.

Source. 1977, 530:4, eff. Sept. 13, 1977. 1997, 325:10, eff. Aug. 22, 1997.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 463

BILL TITLE: **adding certain health care providers to certain statutes.**

DATE: February 5, 2003

LOB ROOM: 205

Amendments:

Sponsor: Rep. French	OLS Document #:	2003	0192h
Sponsor: Rep.	OLS Document #:		
Sponsor: Rep.	OLS Document #:		

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. French — **AMENDMENT #0192h ONLY**

Seconded by Rep. Sokol — **MOTION FAILED**

Vote: 8-9 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Wendelboe

Seconded by Rep. McMahon

Vote: 12-5 (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: NO

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. James R. MacKay, Clerk
By Janeen Dalrymple, Vice Chair

OFFICE OF THE HOUSE CLERK 2003 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 463 Title: adding certain health care providers to certain statutes

PH Date: 2/5/03 Exec Session Date: 02/05/03

Motion: OTP Amend. only French Sokol Amendment #: 0192H

MEMBER	YEAS	NAYS
Batula, Peter L. Chairman		✓
Dalrymple, Janeen A. V Chairman	✓	
Chabot, Robert F	✓	
Manning, Joseph P		
Katsakiores, Phyllis M		
Pilliod, James P		✓
Wendelboe, Fran		✓
MacKay, James R		
Eaton, Stephanie		✓
Barry, J Gail		✓
Brown, Carolyn A	✓	
Daniels, Eric M		✓
McMahon, Charles E		✓
Price, Pamela G		✓
Weldy, Norman E	✓	
French, Barbara C	✓	
Seldin, Gloria	✓	
Harris, Sandra C		
Sokol, Hilda W	✓	
Shultis, Elizabeth C	✓	
Miller, Joseph M		✓
	8	9

MOTION FAILED

TOTAL VOTE:
Printed: 1/6/2003

OFFICE OF THE HOUSE CLERK 2003 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: 463 Title: adding certain health care providers to certain statutes

PH Date: __/__/__ Wendelboe McMahon Exec Session Date: 02/05/03

Motion: ITL Amendment #:

MEMBER	YEAS	NAYS
Batula, Peter L. Chairman	✓	
Dalrymple, Janeen A. V Chairman	✓	
Chabot, Robert F	✓	
Manning, Joseph P	absent	
Katsakiores, Phyllis M	absent	
Pilliod, James P	✓	
Wendelboe, Fran	✓	
MacKay, James R	absent	
Eaton, Stephanie	✓	
Barry, J Gail	absent	✓
Brown, Carolyn A	absent	✓
Daniels, Eric M	✓	
McMahon, Charles E	✓	
Price, Pamela G	✓	
Weldy, Norman E		✓
French, Barbara C		✓
Seldin, Gloria		✓
Harris, Sandra C	absent	
Sokol, Hilda W	✓	
Shultis, Elizabeth C	✓	
Miller, Joseph M	✓	
	12	5
TOTAL VOTE:	12	5

Committee Report

MAJORITY REPORT
COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 463**

TITLE: adding certain health care providers to certain statutes.

DATE: February 5, 2003 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Each year the Health committee receives bills requesting the legislature to expand the authority to various member groups in the medical field. House bill #463 would extend the authority of physician assistants and licensed advance registered nurses, regarding the statutes on walking disability plates/placards, resuscitation orders and death records. Current law restricts these actions to physicians. The majority of the Health committee has a strong belief that there exist a medical licensing board who has decided that the authority given to the physicians is based on their education and should not be expanded to other medical personnel via the legislature. The Health committee has great respect for the licensed physician assistants and the registered nurses who are a vital role in the medical care profession, but we did not feel that we in the legislature should be determining the qualifications and should leave that accountability to those state boards qualified to make those important medical decisions.

Vote 12-5.

Rep. Peter L. Batula
FOR THE MAJORITY

Original: House Clerk
cc: Committee Bill file

OB

Health, Human Services and Elderly Affairs

HB 463, adding certain health care providers to certain statutes. **INEXPEDIENT TO LEGISLATE**

Rep. Peter L. Batula for Health, Human Services and Elderly Affairs: Each year the Health committee receives bills requesting the legislature to expand the authority to various member groups in the medical field. House bill #463 would extend the authority of physician assistants and licensed advance registered nurses, regarding the statutes on walking disability plates/placards, resuscitation orders and death records. Current law restricts these actions to physicians. The majority of the Health committee has a strong belief that there exist a medical licensing board who has decided that the authority given to the physicians is based on their education and should not be expanded to other medical personnel via the legislature. The Health committee has great respect for the licensed physician assistants and the registered nurses who are a vital role in the medical care profession, but we did not feel that we in the legislature should be determining the qualifications and should leave that accountability to those state boards qualified to make those important medical decisions. **Vote 12-5.**

HB 463

Blurb.

Majority Report

Each year the Health committee receives bills requesting the legislature to expand the authority to various member groups in the medical field. House bill #463 tried extend the authority of physician assistants and licensed advance registered nurses, regarding the statutes on walking disability plates/placards, resuscitation orders and death records. Current law restricts these actions to physicians. the majority of the Health committee has a strong belief that there exists a medical licensing board who has dicided that the authority given to physicians is based on their education and should not be expanded to other medical personel via the legislature. the Health committee has great respect for the licensed physician assistants and the registered nurses who are a vital role in the medical care profession, but we did not feel that we in the legislature should be determining their qualifications and showed leave that accountability to those state boards qualified to make those important medical decisions.

Rep

PETER L. BATULA

Peter Batula

MINORITY REPORT
COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 463**

TITLE: adding certain health care providers to certain statutes.

DATE: February 5, 2003 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Advanced registered nurse practitioners currently enjoy plenary authority to assess, diagnose and prescribe. They often serve as the primary care provident for their patients. This bill would update three statutes to permit ARNP's to authorize handicapped plates and placards, certify death certificates and sign a patient requested written do-not resuscitate order. ARNP's currently have the education, competency, and scope of practice to perform the necessary assessments. Presently these orders are often co-signed by a physician who has no independent knowledge of the patient. ARNP's serve a vital role in health care delivery in New Hampshire. Our laws need more accurately reflect actual current practice.

Vote 8-9.

Rep. Barbara C. French
FOR THE MINORITY

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

pb.

Health, Human Services and Elderly Affairs

HB 463, adding certain health care providers to certain statutes. OUGHT TO PASS

Rep. Barbara C. French for **Health, Human Services and Elderly Affairs:** Advanced registered nurse practitioners currently enjoy plenary authority to assess, diagnose and prescribe. They often serve as the primary care provident for their patients. This bill would update three statutes to permit ARNP's to authorize handicapped plates and placards, certify death certificates and sign a patient requested written do-not resuscitate order. ARNP's currently have the education, competency, and scope of practice to perform the necessary assessments. Presently these orders are often co-signed by a physician who has no independent knowledge of the patient. ARNP's serve a vital role in health care delivery in New Hampshire. Our laws need more accurately reflect actual current practice. Vote 8-9.

HB 463

Minority Report

Advanced Registered Nurse Practitioners currently enjoy independent plenary authority to ~~assess~~ assess, diagnose and prescribe. They often serve as the primary care providers for their patients. This bill would ~~authorize handicapped~~ update three Statutes to permit ARNPs to authorize handicapped plates and placards, certify death certificates and sign a patient requested written do not resuscitate order. ARNPs currently have the education, competency, & scope of practice to perform the necessary assessments. Presently these orders are ~~first~~ co-signed by a physician who has no independent knowledge of the patient. ARNPs serve a vital role in health care delivery in New Hampshire. Our laws need to more accurately reflect actual current practice.

* Rep Barbara French /e.b.

Barbara French

Peter Batula

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 463**

TITLE: adding certain health care providers to certain statutes.

DATE: {Type DATE} CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote {Type VOTE}.

OTP 8-9

Rep. {Type NAME}
FOR THE COMMITTEE

French

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT