Important Notice

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March 25, 2021
No. 17

STATE OF NEW HAMPSHIRE

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First Year of the 167th Session of the New Hampshire General Court

SENATE CALENDAR

Important Notice

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THE SENATE WILL MEET IN REMOTE SESSION
ON THURSDAY, APRIL 1, 2021 AT 10:00 A.M.

The Senate Session on Thursday, April 1, 2021, will be live streamed at the following link:

http://sg001-harmony.sliq.net/00286/Harmony/en/View/Calendar/20210401/-1

Please note, this link will not be live until the Senate Session on

Thursday, April 1, 2021 at 10:00 a.m.

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PRESIDENT'S NOTE

Senate Committee hearings for the month of March will be held remotely due to the COVID-19 pandemic.

Senator Chuck Morse, Senate President

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LAID ON THE TABLE

SB 13-FN, adopting omnibus legislation on state taxes and fees.**03/11/2021, Pending Motion Refer to Finance Rule 4-5, Ways and Means, SJ 7**
SB 56, relative to reports by trustees of charitable trusts.**03/11/2021, Pending Motion Rerefer to Committee, Executive Departments and Administration, SJ 7**
SB 64, extending unpaid leave benefits to employees for COVID-19 purposes.**02/11/2021, Pending Motion Rerefer to Committee, Commerce, SJ 4**
SB 71, establishing a commission to develop science-based emissions reduction goals for the state of New Hampshire.**03/11/2021, Pending Motion Committee Amendment # 2021-0605s, Energy and Natural Resources, SJ 7**
SB 72-FN-A-LOCAL, relative to a state share of retirement system contributions by employers.**03/25/2021, Pending Motion Inexpedient to Legislate, Finance, SJ 9**
SB 76-FN, relative to modified risk tobacco products.**02/04/2021, Pending Motion Inexpedient to Legislate, Ways and Means, SJ 3**
SB 90, adopting omnibus legislation on redistricting.**03/18/2021, Pending Motion Inexpedient to Legislate, Election Law and Municipal Affairs, SJ 8**
SB 99-FN-LOCAL, relative to the amount of meals and rooms tax revenue that is distributed to municipalities. **03/11/2021, Pending Motion Refer to Finance Rule 4-5, Ways and Means, SJ 7**
SB 118-FN-A-LOCAL, relative to the property tax relief act of 2021.**03/04/2021, Pending Motion OT3rdg, Finance, SJ 6**
SB 119-FN, relative to the ordinary death benefit in the retirement system.**03/25/2021, Pending Motion Inexpedient to Legislate, Finance, SJ 9**
SB 127-FN-A-LOCAL, adopting omnibus legislation on appropriations.**03/25/2021, Pending Motion OT3rdg, Finance, SJ 9**
SB 128-FN-A-LOCAL, relative to a temporary change to operator compensation under the meals and rooms tax.**03/11/2021, Pending Motion Refer to Finance Rule 4-5, Ways and Means, SJ 7**
SB 130-FN, relative to education freedom accounts.**03/18/2021, Pending Motion Refer to Finance Rule 4-5, Education, SJ 8**
SB 159-FN, establishing the department of children's services and juvenile justice.**03/18/2021, Pending Motion Ought to Pass, Health and Human Services, SJ 8**
CACR 12, relating to the retirement age for judges. Providing that the mandatory retirement age for judges is repealed.**03/18/2021, Pending Motion Inexpedient to Legislate, Judiciary, SJ 8**

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CONSENT CALENDAR REPORTS

COMMERCE

SB 138, relative to consumer protections against profiteering in necessities.
Ought to Pass with Amendment, Vote 5-0.
Senator French for the committee.

As introduced, this bill would have allowed the New Hampshire Department of Justice to prohibit profiteering on certain products during an emergency. Some members of the Committee felt that Section 1 of the underlying bill needed additional work to address concerns raised during the public hearing. As amended, this bill would allow investment metals and investment gems to be physically delivered to banks, depositories, or storage facilities outside of New Hampshire. Currently, under RSA 421-B:1-102, (32)(B)(iii), these items must be physically delivered to the purchaser or to a designated New Hampshire bank or licensed broker dealer. As a result, New Hampshire consumers must pay expenses, such as shipping and insurance, which they wouldn't have to pay if they could store their metals or gems in a depository outside of the state.

HB 258, permitting wage and hour records to be approved and retained electronically.
Ought to Pass, Vote 5-0.
Senator Soucy for the committee.

Pursuant to RSA 279:27, an employer must keep records for each employee related to hours worked, wages paid, and on classifications of employment. Some businesses already keep these records electronically, while others have been concerned that this is not permitted under the existing statute. This bill would provide clarity to businesses by providing that records required under RSA 279:27 can be made, signed, acknowledged, approved, and retained electronically. This clarification is supported by the New Hampshire Department of Labor.

HB 303, relative to required pay.
Ought to Pass, Vote 5-0.
Senator Cavanaugh for the committee.

This bill was filed at the request of the New Hampshire Department of Labor. Under RSA 275:43-a, an employer must pay an employee for at least 2 hours of work. Municipal and county employees as well as ski and snowboard instructors are exempted from the existing statute as long as they're provided with other compensation that's at least equal to their rate of pay. For ski and snowboard instructors, other compensation could be free lift tickets; however, the department is unsure of what type of other compensation could be provided to municipal or county employees. This bill would clarify the language of the existing statute by making ski and snowboard instructors the only employees that can be provided with other compensation.

ENERGY AND NATURAL RESOURCES

SB 109, relative to municipal host customer generators serving political subdivisions.
Ought to Pass with Amendment, Vote 5-0.
Senator Avard for the committee.

Senate Bill 109 represents a modest but commonsense approach to expand net metering. For years, NH municipalities have been advocating for expanded net metering on behalf of their residents, businesses, and their taxpayers. This bill will allow political subdivisions, such as cities, towns, counties, and school administrative units, to group net meter with public and private renewable energy facilities that have total peak generating capacities between one and five megawatts. Permitting net metering above one megawatt will allow municipalities to save money on energy costs, encourage local investment, and increase energy independence. These energy cost savings will be passed on to residents and businesses through lower property taxes.

SB 113, relative to the alternative compliance payments for renewable energy obligations not met through the purchase of renewable energy credits.
Ought to Pass, Vote 5-0.
Senator Watters for the committee.

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This bill creates consistency in the state's Renewable Portfolio Standard, or RPS, which helps benefit in-state renewable electric generators. The bill sets the Alternative Compliance Payment, or ACP, across all RPS classes at $55. Over the past few years, NH has seen the closure or suspended operation of many of its biomass facilities. Biomass facilities have acted as major outlets for low-grade wood and their closure has adversely impacted NH's forest products industry. Increasing the ACPs will assist NH's renewable generators, stem the loss of economic activity within the forest products industry, and enable this industry to adapt and find other uses for low-grade wood. The bill also includes hydrogen derived from water within the RPS. This policy change will permit an innovative business to further develop a low-cost fuel resource in Groveton.

HB 192, relative to pistols permitted for the taking of deer.
Ought to Pass, Vote 5-0.
Senator Gray for the committee.

House Bill 192 updates the calibers in RSA 208:3-d to include newer and more commonly used calibers that can be used for the taking of deer in specific municipalities as listed in RSA 208:3, 3-a, 3-b, and 3-c. The bill also standardizes the number of rounds allowed in that firearm to six rounds. This change simplifies NH Fish and Game Department enforcement and is consistent with other changes moving forward in House Bill 342.

HB 193, relative to penalties for improper timber harvesting.
Ought to Pass, Vote 5-0.
Senator Gray for the committee.

This bill amends RSA 227-J:8, I and RSA 227-J:8-a to clarify the responsibilities of all parties involved in timber harvesting relative to timber trespassing. These changes extend culpability to a landowner who has provided false information about property boundaries and enabled the timber trespass to occur. Nothing in this bill increases or decreases timber trespass penalties.

HB 226, relative to the repeal of laws on produce safety.
Ought to Pass, Vote 5-0.
Senator Watters for the committee.

This bill adds a five-year extension to the repeal date of the state's produce inspection program under RSA 426-A. This program is required under the federal Food Safety Modernization Act, which is enacted by the US Department of Agriculture. The bill also creates a new section in the produce inspection program to give the Commissioner of the Department of Agriculture, Markets, and Food the ability to issue a "stop sale order" if produce is being sold in violation of produce safety rules.

HB 342, relative to the taking of game by certain lever-action firearms and relative to the number of rounds permitted in a firearm used to take deer.
Ought to Pass, Vote 5-0.
Senator Giuda for the committee.

House Bill 342 allows for the use of a lever-action carbine chambered in .357, .44 Magnum, or a .45 Colt to be used in specific areas of the state as listed in RSA 208:3, 3-a, 3-b, and 3-c. Using a lever-action carbine increases overall hunting safety in these compact areas of the state. The bill also increases the number of rounds in all firearms used for hunting. This change creates uniformity in Fish and Game statute, simplifies NH Fish and Game Department enforcement, and aligns with other changes in House Bill 192. The Department supports this legislation.

HB 529-FN, relative to cruelty to a wild animal, fish, or wild bird.
Ought to Pass, Vote 5-0.
Senator Perkins Kwoka for the committee.

It is currently a crime under RSA 644:8 to engage in defined acts of cruelty to a domestic animal or wild animal in captivity, with conviction leading to enhanced criminal penalties. However, the same enhanced criminal penalties are not imposed for the same acts toward a wild animal not in captivity. House Bill 529-FN fills a recognized gap in NH's Fish and Game laws and extends those same penalties that exist

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under RSA 644:8 to wildlife. This bill gives NH Fish and Game Conservation Officers the ability to protect wildlife from acts of cruelty. Importantly, the bill offers legal protections for those engaged in hunting, fishing, trapping, and other lawful activities under title XVIII and administrative rule. The NH Fish and Game Department is in support of this legislation.

HEALTH AND HUMAN SERVICES

SB 29, relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.
Inexpedient to Legislate, Vote 5-0.
Senator Whitley for the committee.

This bill allows a medical provider to request an exemption from the department of health and human services to the limitations on THC content in medical marijuana on behalf of a qualifying patient. The Therapeutic Cannabis Medical Oversight Board unanimously recommended that SB 29 is inexpedient to legislate. This bill pushes providers toward prescribing dosage rather than certifying their patients' conditions for therapeutic cannabis use ultimately setting an undesirably high bar for prior authorization from providers. This bill would also decrease product variety at ATCs and consequently create a new financial hardship on some patients. This bill would add unnecessary burdens to patients, ATCs, the department and the Therapeutic Cannabis program.

SB 121, relative to a state-based health exchange.
Re-refer to Committee, Vote 5-0.
Senator Avard for the committee.

This bill requires the insurance department to examine the implementation of a state health exchange and implement such an exchange upon approval of the joint health care reform oversight committee. The Senate Health and Human Services Committee unanimously voted for this bill to be re-referred to committee. The New Hampshire Insurance Department completed an initial report. The committee decided it would be best to re-refer the bill to further analyze the costs, benefits, liabilities, and federal changes relating to the bill.

HB 75, renaming and adjusting the membership of the New Hampshire commission on deafness and hearing loss.
Ought to Pass with Amendment, Vote 5-0.
Senator Sherman for the committee.

This bill changes the name of the New Hampshire commission on deafness and hearing loss to the New Hampshire commission for the deaf and hard of hearing and adds members to the commission. The bill changes the name of the commission to reflect people, rather than conditions, while also bringing the title into conformity with similar commissions in other states. This bill adds three members to the commission: one representative of private nursing facilities, one representative of county nursing facilities, and one representative of assisted living facilities. This bill, as amended, adds a fourth member to the commission representative of continuing care retirement communities.

JUDICIARY

SB 111, relative to claims for medical monitoring.
Re-refer to Committee, Vote 5-0.
Senator Carson for the committee.

This bill would establish the elements of a claim for medical monitoring and the damages that may be awarded. The Committee recommends re-referring this bill due to concerns raised during the hearing. By supporting the re-refer motion there will be an opportunity for the parties to attempt to resolve those concerns and subsequently bring forward language that would work for our New Hampshire citizens.

WAYS AND MEANS

SB 112, relative to historical racing.
Ought to Pass, Vote 5-0.
Senator Daniels for the committee.

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This bill defines and regulates pari-mutuel pools on historic horse racing. The bill is limited to existing licensed game operators, of which there are 15, for a period of three years. The committee heard support from numerous charities across the state about the positive impact this bill would have on their ability to raise revenue.

HB 306, relative to revenue estimates while operating under emergency orders caused by the COVID-19 pandemic.
Ought to Pass with Amendment, Vote 5-0.
Senator Hennessey for the committee.

This bill directs the House Ways and Means Committee chair to consider revenue estimates for the state as frequently as the chair determines is necessary by changing conditions. The House Ways and Means Committee felt that should another unforeseen circumstance occur that has a direct economic impact on our revenues that this legislation was necessary in order for them to collect needed revenue information from state agencies. The committee amendment requires the chair of the House Ways and Means Committee to notify the chair of the Senate Ways and Means Committee of any such meetings convened in accordance with this provision.

HB 324-FN, relative to the administration of certain state taxes by the department of revenue administration.
Ought to Pass, Vote 5-0.
Senator Giuda for the committee.

This bill seeks to leverage new technologies and process improvements due to the Department of Revenue's implementation of a new Revenue Information Management System (RIMS), which is replacing decades-old technology. The bill also includes several technical corrections or improvements to certain statutes administered by the DRA that will help taxpayers and small businesses.

HB 354, relative to the local option for sports betting.
Ought to Pass, Vote 5-0.
Senator Rosenwald for the committee.

This bill simply clarifies the language that would appear on a ballot when a municipality seeks to adopt sports betting. It will now mirror the language that would appear on a ballot relative to the adoption of keno. It does not change any provisions or limitations contained in existing law relative to sports betting.

REGULAR CALENDAR REPORTS

COMMERCE
SB 67, relative to paid sick leave.
Inexpedient to Legislate, Vote 3-2.
Senator French for the committee.
SB 137, relative to the minimum hourly rate for tipped employees.
Ought to Pass with Amendment, Vote 3-2.
Senator Gannon for the committee.
HB 95-FN, relative to milk pasteurization.
Re-refer to Committee, Vote 3-2.
Senator Soucy for the committee.

FINANCE
SB 96-FN-A, relative to implicit bias training for judges; establishing a body-worn and in-car camera fund and making an appropriation therefor; amending juvenile delinquency proceedings and transfers to superior court; and establishing committees to study the role and scope of authority of school resource officers and the collection of race and ethnicity data on state identification cards.
Ought to Pass with Amendment, Vote 6-1.
Senator Giuda for the committee.

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SB 117-FN, relative to the tolls at exit 10 in the town of Merrimack.
Ought to Pass, Vote 5-2.
Senator Daniels for the committee.
SB 132-FN, adopting omnibus legislation relative to COVID-19.
Ought to Pass with Amendment, Vote 7-0.
Senator Hennessey for the committee.
SB 133-FN, adopting omnibus legislation relative to occupational licensure.
Ought to Pass, Vote 7-0.
Senator Reagan for the committee.
SB 140-FN-A, adopting omnibus legislation making appropriations to the department of health and human services.
Ought to Pass with Amendment, Vote 7-0.
Senator Rosenwald for the committee.
SB 142-FN, adopting omnibus legislation relative to certain study commissions.
Ought to Pass with Amendment, Vote 7-0.
Senator D'Allesandro for the committee.
SB 150-FN, establishing a dental benefit under the state Medicaid program.
Ought to Pass, Vote 7-0.
Senator Rosenwald for the committee.
SB 157-FN-A, relative to funding of children's mental health services and making an appropriation to fund positions in the department of health and human services contracts and procurement unit.
Ought to Pass, Vote 7-0.
Senator Hennessey for the committee.

HEALTH AND HUMAN SERVICES
SB 74, relative to advance directives for health care decisions.
Ought to Pass with Amendment, Vote 5-0.
Senator Sherman for the committee.

JUDICIARY
SB 94, relative to juvenile diversion programs.
Ought to Pass with Amendment, Vote 5-0.
Senator Carson for the committee.
SB 154, prohibiting the state from enforcing a Presidential Executive Order that restricts or regulates the right of the people to keep and bear arms.
Ought to Pass with Amendment, Vote 3-2.
Senator French for the committee.

WAYS AND MEANS
HB 281-FN, relative to the tax expenditure report and relative to delaying the enactment of the single sales factor under the business profits and business enterprise taxes.
Inexpedient to Legislate, Vote 5-0.
Senator Giuda for the committee.

AMENDMENTS

Health and Human Services
March 25, 2021
2021-1022s
08/05

Amendment to SB 74

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

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1 Advance Health Care Directives. Amend RSA 137-J:1-3 to read as follows:

137-J:1 Purpose and Policy.

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

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

(b) ***Stating the person's wishes in the living will about end of life care and providing guidance to the person's agent, surrogate, and/or*** [~~Instructing his or her~~] attending ***practitioner*** ~~physician, PA, or APRN to provide, withhold, or withdraw life-sustaining treatment, in the event such person is near death or is permanently unconscious~~] .

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

III. While all persons have a right to make a written directive, not all take advantage of that right, and it is the purpose of the surrogacy provisions of this chapter to ensure that health care decisions can be made in a timely manner by a person's next of kin or loved one without involving court action. This chapter specifies a process to establish a surrogate decision-maker when there is no [~~valid advance directive~~] ***agent appointed under a durable power of attorney for health care*** or a guardian, as defined in RSA 464-A, to make health care decisions.

IV. This chapter seeks to simplify and clarify the process by which a person may execute a health care advance directive by combining in one form the durable power of attorney for health care document and the living will, either of which (or both) may be executed by the person. The law recognizes that it is preferable for a person to choose an agent under a durable power of attorney for health care document who can make decisions in real time and under then existing circumstances regarding health care decisions that best reflect the person's values, as articulated orally or in writing by the person. The law also recognizes that a person may wish to execute a living will that sets forth their wishes about end of life care that would be used by an agent or surrogate as guidance in implementing the person's wishes.

137-J:2 Definitions. In this chapter:

I. "Actively dying" means an incurable condition caused by injury, disease, or illness which is such that death is imminent and the application of life-sustaining treatment would, to a reasonable degree of medical certainty only postpone the moment of death to another imminent moment, as certified in the principal's medical record by 2 physicians, or a physician and another attending practitioner who is not under the supervision of the certifying physician.

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

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[~~II.~~] ***III.*** "Advanced practice registered nurse" or " APRN" means a registered nurse who is licensed in good standing in the state of New Hampshire as having specialized clinical qualifications.

[~~III.~~] ***IV.*** "Agent" means an adult to whom authority to make health care decisions is delegated under[~~an advance directive~~] ***a durable power of attorney for health care***.

[~~IV.~~] ***V.*** "Attending [~~physician, PA, or APRN~~] ***practitioner***" means the physician, physician assistant, or advanced practice registered nurse, selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient. If more than one physician, physician assistant, or advanced practice registered nurse shares that responsibility, any one of those physicians, physician assistants, or advanced practice registered nurses may act as the attending [~~physician, PA, or APRN~~] ***practitioner*** under the provisions of this chapter.

[~~V.~~] ***VI.*** "Capacity to make health care decisions" means the ability to understand and appreciate generally the nature and consequences of a health care decision, including the significant benefits and harms of and reasonable alternatives to any proposed health care. The fact that a person has been diagnosed with mental illness, brain injury, or intellectual disability shall not mean that the person necessarily lacks the capacity to make health care decisions.

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

VIII. "Certified in the principal's medical record" means the making of a statement in the medical record, whether such record is written or electronic.

[~~VI-a.~~] ***IX.*** "Close friend" means any person [~~21~~] ***18*** years of age or older who presents an affidavit to the attending physician stating that [~~he or she~~] ***the individual*** is a close friend of the patient, is willing and able to become involved in the patient's health care, and has maintained such regular contact with the patient as to be familiar with the patient's activities, health, and religious and moral beliefs. The affidavit shall also state facts and circumstances that demonstrate such familiarity with the patient.

[~~VII.~~] ***X.*** "Do not resuscitate identification" means a standardized identification necklace, bracelet, card, ***pink portable Do Not Resuscitate Order, POLST,*** or ***other*** written medical order that signifies that a "Do Not Resuscitate Order" has been issued for the principal.

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

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

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

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

[~~XII.~~] ***XV.*** "Health care provider" means [~~an individual or~~] ***a*** facility licensed, certified, or otherwise authorized or permitted by law to administer health care, for profit or otherwise, in the ordinary course of business or professional practice.

[~~XIII.~~] ***XVI.*** "Life-sustaining treatment" means any medical procedures or interventions which utilize mechanical or other medically administered means to sustain, restore, or supplant a vital function [~~which,~~

~~in the written judgment of the attending physician, PA, or APRN, would serve only to artificially postpone the moment of death, and where the person is near death or is permanently unconscious~~]. "Life-sustaining treatment" includes, but is not limited to, the following: medically administered nutrition and hydration, mechanical respiration, kidney dialysis, or the use of other external mechanical or technological devices. Life sustaining treatment may include drugs to maintain blood pressure, blood transfusions, and antibiotics. "Life-sustaining treatment" shall not include the administration of medication, natural ingestion of food or fluids by eating and drinking, or the performance of any medical procedure deemed necessary to provide comfort or to alleviate pain.

[~~XIV.~~] ***XVII.*** "Living will" means a [~~directive~~] ***written statement of guidance that*** [~~which, when duly executed, contains~~] ***sets forth*** the express [~~direction~~] ***wishes of the principal*** that ***attempts at life sustaining treatment shall be continued or that certain*** [~~no~~] life-sustaining treatment ***shall not*** be [~~given~~] ***attempted*** when the [~~person executing said directive~~] ***principal*** has been diagnosed and certified in [~~writing~~] ***the principal's medical record*** by [~~the~~] ***2*** attending [~~physician, PA, or APRN~~] ***physicians or a physician and another attending practitioner who is not under the supervision of the certifying physician*** to [~~be near death or permanently unconscious, without hope of recovery from such condition and is unable to actively participate in the decision-making process.~~] ***have lost capacity to make health care decisions and to be permanently unconscious or to suffer from an advanced life-limiting, incurable and progressive condition for which treatment has become excessively burdensome or ineffective for the principal.***

[~~XV.~~] ***XVIII.*** "Medically administered nutrition and hydration" means invasive procedures such as, but not limited to the following: Nasogastric tubes; gastrostomy tubes; intravenous feeding or hydration; and hyperalimentation. It shall not include the natural ingestion of food or fluids by eating and drinking.

[~~XVI. "Near death" means an incurable condition caused by injury, disease, or illness which is such that death is imminent and the application of life-sustaining treatment would, to a reasonable degree of medical certainty, as determined by 2 physicians, or a physician and a PA, or a physician and an APRN, only postpone the moment of death.~~]

[~~XVII.~~] ***XIX.*** "Permanently unconscious" means a lasting condition, indefinitely without improvement, in which thought, awareness of self and environment, and other indicators of consciousness are absent as determined by an appropriate neurological assessment by a physician in consultation with the attending physician or an appropriate neurological assessment by a physician in consultation with an APRN or PA.

[~~XVIII.~~] ***XX.*** "Physician" means a medical doctor licensed in good standing to practice in the state of New Hampshire pursuant to RSA 329.

[~~XVIII-a.~~] ***XXI.*** "Physician assistant" or "PA" means a physician assistant licensed in good standing to practice in the state of New Hampshire pursuant to RSA 328-D.

XXII. "POLST" means a form that contains a set of emergency medical orders signed by an attending practitioner. This order set may contain DNR orders, and, although it may be completed in any state under similar title, the DNR and all other orders shall conform to New Hampshire law.

[~~XIX.~~] ***XXIII.*** "Principal" means a person 18 years of age or older who has executed an advance directive pursuant to the provisions of this chapter ***or a qualified patient who has not executed an advance directive and whose health care decisions are made by a surrogate appointed pursuant to the provisions of this chapter***.

[~~XX.~~] ***XXIV.*** "Qualified patient" means [~~a~~] ***any*** patient who [~~has executed an advance directive in accordance with this chapter and who~~] has been certified in [~~writing~~] ***the patient's medical record*** by the attending [~~physician, PA, or APRN~~] ***practitioner*** to lack the capacity to make health care decisions.

[~~XXI.~~] ***XXV.*** "Reasonable degree of medical certainty" means a medical judgment that is made by [~~a physician, PA, or APRN~~] ***the attending practitioner*** who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

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

[~~XXII-a.~~] ***XXVII.*** "Surrogate decision-maker" or "surrogate" means an adult individual who has health care decision-making capacity, is available upon reasonable inquiry, is willing to make health care decisions on behalf of a patient who lacks health care decision-making capacity, and is identified by the attending [~~physician, PA, or APRN~~] ***practitioner*** in accordance with the provisions of this chapter as the person who is to make those decisions in accordance with the provisions of this chapter.

XXVIII. "Virtual presence" means the use of an electronic device or process through which all participating individuals can communicate simultaneously by sight and sound.

[~~XXIII.~~] ***XXIX.*** "Witness" means a competent person 18 years or older who is [~~present~~] ***in the physical or virtual presence of the principal*** when the principal signs an advance directive.

137-J:3 Freedom From Influence; Notice Required.

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

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

[~~III. Any health care provider or residential care provider which does not recognize DNR's or living wills shall post at every place of admission, a notice which shall be a minimum size of 8 1/2' x 11' stating the following in legible print: "This hospital/facility does not honor Do Not Resuscitate (DNR) or Living Will documents." ~~]

2 Advance Directives. Amend RSA 137-J:5-11 to read as follows:

137-J:5 Scope and Duration of Agent's ***and Surrogate's*** Authority.

I. Subject to the provisions of this chapter and any express limitations set forth by the principal in [~~an advance directive~~] a ***durable power of attorney for health care***, the agent ***or surrogate*** shall have the authority to make any and all health care decisions on the principal's behalf that the principal could make.

II. An agent's [~~or surrogate's~~] authority under [~~an advance directive~~] ***a durable power of attorney for health care or a surrogate's authority*** shall be in effect only when the principal lacks capacity to make health care decisions, as certified in [~~writing~~] ***the principal's medical record*** by the principal's attending [~~physician, PA, or APRN~~] ***practitioner***. [~~and filed with~~] The name of the agent or surrogate ***shall be indicated*** in the principal's medical record. When and if the principal regains capacity to make health care decisions, such event shall be certified in[~~writing~~] ***the principal's medical record*** by the principal's attending [~~physician, PA, or APRN~~] ***practitioner[~~, noted in the principal's medical record~~]***, the agent's or surrogate's authority shall terminate, and the authority to make health care decisions shall revert to the principal.

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

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IV. The principal's attending [~~physician, PA, or APRN~~] ***practitioner*** shall make reasonable efforts to inform the principal***, even if the principal has lost capacity,*** of any proposed treatment, or of any proposal to withdraw or withhold treatment. ***When the principal has lost capacity to make health care decisions and an agent or surrogate is acting on the principal's behalf, and the agent or surrogate consents to treatment or withholding of treatment from the principal, such treatment may be given or withheld even over the principal's objection, unless the principal's durable power of attorney for health care provides otherwise.*** [~~Notwithstanding that an advance directive or a surrogacy is in effect and irrespective of the principal's lack of capacity to make health care decisions at the time, treatment may not be given to or withheld from the principal over the principal's objection unless the principal's advance directive includes the following statement initialed by the principal, "Even if I am incapacitated and I object to treatment, treatment may be given to me against my objection."~~]

IV-a. Consent to clinical trials or experimental treatments. Agents and surrogates shall have the authority to consent to clinical trials or experimental treatments pursuant to the following:

(a) The clinical trial or experimental treatment must be authorized by an institutional review board and be consistent with the relevant state and federal regulations, including 45 CFR part 46, subpart A (the "Common Rule"), and 21 CFR parts 50 and 56, as applicable.

(b) An agent or surrogate may only give consent that is consistent with authority granted in a durable power of attorney for health care. If the durable power of attorney for health care does not address authority to give consent to a clinical trial or experimental treatment, the agent or surrogate may only give consent that is consistent with the authority provided in subparagraph (c).

(c) Absent a limitation in a durable power of attorney for health care, an agent or surrogate may give consent to clinical trials or experimental treatment as follows:

(1) For purposes of this subsection, "immediately life-threatening diseases or conditions" are diseases or conditions that are likely to cause death if treatment is not provided promptly. When there is an immediately life-threatening disease or condition, consent may be given if:

(A) There is no alternate method of approved or generally recognized therapy available that provides an equal or greater likelihood of saving the life of the patient or preventing a permanent or extended impairment of function that is likely to substantially limit one or more major life activities, or

(B) The clinical trial or experimental treatment is not intended to save the life of the patient but rather is intended to be beneficial to the patient in terms of increasing mobility or reducing pain, distress, or discomfort.

(2) For purposes of this subsection, "serious diseases or conditions" are diseases or conditions that, if left untreated, are likely to result in a permanent or extended impairment of function that is likely to substantially limit one or more major life activities. When there is a serious disease or condition, consent may be given if:

(A) There is no alternate method of approved or generally recognized therapy that is available, and

(B) The clinical trial or experimental treatment is intended to prevent or diminish a permanent or extended impairment of function that is likely to substantially limit one or more major life activities, and such impairment is likely to occur if not treated promptly, or be beneficial to the patient in terms of increasing mobility or reducing pain, distress, or discomfort that is likely to substantially limit a major life activity.

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

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

(b) Consent to a voluntary sterilization;

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

(d) Consent to psychosurgery[~~,~~] ***or*** electro-convulsive shock therapy [~~, sterilization, or an experimental treatment of any kind~~].

[~~(e) Notwithstanding the prohibition in subparagraph V(d), for any patient experiencing severe, advanced COVID-19 symptoms or COVID-19 complications who does not have the capacity to consent himself or herself to an experimental treatment, an agent or surrogate shall have the authority to consent to experimental treatments, authorized by an institutional review board, on the patient for COVID-19 symptoms or complications.~~

~~(1) For an agent or surrogate to approve the use of an experimental treatment, approved by an institutional review board, the agent or surrogate must be informed of all risks and side effects and follow all institutional review board instructions regarding consent as if the agent or surrogate were the individual receiving the treatment, including the completion of all consent documentation required by the Food and Drug Administration. An agent or surrogate shall not consent unless the following factors exist:~~

~~(A) The patient is confronted by a life-threatening situation necessitating the use of the experimental treatment; and~~

~~(B) Informed consent cannot be obtained from the patient because of an inability to communicate with, or obtain legally effective consent from, the patient; and~~

~~(C) There is no alternate method of approved or generally recognized therapy available that provides an equal or greater likelihood of saving the life of the patient.~~

~~(2) If a patient has a living will, the agent shall follow the directions of the living will. In addition, if the agent or surrogate has actual knowledge that the patient wished to decline the experimental treatment, the agent or surrogate shall not have the authority to consent to treatment.~~]

137-J:6 Requirement to Act in Accordance With Principal's Wishes and Best Interests. After consultation with the attending [~~physician, PA, or APRN~~] ***practitioner*** and other health care providers, the agent or surrogate shall make health care decisions in accordance with the agent's or surrogate's knowledge of the principal's wishes and religious or moral beliefs, as stated orally***, in writing, including but not limited to in the durable power of attorney for health care and the living will,*** or otherwise communicated by the principal, or, if the principal's wishes are unknown, in accordance with the agent's or surrogate's assessment of the principal's best interests and in accordance with accepted medical practice.

137-J:7 [~~Physician, PA, APRN,~~] ***Attending Practitioner*** and ***Heath Care*** Provider's Responsibilities.

I. A qualified patient's attending [~~physician, PA, or APRN~~] ***practitioner***, or a qualified patient's health care provider or residential care provider, and employees thereof, [~~having knowledge of the qualified patient's advance directive~~] shall [~~be bound to~~] follow, as applicable, [~~the dictates of the qualified patient's living will and/or~~] the directives of a qualified patient's designated agent ***or surrogate*** to the extent they are consistent with this chapter and [~~the advance directive, and to the extent they are within the bounds of responsible~~] ***with accepted*** medical practice.

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

(b) Any person [~~having in his or her possession~~] ***who possesses*** a duly executed advance directive or a revocation thereof, if it becomes known to that person that the principal executing the same is in such circumstances that the terms of the advance directive might become applicable (such as when the principal becomes a "qualified patient"), shall forthwith deliver an original or copy of the same to the health care provider or residential care provider with which the principal is a patient.

(c) The principal's attending [~~physician, PA, or APRN~~] ***practitioner***, or any other physician, PA, or APRN, [~~who is aware of the principal's execution of an advance directive~~] shall, without delay, take the necessary steps to provide for written verification of the principal's lack of capacity to make health care decisions (in other words, to certify ***in the principal's medical record*** that the principal is a "qualified patient"), [~~and/or the principal's near death or permanently unconscious condition, as defined in this chapter and as appropriate to the principal's medical condition,~~] so that the attending [~~physician, PA, or APRN~~] ***practitioner*** and the principal's agent ***or surrogate*** may be authorized to act pursuant to this chapter.

[~~(d) If a physician, PA, or an APRN, because of his or her personal beliefs or conscience, is unable to comply with the terms of the advance directive or surrogate's decision, he or she shall immediately inform the qualified patient, the qualified patient's family, or the qualified patient's agent. The qualified patient, or the qualified patient's agent or family, may then request that the case be referred to another physician, PA, or APRN.~~]

II. An attending [~~physician, PA, or APRN~~] ***practitioner*** who, because of personal beliefs or conscience, is unable to comply with ***a POLST,*** the [~~advance directive~~] ***principal's living will and/or the agent's*** or the surrogate's decision pursuant to this chapter shall, without delay, make the necessary arrangements to effect the transfer of a qualified patient and the appropriate medical records that document the qualified patient's lack of capacity to make health care decisions to another [~~physician, PA, or APRN~~] ***practitioner*** who has been chosen by the qualified [~~patient, by the qualified~~] patient's agent or surrogate[~~, or by the qualified patient's family,~~] provided, that pending the completion of the transfer, the attending [~~physician, PA, or APRN~~] ***practitioner*** shall not deny health care treatment[~~, nutrition, or hydration~~] which denial would, within a reasonable degree of medical certainty, result in or hasten the qualified patient's death against the express will of the qualified patient, the ***qualified patient's*** advance directive, or the agent or surrogate.

III. [~~Medically administered nutrition and hydration and life sustaining treatment shall not be withdrawn or withheld under this chapter unless:~~

~~(a) There is a clear expression of such intent in the directive;~~

~~(b) The principal objects pursuant to RSA 137-J:5, IV; or~~

~~(c) Such treatment would have the unintended consequence of hastening death or causing irreparable harm as certified by an attending physician and a physician knowledgeable about the patient's condition.~~

~~IV. When the direction of an agent or instruction under a living will~~] ***When an agent's or a surrogate's decision pursuant to this chapter, or the principal's living will or POLST*** requires an act or omission contrary to the moral or ethical principles or other standards of a health care provider or residential care provider of which the principal is a patient or resident, the health care provider shall allow for the transfer of the principal and the appropriate medical records to another health care provider chosen by [~~the principal or by~~] the agent ***or surrogate*** and shall incur no liability for its refusal to carry out the terms of the direction by the agent ***or surrogate***; provided, that, pending the completion of the transfer, the health care provider or residential care provider shall not deny health care treatment, [~~nutrition, hydration, or life sustaining treatment~~] which denial would [~~with~~] ***within*** a reasonable degree of medical certainty result in or hasten the principal's death against the expressed will of the principal, the principal's advance directive, or the agent ***or surrogate***; and further provided, that, the health care provider or residential care provider shall inform the agent ***or surrogate*** of its decision not to participate in such an act or omission.

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

I. The principal's [~~health care provider~~] ***attending practitioner*** or [~~residential care provider~~] ***a person acting under the direct authority of the attending practitioner***.

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

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

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

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

(b) Provide copies of the principal's advance [~~directives~~] ***directive*** as necessary to facilitate treatment of the principal.

II. Subject to any limitations set forth in the [~~advance directive~~] ***durable power of attorney for health care*** by the principal, an agent ***or surrogate*** whose authority is in effect shall be authorized, for the purpose of making health care decisions, to:

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

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

(c) Consent to the disclosure of such medical information ***to a third party***.

137-J:10 [~~Withholding or Withdrawal of Life-Sustaining Treatment~~] ***Criminal Act Not Construed or Authorized***.

I. [~~In the event a health care decision to withhold or withdraw life-sustaining treatment, including medically administered nutrition and hydration, is to be made by an agent or surrogate, and the principal has not executed the "living will" of the advance directive, the following additional conditions shall apply:~~

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

~~(b) Two physicians or a physician and an APRN or PA shall certify in writing that the principal is near death or is permanently unconscious.~~

~~(c) Notwithstanding the capacity of an agent or surrogate to act, the agent or surrogate shall make a good faith effort to explore all avenues reasonably available to discern the desires of the principal including, but not limited to, the principal's advance directive, the principal's written or spoken expressions of wishes, and the principal's known religious or moral beliefs.~~

~~II. Notwithstanding paragraph I, medically administered nutrition and hydration and life-sustaining treatment shall not be withdrawn or withheld under an advance directive unless:~~

~~(a) There is a clear expression of such intent in the directive;~~

~~(b) The principal objects pursuant to RSA 137-J:5, IV; or~~

~~(c) Such treatment would have the unintended consequence of hastening death or causing irreparable harm as certified by an attending physician and a physician knowledgeable about the patient's condition.~~

~~III.~~] The withholding or withdrawal of life-sustaining treatment pursuant to the provisions of this chapter shall at no time be construed as a suicide or murder for any legal purpose. Nothing in this chapter shall be construed to ***legalize,*** constitute, condone, authorize, or approve suicide, assisted suicide, mercy killing, or euthanasia, or permit any affirmative or deliberate act or omission to end one's own life or to end the life of another other than [~~either~~] to permit the natural process of dying [~~of a patient near death actively dying or the removal of life-sustaining treatment from a patient in a permanently unconscious condition as provided in this chapter~~]. The withholding or withdrawal of life-sustaining treatment in accordance with the provisions of this chapter, however, shall not relieve any individual of responsibility for any criminal acts that may have caused the principal's condition.

[~~IV.~~] ***II.*** Nothing in this chapter shall be construed to condone, authorize, or approve:

(a) The consent to withhold or withdraw life-sustaining treatment from a pregnant principal, unless, to a reasonable degree of medical certainty, as certified [~~on~~] ***in*** the principal's medical record by the attending [~~physician, PA, or APRN~~] ***practitioner*** and an obstetrician who has examined the principal, such treatment or procedures will not maintain the principal in such a way as to permit the continuing development and live birth of the fetus or will be physically harmful to the principal or prolong severe pain which cannot be alleviated by medication.

(b) The withholding or withdrawing of medically administered nutrition and hydration or life-sustaining treatment from a mentally incompetent or developmentally disabled person, unless such person has a validly executed advance directive or such action is authorized by an existing guardianship or other court order, or, in the absence of such directive, authorization, or order, such action is taken in accordance with the [~~standard~~] ***written*** protocol of a health care facility licensed under RSA 151 as applicable to its general patient population.

[~~V.~~] ***III.*** Nothing in this chapter shall impair or supersede any other legal right or responsibility which any person may have to effect life-sustaining treatment in any lawful manner; provided, that this paragraph shall not be construed to authorize any violation of RSA 137-J:7[~~, [II or III~~].

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

[~~VII.~~] ***V.*** Nothing in this chapter shall be construed to create a presumption that in the absence of an advance directive, a person wants life-sustaining treatment to be either [~~taken~~] ***provided*** or withdrawn. This chapter shall also not be construed to supplant any existing rights and responsibilities under the law of this state governing the conduct of [~~physicians, PAs, or APRNs~~] ***attending practitioners*** in consultation with patients***,*** [~~or their families~~] ***their surrogates,*** or legal guardians in the absence of an advance directive.

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

3 Advance Health Care Directives. Amend RSA 137-J:12 to read as follows:

137-J:12 Immunity.

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

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

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

(b) Failure to follow the directive of an agent or surrogate if the health care provider or residential care provider or other such person believes in good faith and in keeping with reasonable medical standards that such directive exceeds the scope of or conflicts with the authority of the agent or surrogate under this chapter or the contents of the principal's advance directive; provided, that this subparagraph shall not be construed to authorize any violation of RSA 137-J:7[~~, II or III~~].

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

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

4 Advance Health Care Directives; Use of Statutory Forms. Amend RSA 137-J:13, I to read as follows:

I. Every person wishing to execute an advance directive shall be provided with a disclosure statement substantially in the form set forth in RSA 137-J:19 prior to execution. [~~The principal shall be required to sign a statement acknowledging that he or she has received the its contents.~~]

5 Advance Health Care Directives; Execution and Witnesses; Revocability. Amend RSA 137-J:14-15 to read as follows:

137-J:14 Execution and Witnesses.

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

(a) Two or more subscribing witnesses, neither of whom shall, at the time of execution, be the agent ***or surrogate***, the principal's spouse or heir at law, or a person entitled to any part of the estate of the principal upon death of the principal under a will, trust, or other testamentary instrument or deed in existence or by operation of law, or attending [~~physician, PA, or APRN~~] ***practitioner***, or person acting under the direction or control of the attending [~~physician, PA, or APRN~~] ***practitioner***. No more than one such witness may be the principal's health or residential care provider or such provider's employee. The witnesses shall affirm that the principal appeared to be of sound mind and free from duress at the time the advance directive was signed and that the principal affirmed [~~that he or she was aware~~] ***awareness*** of the nature of the document and signed it freely and voluntarily***. Witnesses who sign in the virtual presence of the principal may sign in one or more counterparts, and the counterparts must be attached to the advance directive signed by the principal***; or

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

II. If the principal is physically unable to sign, the advance directive may be signed by ***another person who signs*** the principal's name [~~written by some other person~~] in the principal's ***physical*** presence and at the principal's express direction.

[~~III. A principal's decision to exclude or strike references to PAs or APRNs and the powers granted to PAs or APRNs in his or her advance directive shall be honored.~~]

137-J:15 Revocation.

I. An advance directive [~~or surrogacy~~] consistent with the provisions of this chapter shall be revoked:

(a) By written revocation delivered to the agent or surrogate or to a health care provider or residential care provider expressing the principal's intent to revoke, signed and dated by the principal; by oral revocation in the ***physical or virtual*** presence of 2 or more witnesses, none of whom shall be [~~the principal's spouse or heir at law~~] ***a person disqualified from acting as a witness under RSA 137-J:14, I(a)***; or by any other act evidencing a specific intent to revoke the power, such as by burning, tearing, or obliterating the same or causing the same to be done by some other person at the principal's direction and in the principal's ***physical*** presence;

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

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

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(d) [Repealed.]

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

6 Advance Health Care Directives; Reciprocity. Amend RSA 137-J:17 to read as follows:

137-J:17 Reciprocity. ***A DNR, POLST, durable power of attorney for health care,*** [~~An advance directive,~~] living will, or similar document executed in another state, and valid according to the laws of the state where it was executed, shall be as effective in this state as it would have been if executed according to the laws of this ***state provided, that this paragraph shall not be construed to authorize any violation of this chapter***.

7 Advance Health Care Directives. RSA 137-J:19-20 are repealed and reenacted to read as follows:

137-J:19 Advance Directive; Disclosure Statement.

The disclosure statement which must accompany an advance directive shall be in substantially the following form:

AN ADVANCE DIRECTIVE IS A LEGAL DOCUMENT. YOU SHOULD KNOW THESE FACTS BEFORE SIGNING IT.

• This form allows you to choose who you want to make decisions about your health care when you cannot make decisions for yourself. This person is called your "agent". You should consider choosing an alternate in case your agent is unable to act.

• Agents must be 18 years old or older. They should be someone you know and trust. They cannot be anyone who is caring for you in a health care or residential care setting.

• This form is an "advance directive" that defines a way to make medical decisions in the future, when you are not able to make decisions for yourself. It is not a medical order (e.g., it is not in and of itself a DNR (do not resuscitate order or (POLST)).

• You will always make your own decisions until your medical practitioner examines you and certifies that you can no longer understand or make a decision for yourself. At that point, your "agent" becomes the person who can make decisions for you. If you get better, you will make your own healthcare decisions again.

• With few exceptions(*), when you are unable to make your own medical decisions, your agent will make them for you, unless you limit your agent's authority in Part I.B of the durable power of attorney form. Your agent can agree to start or stop medical treatment, including near the end of your life. Some people do not want to allow their agent to make some decisions. Examples of what you might write in include: "I do NOT want my agent . . .

- to ask for or agree to stop life-sustaining treatment (such as breathing machines, medically-administered nutrition and hydration (tube feeding), kidney dialysis, other mechanical devices, blood transfusions, and certain drugs)."

- to ask for or to agree to a Do Not Resuscitate Order (DNR order)."

- to agree to treatment even if I object to it in the moment, after I have lost the ability to make health care decisions for myself."

- The law allows your agent to put you in a clinical trial (medical study) or to agree to new or experimental treatment that is meant to benefit you if you have a disease or condition that is immediately life-threatening or if untreated, may cause a serious disability or impairment (for example new treatment for a pandemic infection that is not yet proven). You may change this by writing in the durable power of attorney for health care form:

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◊ "I want my agent to be able to agree to medical studies or experimental treatment in any situation." or

◊ "I don't want to participate in medical studies or experimental treatment even if the treatment may help me or I will likely die without it."

• Your agent must try to make the best decisions for you, based on what you have said or written in the past. Tell your agent that you have appointed them as your healthcare decision maker. Talk to your agent about your wishes.

• In the "living will" section of the form, you can write down wishes, values, or goals as guidance for your agent, surrogate, and/or medical practitioners in making decisions about your medical treatment.

• You do not need a lawyer to complete this form, but feel free to talk to a lawyer if you have questions about it.

• You must sign this form in the physical or virtual presence of 2 witnesses or a notary or justice of the peace for it to be valid. The witnesses cannot be your agent, spouse, heir, or anyone named in your will, trust or who may otherwise receive your property at your death, or your attending medical practitioner or anyone who works directly under them. Only one witness can be employed by your health or residential care provider.

• Give copies of the completed form to your agent, your medical providers, and your lawyer.

* Exceptions: Your agent may not stop you from eating or drinking as you want. They also cannot agree to voluntary admission to a state institution; voluntary sterilization; withholding life-sustaining treatment if you are pregnant, unless it will severely harm you; or psychosurgery.

137-J:20 Advance Directive; Durable Power of Attorney and Living Will Forms. An advance directive in its individual "Durable Power of Attorney for Health Care" and "Living Will" components shall be in substantially the following form:

NEW HAMPSHIRE ADVANCE DIRECTIVE FORM

Name (Principal's Name): _____

DOB: _____

Address: _____

I. DURABLE POWER OF ATTORNEY FOR HEALTH CARE

The durable power of attorney for healthcare form names your agent(s) and, if you wish, sets limits on what your agent can decide.

I choose the following person(s) as agent(s) if I have lost capacity to make health care decisions (cannot make health care decisions for myself).

(If you choose more than one person, they will become your agent in the order written, unless you indicate otherwise.)

A. Choosing Your Agent:

Agent: I appoint _____, of _____, and whose phone number is _____ to be my agent to make health care decisions for me.

Alternate Agent: If the person above is not able, willing, or available, I appoint _____, of _____, and whose phone number is _____ to be my alternate agent.

If no one listed above can make decisions for you, a surrogate will be assigned in the order written in law (spouse, adult child, parent, sibling, etc.), and will have the same powers as an agent. If there is no surrogate, a court appointed guardian may be assigned.

B. Limiting Your Agent's Authority or Providing Additional Instructions

Important Notice

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

When you can no longer make your own health care decisions, your agent will be able to make decisions for you. Please review the Disclosure Statement that is attached to this advance directive for examples of how you may want to advise your agent. You may write in limits or additional instructions for your agent below.

_____

_____

II. LIVING WILL

If you would like to provide written guidance to your agent, surrogate, and/or medical practitioners in making decisions about life sustaining medical treatment if you cannot make your own decisions, you may complete the options below.

CHOOSE ITEM A OR B. Initial your choice:

If I suffer from an advanced life-limiting, incurable and progressive condition:

_____ A. I wish to have all attempts at life-sustaining treatment (within the limits of generally accepted health care standards) to try to extend my life as long as possible, no matter what burdens, costs or complications may occur.

OR

_____ B. I do NOT wish to have any life-sustaining treatment attempted that I would consider to be excessively burdensome or that would not have a reasonable hope of benefit for me. I wish to receive only those forms of life-sustaining treatment that I would not consider to be excessively burdensome AND that have a reasonable hope of benefit for me. The following are situations that I would consider excessively burdensome: (Cross out and initial any of the below statements # 1-4 if you **disagree**.)

1. I do not wish to have life-sustaining treatment attempted if I am actively dying (medical treatment will only prolong my dying).

2. I do not wish to have life-sustaining treatment attempted if I become permanently unconscious with no reasonable hope of recovery.

3. I do not wish to have life-sustaining treatment attempted if I suffer from an advanced life-limiting, incurable and progressive condition and if the likely risks and burdens of treatment would outweigh the expected benefits.

4. Other situations that I would consider excessively burdensome if I suffer from an advanced life-limiting, incurable and progressive condition:

_____

_____

In these situations, I wish for comfort care only. I understand that stopping or starting treatments to achieve my comfort, including stopping medically-administered nutrition and hydration, may be a way to allow me to die when the treatments would be excessively burdensome for me.

III. SIGNATURE

I have received the disclosure statement, and I have completed the durable power of attorney for health care and/or living will consistent with my wishes.

Signed this ___ day of _____, 20___

Principal's Signature: _____

(If you are physically unable to sign, this advance directive may be signed by someone else writing your name in your physical presence at your direction.)

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

THIS ADVANCE DIRECTIVE MUST BE SIGNED BY TWO WITNESSES OR A NOTARY PUBLIC OR A JUSTICE OF THE PEACE. IF VIRTUAL PRESENCE IS USED, THE PAGES SIGNED BY THE WITNESSES MUST BE ATTACHED TO THE ADVANCE DIRECTIVE SIGNED BY YOU OR THE ADVANCE DIRECTIVE WILL NOT BE VALID.

We declare that the principal appears to be of sound mind and free from duress at the time this advance directive is signed and that the principal affirms that the principal is aware of the nature of the directive and is signing it freely and voluntarily.

Witness: _____ Address (city/state): _____

Witness: _____ Address (city/state): _____

STATE OF NEW HAMPSHIRE

COUNTY OF _____

The foregoing advance directive was acknowledged before me this ___ day of _____, 20___, by _____ (the "Principal").

_____

Notary Public/Justice of the Peace

My commission expires:

8 Advance Health Care Directives; Civil Action. Amend RSA 137-J:22 to read as follows:

137-J:22 Civil Action.

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

(a) Requesting that [~~the authority granted to an agent by~~] an advance directive be revoked on the grounds that the principal was not of sound mind or was under duress, fraud, or undue influence when the advance directive was executed, and shall have all the rights and remedies provided by RSA 564-E:116 which shall apply to directives executed under this chapter and persons acting pursuant to this chapter.

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

II. A copy of any such action shall be given in hand to the principal's attending [~~physician, PA, or APRN~~] ***practitioner*** and, as applicable, to the principal's health care provider or residential care provider. To the extent they are not irreversibly implemented, health care decisions made by a challenged agent ***or surrogate*** shall not thereafter be implemented without an order of the probate court or a withdrawal or dismissal of the court action; provided, that this paragraph shall not be construed to authorize any violation of RSA 137-J:7[~~, II or III~~].

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

9 Advance Health Care Directives. Amend RSA 137-J:25-29 to read as follows:

137-J:25 Presumed Consent to Cardiopulmonary Resuscitation; Health Care Providers and Residential Care Providers Not Required to Expand to Provide Cardiopulmonary Resuscitation.

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

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

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

(c) A person who lacks capacity to make health care decisions is [~~near death~~] ***actively dying*** and admitted to a health care facility, and the person's agent ***or surrogate*** is not available and the facility has made diligent efforts to contact the agent ***or surrogate*** without success, or the person's agent ***or surrogate*** is not legally capable of making health care decisions for the person, and the attending [~~physician, PA, or APRN~~] ***practitioner*** and a physician knowledgeable about the patient's condition, have determined that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards and would cause unnecessary harm to the person, and the attending [~~physician, PA, or APRN~~] ***practitioner*** has completed a do not resuscitate order; or

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

(e) The application of cardiopulmonary resuscitation would clearly be medically futile based on accepted medical standards.

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

137-J:26 Issuance of a Do Not Resuscitate Order; Order to be Written by the Attending [~~Physician, PA, or APRN~~] ***Practitioner***.

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

II. A person [~~may request that his or her~~] ***may request that their*** attending [~~physician, PA, or APRN~~] ***practitioner*** issue a do not resuscitate order for the person.

III. [~~An agent may consent to a do not resuscitate order for a person who lacks the capacity to make health care decisions if the advance directive signed by the principal grants such authority.~~] A do not resuscitate order written by the attending [~~physician, PA, or APRN~~] ***practitioner*** for such a person with the consent of the agent ***or surrogate*** is valid and shall be respected by health care providers and residential care providers.

IV. If an agent ***or surrogate*** is not reasonably available and the facility has made diligent efforts to contact the agent ***or surrogate*** without success, or the agent ***or surrogate*** is not legally capable of making a decision regarding a do not resuscitate order, an attending [~~physician, PA, or APRN~~] ***practitioner*** may issue a do not resuscitate order for a person who lacks capacity to make health care decisions, who is [~~near death~~] ***actively dying***, and who is admitted to a health care facility if a second [~~physician~~] ***practitioner*** who has personally examined the person concurs in the opinion of the attending [~~physician, PA, or APRN~~] ***practitioner*** that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards and would cause unnecessary harm to the person.

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

~~Do Not Resuscitate Order~~

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

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

~~Attending physician, PA, or APRN Signature~~

~~Address~~

~~Person Signature~~

~~Address~~

~~Agent Signature (if applicable)~~

~~_____~~
~~_____~~

~~Address _____~~] ***The do not resuscitate order shall be reflected in at least one of the following forms:***

(a) Forms issued in accordance with the policies and procedures of the health care facility in compliance with this chapter if applicable;

(b) A portable DNR (P-DNR); medical orders form documenting the patient's name and signed by an attending practitioner and that clearly documents the DNR order; DNR bracelet or necklace worn by a patient, and inscribed with the patient's name, date of birth (in numerical form), and "NH DNR" or "NH Do not resuscitate"; and POLST constitutes a DNR if it states "This will constitute a DNR Order, and no separate DNR Order will be required."

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

~~(a) Forms required by the policies and procedures of the health care facility in compliance with this chapter;~~

~~(b) The do not resuscitate card as set forth in paragraph V; [or~~

~~(c)] The medical orders form in compliance with this chapter.~~] ***Portable DNR and POLST (that indicates Do Not Resuscitate) forms are transferable, valid medical orders throughout this state.***

137-J:27 Compliance With a Do Not Resuscitate Order.

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

(a) A do not resuscitate order ***or POLST that indicates Do Not Resuscitate*** completed by the attending [~~physician, PA, or APRN~~] ***practitioner*** on a form as specified in RSA 137-J:26;

(b) A do not resuscitate order ***or POLST indicating Do Not Resuscitate*** for a person present or residing in a health care facility issued in accordance with the health care facility's policies and procedures in compliance with the chapter; or

(c) A medical orders ***or POLST*** form on which the attending [~~physician, PA, or APRN~~] ***practitioner*** has documented a do not resuscitate order in compliance with this chapter.

(d) Do not resuscitate identification as set forth in RSA 137-J:33.

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

137-J:28 Protection of Persons Carrying Out in Good Faith a Do Not Resuscitate Order; Notification of Agent ***or Surrogate*** by Attending [~~Physician, PA, or APRN~~] ***Practitioner*** Refusing to Comply With Do Not Resuscitate ***or POLST*** Order.

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

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

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

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

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

III.(a) Any attending [~~physician, PA, or APRN~~] ***practitioner*** who, because of personal beliefs or conscience, refuses to issue a do not resuscitate order at a person's request or to comply with a do not resuscitate ***or POLST*** order issued pursuant to this chapter shall take reasonable steps to advise promptly the person or agent ***or surrogate*** of the person that such attending [~~physician or APRN~~] ***practitioner*** is unwilling to effectuate the order. The attending [~~physician, PA, or APRN~~] ***practitioner*** shall thereafter at the election of the person or agent ***or surrogate*** permit the person or agent ***or surrogate*** to obtain another attending [~~physician, PA, or APRN~~] ***practitioner***.

(b) If [~~a physician, PA, or APRN~~] ***an attending practitioner***, because of [~~his or her~~] ***the practitioner's*** personal beliefs or conscience, is unable to comply with the terms of a do not resuscitate ***or POLST*** order, [~~he or she~~] ***the practitioner*** shall immediately inform the person, the person's agent ***or surrogate.*** [~~,~~] ***The person*** or the person's [~~family. The person, the person's~~] agent[~~,~~] ***or surrogate***[~~ or the person's family~~] may then request that the case be referred to another [~~physician, PA, or APRN~~] ***practitioner***, as set forth in RSA 137-J:7[~~, II and III~~].

137-J:29 Revocation ***or Suspension*** of Do Not Resuscitate ***or POLST*** Order.

I. At any time a [~~person in a~~] ***principal admitted as an inpatient or outpatient to a*** health care facility may revoke [~~his or her previous request for or consent to~~] a do not resuscitate ***or POLST*** order by making either a written, oral, or other act of communication to the attending [~~physician, PA, or APRN~~] ***practitioner*** or other professional staff of the health care facility.

II. At any time a [~~person~~] ***principal*** residing [~~at home~~] ***outside a health care facility*** may revoke [~~his or her~~] ***the principal's*** do not resuscitate ***or POLST*** order by destroying such order and removing do not resuscitate identification on[~~ his or her~~] ***the principal's*** person ***or by making either a written, oral, or other act of communication to a healthcare provider that is present with the principal***. [~~The person is responsible for notifying his or her attending physician, PA, or APRN of the revocation.~~]

III. At any time***, in accordance with RSA 137-J:6,*** an agent ***or surrogate*** may revoke [~~his or her consent to~~] a do not resuscitate ***or POLST*** order for a [~~person~~] ***principal*** who lacks capacity to make health care decisions who is admitted to a health care facility by ***making either a written, oral, or other act of communication to the attending practitioner or other professional staff at the health care facility [***~~notifying the attending physician, PA, or APRN or other professional staff of the health care facility of the revocation of consent in writing, or by orally notifying the attending physician, PA, or APRN in the presence of a witness 18 years of age or older~~].

IV. At any time***, in accordance with RSA 137-J:6,*** an agent ***or surrogate*** may revoke [~~his or her consent~~] ***a do not resuscitate or POLST order for*** a [~~person~~] ***principal*** who lacks capacity to make health care decisions who is residing [~~at home~~] ***outside a health care facility*** by destroying such order and removing do not resuscitate identification from the [~~person~~] ***principal's person, or by making either written, oral, or other act of communication to a healthcare provider that is present with the principal***. The agent is responsible for notifying the person's attending [~~physician, PA, or APRN~~] ***practitioner*** of the revocation.

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V. The attending [~~physician, PA, or APRN~~] ***practitioner*** who is informed of or provided with a revocation of consent pursuant to this section shall immediately cancel ***or suspend*** the do not resuscitate ***or POLST*** order ***in the principal's medical recor***d if the [~~person~~] ***principal*** is in a health care facility and notify the professional staff of the health care facility responsible for the [~~person's~~] ***principal's*** care of the revocation***, suspension, or*** [~~and~~] cancellation. Any professional staff of the health care facility who is informed of or provided with a revocation of consent pursuant to this section shall immediately notify the attending [~~physician, PA, or APRN~~] ***practitioner*** of such revocation.

[~~VI. Only a physician, physician assistant, or advanced practice registered nurse may cancel the issuance of a do not resuscitate order.~~]

10 Not Suicide or Murder. Amend RSA 137-J:30 to read as follows:

137-J:30 Not Suicide or Murder. The withholding of cardiopulmonary resuscitation from a person in accordance with the provisions of this chapter shall not, for any purpose, constitute suicide or murder. The withholding of cardiopulmonary resuscitation from a person in accordance with the provisions of this chapter, however, shall not relieve any individual of responsibility for any criminal acts that may have caused the person's condition. Nothing in this chapter shall be construed to legalize, ***constitute,*** condone, authorize, or approve ***suicide, assisted suicide,*** mercy killing***,*** or [~~assisted suicide~~] ***euthanasia***.

11 Advance Health Care Directives; Preservation of Existing Rights. Amend RSA 137-J:32, I to read as follows:

I. Nothing in this chapter shall impair or supersede any legal right or legal responsibility which any person may have to effect the withholding of cardiopulmonary resuscitation in any lawful manner. In such respect, the provisions of this chapter are cumulative; provided, that this paragraph shall not be construed to authorize any violation of RSA 137-J:7 [~~, II or III~~].

12 Advance Health Care Directives; Surrogate Decision Making. Amend RSA 137-J:35 to read as follows:

137-J:35 Surrogate Decision-making.

I. When a patient lacks capacity to make health care decisions, the [~~physician, PA, or APRN~~] ***attending practitioner*** shall make a reasonable inquiry pursuant to 137-J:7 as to whether the patient has a valid [~~advance directive~~] ***durable power of attorney for health care*** and, to the extent that the patient has designated an agent, whether such agent is available, willing and able to act. When no health care agent is authorized and available, the health care provider shall make a reasonable inquiry as to the availability of possible surrogates listed under this paragraph. A surrogate decision-maker may make medical decisions on behalf of a patient without court order or judicial involvement in the following order of priority:

(a) The patient's spouse, or civil union partner[~~ or common law spouse as defined by RSA 457:39~~], unless there is a divorce proceeding, separation agreement, or restraining order limiting that person's relationship with the patient.

(b) Any adult son or daughter of the patient.

(c) Either parent of the patient.

(d) Any adult brother or sister of the patient.

(e) Any adult grandchild of the patient.

(f) Any grandparent of the patient.

(g) Any adult aunt, uncle, niece, or nephew of the patient.

(h) A close friend of the patient.

(i) The agent with financial power of attorney or a conservator appointed in accordance with RSA 464-A.

(j) The guardian of the patient's estate.

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II. The [~~physician, PA, or APRN~~] ***attending practitioner*** may identify a surrogate from the list in paragraph I if the [~~physician, PA, or APRN~~] ***attending practitioner*** determines [~~he or she~~] ***the surrogate*** is able and willing to act, and determines after reasonable inquiry that neither a legal guardian, health care agent under a durable power of attorney for health care, nor a surrogate of higher priority is available and able and willing to act. The surrogate decision-maker, as identified by the attending [~~physician, PA, or APRN~~] ***practitioner***, may make health care decisions for the patient***, in accordance with RSA 137-J:6***. The surrogacy provisions of this chapter shall take effect when the decision-maker names are recorded in the medical record. The [~~physician, PA, or APRN~~] ***attending practitioner*** shall have the right to rely on any of the above surrogates if the [~~physician, PA, or APRN~~] ***attending practitioner*** believes after reasonable inquiry that neither a health care agent under a durable power of attorney for health care or a surrogate of higher priority is available or able and willing to act.

13 Advance Health Care Directives. Amend RSA 137-J:36, I to read as follows:

I. Where there are multiple surrogate decision-makers at the same priority level in the hierarchy, it shall be the responsibility of those surrogates to make reasonable efforts to reach a consensus as to their decision on behalf of the patient regarding any health care decision. If 2 or more surrogates who are in the same category and have equal priority indicate to the attending [~~physician, PA, or APRN~~] ***practitioner*** that they disagree about the health care decision at issue, a majority of the available persons in that category shall control, unless the minority or any other interested party initiates guardianship proceedings in accordance with RSA 464-A. There shall not be a recognized surrogate when a guardianship proceeding has been initiated and a decision is pending. The person initiating the petition for guardianship shall immediately provide written notice of the initiation of the guardianship proceeding to the health care facility where the patient is being treated. This process shall not preempt the care of the patient. No health care provider or other person shall be required to seek appointment of a guardian.

14 Advance Health Care Directives; Limitations on Surrogacy. Amend RSA 137-J:37 to read as follows:

137-J:37 Limitations of Surrogacy.

I. A surrogate shall not be identified over the express objection of the patient, and a surrogacy shall terminate if at any time a patient for whom a surrogate has been appointed expresses objection to the continuation of the surrogacy.

II. No [~~physician, PA, or APRN~~] ***attending practitioner*** shall be required to identify a surrogate, and may, in the event a surrogate has been identified, revoke the surrogacy if the surrogate is unwilling or unable to act.

III. [~~A physician, PA, or APRN~~] ***An attending practitioner*** may, but shall not be required to, initiate guardianship proceedings or encourage a family member or friend to seek guardianship in the event a patient is determined to lack capacity to make health care decisions and no guardian, agent under a health care power of attorney, or surrogate has been appointed or named.

IV. Nothing in this chapter shall be construed to require [~~a physician, PA, or APRN~~] ***an attending practitioner*** to treat a patient who the [~~physician, PA, or APRN~~] ***practitioner*** reasonably believes lacks health care decision-making capacity and for whom no guardian, agent, or surrogate has been appointed.

V. The surrogate may make health care decisions for a principal to ***the*** same extent as an agent under a durable power of attorney for health care for up to [~~90~~] ***180*** days after being identified in RSA 137-J:35, I[~~, unless~~]***. The authority of the surrogate shall terminate if*** the principal regains ***the capacity to make*** health care [~~decision-making capacity~~] ***decisions*** or a guardian is appointed [~~or patient is determined to be near death, as defined in RSA 137-J:2, XVI~~]. The authority of the surrogate shall terminate after [~~90~~] ***180*** days***, unless the patient is determined to be actively dying***.

15 Repeal. RSA 137-J:34, relative to applicability of certain advance directives, is repealed.

16 Effective Date.

I. Section RSA 137-J:5 IV-a as inserted by section 2 of this act shall take effect July 1, 2021.

II. The remainder of this act shall take effect upon its passage.

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Senate Judiciary
March 24, 2021
2021-1001s
05/04

Amendment to SB 94

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

1 Statement of Purpose and Findings.

I. In furtherance of the objectives stated in RSA 169-B:1, the general court finds that promoting the earlier engagement in the community based services and minimizing the involvement of youth in the formal legal system will promote the goal of positive youth development.

II. The general court finds that authorizing pre-petition engagement by the department for the purpose of completing assessments and making referrals to the children's behavior health system or other appropriate services and supports will increase the use of diversion and decrease the need for future judicial involvement.

III. It is the intent of this act to provide the department with the authority to assess all youth as early as possible in the process and the ability to share that information with law enforcement, prior to formal involvement with the court, in order to minimize the need for court involvement when the minor's needs can be met with services.

IV. Further, the general court finds that when court involvement is required, dispositions should be tailored to address the individual needs of youth and, therefore, the court should utilize needs assessments for the purpose of determining appropriate services and supports when making dispositional decisions.

2 Juvenile Delinquency; Arrest or Taking Minor Into Custody; Juvenile Diversion Alternative. Amend RSA 169-B:9 to read as follows:

169-B:9 Arrest or Taking Minor Into Custody.

I. ***A police officer or juvenile probation and parole officer may, without taking a minor into custody, refer the minor to the department for a needs assessment. Upon receiving such referral, the department shall conduct the needs assessment using the same process for obtaining consent as required in RSA 169-B:10, I-a for cases referred to the department after a minor is taken into custody.***

I-a. Nothing in this chapter shall be construed as forbidding any juvenile probation and parole officer from immediately arresting or taking into custody any minor who is found violating any law, or who is reasonably believed to be a fugitive from justice, or whose circumstances are such as to endanger such minor's person or welfare, unless immediate action is taken.

II. Nothing in this chapter shall be construed as forbidding any police officer from immediately taking into custody any minor who is found violating any law, or whose arrest would be permissible under RSA 594:10, or who is reasonably believed to be a fugitive from justice, or whose circumstances are such as to endanger such minor's person or welfare, unless immediate action is taken.

3 Juvenile Delinquency; Juvenile Diversion. Amend RSA 169-B:10, I and I-a to read as follows:

I. An officer authorized under RSA 169-B:9 to take a minor into custody may dispose of the case without court referral by releasing the minor to a parent, guardian, or custodian. The officer shall make a written report to the officer's department identifying the minor, specifying the grounds for taking the minor into custody and indicating the basis for the [~~disposition~~] ***disposal*** of the case. ***The officer may refer the minor to the department of health and human services for the needs assessment described in paragraph I-a.***

I-a. ***If the arresting agency contemplates the initiation of court proceedings,*** prior to filing a delinquency petition with the court, the arresting agency or prosecutor shall [~~screen the petition for participation in diversion.~~] ***refer the minor to the department of health and human services for a voluntary needs assessment within 2 business days of arrest, to be completed as follows:***

(a) The department shall obtain the consent of the minor and the minor's parent or guardian, prior to conducting the needs assessment.

(b) If the minor or the minor's parent or guardian does not consent, the department shall report to the prosecutor that the voluntary needs assessment was declined and the prosecutor may proceed with a petition and inform the court that the needs assessment was declined.

(c) The department shall complete the voluntary needs assessment within 30 days from referral or, if an assessment has been completed within the prior 6 months, the department shall provide the referring entity with the report and recommendations from any prior assessments.

(d) If a needs assessment conducted pursuant to this paragraph or RSA 169-B:9 reveals that the child has complex behavioral health needs and is at risk of residential, hospital, or secure placement, or is already involved in multiple service systems, the department shall refer the child and family to the FAST Forward program to determine eligibility for FAST Forward and referral to a care management entity.

(e) A report and recommendations shall be provided to the minor, the minor's parent or guardian, the minor's attorney, and the referring entity and shall include the department's specific recommendation regarding whether a petition should be filed and any recommendations for supports and services.

(f) Absent the consent of the minor following consultation with counsel, the report and recommendations, any additional documents and records, and any statements made by the minor or others providing information for the purpose of the needs assessment shall not be used in any way by law enforcement during any portion of its investigation, nor shall they be admissible at an adjudicatory hearing held pursuant to RSA 169-B:16, proceedings pursuant to RSA 169-B:24, or adult criminal proceedings.

(g) If a finding is made at the adjudicatory hearing, the needs assessment, report, and recommendations shall, with the consent of the minor following consultation with counsel, be admissible at the dispositional hearing, and subsequent hearings pursuant to RSA 169-B:31 and RSA 169-B:31-a, for the purpose of determining appropriate services and supports.

(h) Prior to filing a delinquency petition with the court, the arresting agency or prosecutor shall review the department's report and recommendations to screen the petition for participation in other voluntary services or diversion.

(i) A petition may be filed prior to the completion of the referral and needs assessment if:

(1) The prosecutor or arresting officer determines there is a need to request an order from the court for immediate detention or non-secure placement to protect the minor or the community; or

(2) The minor or the minor's parent or guardian does not consent to the voluntary assessment.

(j) The petitioner shall identify why diversion was not an appropriate disposition prior to seeking court involvement.

(k) If the petition is filed prior to the referral and assessment, and the minor has not had an assessment in the prior 6 months, the department shall make the assessment available to the minor after the petition is filed and the confidentiality and admissibility of the report and recommendations and related statements shall be treated the same as assessments completed prior to the petition.

I-b. The department of health and human services shall produce informational materials regarding the process for making referrals to the department pursuant to RSA 169-B:9 in lieu of making formal arrests and shall make such materials available to all New Hampshire law enforcement agencies.

4 Applicability. This act shall apply to the circuit courts as follows:

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

I. Beginning January 1, 2022, in the following circuit court locations: Lebanon of circuit 2, Claremont and Newport of circuit 5, Dover and Rochester of circuit 7, Keene and Jaffrey of circuit 8, and Nashua, Milford and Merrimack of circuit 9.

II. Beginning July 1, 2022, in the following circuit court locations: Concord, Hillsborough and Hooksett of circuit 6 and Portsmouth, Hampton, Brentwood, Derry, Salem and Candia of circuit 10.

III. Beginning October 1, 2022, in the following circuit court locations: Berlin, Colebrook and Lancaster of circuit 1, Plymouth, Littleton and Haverhill of circuit 2, Conway and Ossipee of circuit 3, Laconia of circuit 4, Franklin of circuit 6, Manchester and Goffstown of circuit 9.

IV. In all circuit court locations as of October 1, 2022.

5 Effective Date. This act shall take effect January 1, 2022.

Senate Finance
March 24, 2021
2021-0996s
04/05

Amendment to SB 96-FN-A

Amend RSA 105-D:3, II as inserted by section 4 of the bill by replacing it with the following:

II. The fund shall provide grants to local law enforcement agencies to pay up to one-half of the purchase and replacement costs of body-worn and in-car cameras.

Energy and Natural Resources
March 23, 2021
2021-0970s
10/06

Amendment to SB 109

Amend RSA 362-A:1-a, II-c as inserted by section 1 of the bill by replacing it with the following:

II-c. ***"Municipal host" means a customer generator with a total peak generating capacity of greater than one megawatt and less than 5 megawatts used to offset the electricity requirements of a group consisting exclusively of one or more customers who are political subdivisions, provided that all customers are located within the same utility franchise service territory. A municipal host shall be located in the same municipality as all group members if the facility began operation after January 1, 2021. A municipal host may be owned by either a public or private entity. For this definition, "political subdivision" means any city, town, county, school district, chartered public school, village district, school administrative unit, or any district or entity created for a special purpose administered or funded by any of the above-named governmental units.***

Senate Finance
March 24, 2021
2021-1009s
08/11

Amendment to SB 132-FN

Amend RSA 12-O:53 as inserted by section 2 of Part I of the bill by replacing it with the following:

12-O:53 COVID-19 Micro Enterprise Relief Fund.

I. There is established in the office of the state treasurer a fund to be known as the COVID- 19 micro enterprise relief fund. Notwithstanding RSA 4:45, RSA 4:47, RSA 21-P:43, or any other law to the contrary, to the extent permissible under federal law $1 of any federal funds received by the state in response to the COVID-19 public health emergency shall be deposited into the fund, provided that at no time shall the balance of the fund exceed $1 in any fiscal year.

II. Funds shall be disbursed at the discretion of the commissioner to the 10 New Hampshire regional economic development corporations to be awarded to local or regional micro enterprises. Each regional development corporation shall receive up to $1. Each regional development economic council shall be authorized to assess an administrative fee up to 10 percent of the funds received through the state to manage this grant program. Any regional economic development corporation that does not award all of the funds received in grants to local micro enterprises shall return the funds to micro enterprise relief fund at the department of business and economic affairs for redistribution at the discretion of the commissioner.

III. With each award, an agreement for technical assistance shall be put in place between the regional development corporation, the New Hampshire small business development center, and the micro enterprise to support the implementation of the funds. 18 months after the implementation of the program, the regional economic development councils will prepare and submit reports to the commissioner, that include the number of grants and the amounts, and the use of each grant by the recipient. The commissioner shall compile these reports and submit a compiled report to the speaker of the house of representatives, the senate president, the house clerk, the senate clerk, the state library, and the governor.

IV. Regional economic development corporations shall award one-time grants of up to $1 to support one or more areas of need, including development of e-commerce capabilities, upgrading business practices, or maintaining storefront presence. The regional economic development corporations shall ensure micro enterprises awarded grants pursuant to this subdivision are provided such assistance as may be necessary to support implementation of any grants awarded.

V. For purposes of this subdivision, “micro enterprise” shall mean an entity with 10 or fewer employees, including any proprietor, that has been in business prior to March 13, 2020, when the governor signed the first declaration of a state of emergency due to COVID-19 and that has demonstrated a financial impact during the COVID-19 public health emergency, such as temporary closure, reduction in workforce, or loss of revenue of 50 percent or greater when compared to the same time period during the previous year. Financial statements demonstrating losses, closures, or reduction in workforce shall be supplied as part of the application process.

Amend RSA 19-A:15 as inserted by section 5 of Part III of the bill by replacing it with the following:

19-A:15 Save Our Granite Stages Fund. There is hereby established the save our granite stages fund, which shall be appropriated for fiscal year 2022 to the New Hampshire state council on the arts for the purpose of providing grants to both non-profit and for-profit live venues that did not receive a grant from the federal Shuttered Venue Operators (SVO) program, which was established by Economic Aid to Hard-Hit Small Businesses, Nonprofits and Venues Act (P.L. 116-260). The fund shall be nonlapsing and kept separate and distinct from all other funds. Notwithstanding any other provision of law, $1 of any discretionary federal funds received by the state in response to the COVID-19 public health emergency shall be deposited into the fund. In addition to state appropriations, the council may accept grants, gifts, and donations for deposit in the fund.

Commerce
March 23, 2021
2021-0983s
04/06

Amendment to SB 137

Amend the bill by replacing section 1 with the following:

1 Minimum Hourly Rate; Tipped Employees. Amend the introductory paragraph of RSA 279:21 to read as follows:

Unless otherwise provided by statute, no person, firm, or corporation shall employ any employee at an hourly rate lower than that set forth in the federal minimum wage law, as amended. Tipped employees of a restaurant, ***cigar bar as defined in RSA 178:20-a, II,*** hotel, motel, inn or cabin, or ballroom who customarily and regularly receive more than $30 a month in tips directly from the customers will receive a base rate from the employer of not less than [~~45 percent of the applicable minimum wage~~] ***$3.27 per hour. Tipped employees who are licensed as secondary game operators pursuant to RSA 287-D and who customarily and***

regularly receive more than $30 a month in tips directly from the customers, will receive a base rate from the employer of not less than $7.25 per hour. If such an employee shows to the satisfaction of the commissioner that the actual amount of wages received at the end of each pay period did not equal the federal statutory minimum per hour for all hours worked, the employer shall pay the employee the difference to guarantee the federal statutory minimum hourly rate. If an employee shows to the satisfaction of the commissioner that the actual amount of wages received at the end of each pay period did not equal the minimum wage for all hours worked, the employer shall pay the employee the difference to guarantee the applicable minimum wage. The limitations imposed hereby shall be subject to the following exceptions:

Commerce
March 23, 2021
2021-0979s
11/05

Amendment to SB 138

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

AN ACT relative to the definition of an "investment metal contract".

Amend the bill by replacing section 1 with the following:

1 New Subparagraph; Uniform Securities Act; Definitions; Investment Metal Contract; Exemptions. Amend RSA 421-B:1-102, (32)(B) by inserting after subparagraph (iv) the following new subparagraph:

(v) A commodity contract for the purchase of one or more investment metals and investment gems which requires, and under which the purchaser receives, within 7 calendar days from the payment in good funds of any portion of the purchase price, physical delivery of the quantity of the investment metals and investment gems purchased by such payment, provided that, for purposes of this paragraph, physical delivery shall be deemed to have occurred if, within that 7-day period, the quantity of investment metals and investment gems purchased by the payment is delivered, whether in specifically segregated or fungible bulk form, into the possession of a depository, other than the seller, which is either:

(a) A bank;

(b) A depository, the warehouse receipts of which are recognized for delivery purposes for any commodity on a contract market designated by the Commodity Futures Trading Commission;

(c) A storage facility licensed or regulated by the United States or any agency of the United States; or

(d) A depository designated by the department, and such depository, or other person which qualifies as a depository, as specified in this paragraph, issues and the purchaser receives, a certificate, document of title, confirmation or other instrument evidencing that such quantity of investment metals and investment gems has been delivered to the depository and is being and will continue to be held by the depository on the purchaser's behalf, free and clear of all liens and encumbrances, other than liens of the purchaser, tax liens, liens agreed to by the purchaser, or liens of the depository for fees and expenses, which have previously been disclosed to the purchaser.

2021-0979s

AMENDED ANALYSIS

This bill exempts certain contracts from the definition of "investment metal contract".

Senate Finance
March 24, 2021
2021-0998s
05/08

Amendment to SB 140-FN-A

Amend the bill by replacing Part I with the following:

PART I

Making an appropriation to the department of health and human services for homeless shelter services.

1 Appropriation; Department of Health and Human Services; Homeless Shelter Services.

I. The sum of $18,000,000 for the biennium ending June 30, 2023, is hereby appropriated to the department of health and human services for the purpose of providing homeless shelter services in the state.

II. The appropriation in this section shall be made from federal funds received by the state of New Hampshire and shall be in addition to any other funds appropriated to the department of health and human services.

2 Effective Date. Part I of this act shall take effect July 1, 2021.

2021-0998s

AMENDED ANALYSIS

This bill:

I. Makes an appropriation to the department of health and human services for homeless shelter services.

II. Makes an appropriation to the department of health and human services for primary prevention services for families.

Senate Finance
March 24, 2021
2021-0997s
11/05

Amendment to SB 142-FN

Amend Part I of the bill by replacing section 2 with the following:

2 New Section; Mental Health Training for First Responders. Amend RSA 106-L by inserting after section 7 the following new section:

106-L:7-a Mental Health Training for First Responders.

I. No person shall assume their role as a first responder unless such person has satisfactorily completed mental health training focusing on post-traumatic stress disorder. In the case of a law enforcement officer, such person will receive such training from a program developed and delivered by the New Hampshire police academy. In the case of a firefighter or EMS provider, such person will receive such training from a program developed and delivered by the New Hampshire fire academy. Subsequently, all first responders shall successfully complete annual online training, and shall attend a live training program every 5 years from the first responder's respective training academy.

II. Mental health training focusing on post-traumatic stress disorder shall be made available annually and at no cost to any first responders after their retirement.

Senate Judiciary
March 23, 2021
2021-0987s
04/08

Amendment to SB 154

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

AN ACT prohibiting the state from enforcing a Presidential Executive Order that restricts or regulates the right of the people to keep and bear arms.

Amend the bill by replacing section 1 with the following:

1 New Chapter; Presidential Executive Orders Relating to the Right to Keep and Bear Arms. Amend RSA by inserting after chapter 159-D the following new chapter:

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

CHAPTER 159-E

PRESIDENTIAL EXECUTIVE ORDERS

RELATING TO THE RIGHT TO KEEP AND BEAR ARMS

159-E:1 Presidential Executive Orders Relating to the Right to Keep and Bear Arms. Pursuant to the general court's authority under Part II, Article 5 of the New Hampshire constitution, no person acting under color of state law or as an agent of the state may take any action, expend any funds, or exercise any power of the state of New Hampshire to enforce any Executive Order of the President of the United States, issued after January 20, 2021, that has the purpose or effect of restricting, limiting, encumbering, regulating, or placing conditions upon the right of the people to keep and bear arms pursuant to the Second Amendment to the United States Constitution and Part I, Art. 2-a and Art. 24 of the New Hampshire constitution. This provision expressly extends protection to firearms, firearms components, firearms magazines and loading devices, ammunition, firearms supplies, knives, and any other weapons or armaments not prohibited by state law.

2021-0987s

AMENDED ANALYSIS

This bill prohibits any person acting under color of state law or as an agent of the state from taking any action, expending any funds, or exercising any power of the state of New Hampshire to enforce any Executive Order of the President of the United States which has the purpose or effect of restricting or regulating the right of the people to keep and bear arms.

Health and Human Services
March 24, 2021
2021-1007s
12/11

Amendment to HB 75

Amend the bill by replacing section 3 with the following:

3 New Subparagraphs; New Hampshire Commission for the Deaf and Hard of Hearing; Membership. Amend RSA 125-Q:1, I by inserting after subparagraph (s) the following new subparagraphs:

(t) A representative from a private nursing facility appointed by the New Hampshire Health Care Association.

(u) A representative from a county nursing facility appointed by the New Hampshire Association of Counties.

(v) A representative from an assisted living facility appointed by the New Hampshire Association of Residential Care Homes (NHARCH).

(w) A representative from a continuing care retirement community appointed by LeadingAge Maine & New Hampshire.

Senate Ways and Means
March 22, 2021
2021-0944s
05/10

Amendment to HB 306

Amend section 1 of the bill by inserting after paragraph II the following new paragraph:

III. The chairperson of the house ways and means committee shall notify the chairperson of the senate ways and means committee of any meetings convened in accordance with this section.

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

REMOTE HEARINGS

MONDAY, MARCH 29, 2021

ENERGY AND NATURAL RESOURCES

Sen. Avard (C), Sen. Giuda (VC), Sen. Gray, Sen. Watters, Sen. Perkins Kwoka

1:00 p.m. **HB 256,** adding members from Londonderry to the commission to investigate and analyze the environmental and public health impacts relating to releases of per-fluorinated chemicals into the air, soil, and groundwater in Merrimack, Bedford, and Litchfield.

1:15 p.m. **HB 73,** relative to public notice requirements for certain permits issued by the department of environmental services.

1:30 p.m. **HB 99,** relative to seasonal platforms on public waters of the state.

1:45 p.m. **HB 115,** relative to wake surfing.

2:00 p.m. **HB 344,** relative to temporary docks.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: https://www.zoom.us/j/96273287258
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location):
   1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: US: +13126266799,,96273287258# or +19292056099,,96273287258#
4. Webinar ID: 962 7328 7258
5. To view/listen to this hearing on YouTube, use this link:
   https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA
6. To sign in to speak, register your position on a bill and/or submit testimony, use this link: http://gencourt.state.nh.us/remotecommittee/senate.aspx

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

TUESDAY, MARCH 30, 2021

EDUCATION

Sen. Ward (C), Sen. Hennessey (VC), Sen. Ricciardi, Sen. Kahn, Sen. Prentiss

9:00 a.m. **EXECUTIVE SESSION ON PENDING LEGISLATION**

10:00 a.m. Presentation by NH Department of Education

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. To join the webinar: https://www.zoom.us/j/95513685543

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

2. Or Telephone: Dial (for higher quality, dial a number based on your current location):
   1-301-715-8592, or 1-312-626-6799, or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: +13017158592, 95513685543# or +13126266799, 95513685543#
4. Webinar ID: 955 1368 5543
5. To view on YouTube, click here: https://www.youtube.com/channel/UCjBZdtrjRn-Qdmg-2MPMiWrA

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

FINANCE

Sen. Daniels (C), Sen. Reagan (VC), Sen. Giuda, Sen. Hennessey, Sen. Morse, Sen. D'Allesandro, Sen. Rosenwald

1:00 p.m. **EXECUTIVE SESSION ON PENDING LEGISLATION**

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. To join the webinar: https://www.zoom.us/j/92066815028
2. Or Telephone: Dial (for higher quality, dial a number based on your current location):
   1-301-715-8592, or 1-312-626-6799, or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: 13126266799,,92066815028# or19292056099,,92066815028#
4. Webinar ID: 920 6681 5028
5. To view on YouTube, click here: https://www.youtube.com/channel/UCjBZdtrjRn-Qdmg-2MPMiWrA

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

JUDICIARY

Sen. Carson (C), Sen. Gannon (VC), Sen. French, Sen. Whitley, Sen. Kahn

1:00 p.m. **HB 233-FN,** relative to the right of any infant born alive to medically appropriate and reasonable care and treatment.

1:30 p.m. **HB 625-FN,** relative to the protection of fetal life.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: https://www.zoom.us/j/91687899729
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location):
   1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: US: +13017158592,,91687899729# or +13126266799,,91687899729#
4. Webinar ID: 916 8789 9729

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

5. To view/listen to this hearing on YouTube, use this link:
   https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA
6. To sign in to speak, register your position on a bill and/or submit testimony, use this link: http://gencourt.state.nh.us/remotecommittee/senate.aspx

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

WEDNESDAY, MARCH 31, 2021

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

Sen. Carson (C), Sen. Reagan (VC), Sen. Ricciardi, Sen. Cavanaugh, Sen. Prentiss

9:00 a.m. **HB 137,** relative to the rulemaking authority of the department of information technology.

9:10 a.m. **HB 302,** relative to the creation and use of electronic records by government agencies.

9:20 a.m. **HB 425-FN,** establishing technical committees and a cybersecurity advisory committee in the department of information technology.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: https://www.zoom.us/j/98659292409
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location):
   1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: +13017158592,,98659292409# or +13126266799,,98659292409#
4. Webinar ID: 986 5929 2409
5. To view/listen to this hearing on YouTube, use this link:
   https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA
6. To sign in to speak, register your position on a bill and/or submit testimony, use this link: http://gencourt.state.nh.us/remotecommittee/senate.aspx

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

REMOTE MEETINGS

FRIDAY, MARCH 26, 2021

COMMISSION TO STUDY TESTING FOR LYME AND OTHER TICK-BORNE DISEASES (RSA 141-C:6-a)

9:00 a.m. Regular Meeting

Join from a PC, Mac, iPad, iPhone or Android device:

Please click this URL to join.
https://zoom.us/j/93853725191?pwd=ckNhbmsrTHNiQ3ppOU1Mc0dyUkFGdz09

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

Passcode: 313494

Or iPhone one-tap: +13126266799,,93853725191#,,,,*313494# US (Chicago)

+19292056099,,93853725191#,,,,*313494# US (New York)

Or join by phone: Dial (for higher quality, dial a number based on your current location): US: +1 312 626 6799 or +1 929 205 6099 or +1 301 715 8592 or +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782

Webinar ID: 938 5372 5191

Passcode: 313494

International numbers available: https://zoom.us/u/awd4AxBDW

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: mwagner@naminh.org or call (603) 505-7167

NEW HAMPSHIRE PRESCRIPTION DRUG AFFORDABILITY BOARD (RSA 126-BB:2)

1:00 p.m. Regular Meeting

Board members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to join Zoom Webinar: https://nh-dhhs.zoom.us/j/99200732486?pwd=b1NrTjVzYWZVWHFSTkRvNnRBRDI4Zz09
2. Passcode: 800331
3. Dial: US: +1 312 626 6799 or +1 646 558 8656 or +1 301 715 8592 or +1 346 248 7799 or +1 669 900 9128 or +1 253 215 8782
4. Webinar ID: 992 0073 2486
5. Or iPhone one-tap: US: +13126266799,,99200732486#,,,,*800331# or +16465588656,,99200732486#,,,,*800331#

The following email will be monitored throughout the meeting by someone who can alert the board to any technical issues: jennifer.horgan@leg.state.nh.us

LONG-TERM SEACOAST COMMISSION ON DRINKING WATER (RSA 485-F:6)

2:00 p.m. Regular Meeting

This meeting will take place by remote conference. To participate in the meeting, please use the following instructions:

Video access is available at:

https://nhgov.webex.com/nhgov/j.php?MTID=m53937bb27cbdbb595859530ed92eef7e

Meeting number (access code): 160 087 4668

Meeting password: water

Join by phone:

+1-415-655-0001

The following phone number will also be monitored during the meeting: 603 677 2478

TUESDAY, MARCH 30, 2021

COMMISSION ON THE ENVIRONMENTAL AND PUBLIC HEALTH IMPACTS OF PERFLUORINATED CHEMICALS (RSA 126-A:79-a)

3:00 p.m. Subcommittee Meeting

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

This meeting will take place by remote conference. To listen in please follow the instructions below:

1. Dial the call in number: 1-631-992-3221
2. Enter the Meeting ID (Access Code): 919-354-316

If prompted for an additional ID, please press #

The following email address will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: Amy.E.Rousseau@DES.NH.gov. You may also call Amy Rousseau at 603-848-1372.

FRIDAY, APRIL 2, 2021

CAPITAL BUDGET OVERVIEW COMMITTEE (RSA 17-J:2)

8:00 a.m. Organization and Regular Business

Committee members will receive secure Zoom invitations by e-mail.

Members of the public may attend using the following links:

1. To join the webinar: https://zoom.us/j/98804402386
2. Or Telephone: Dial (for higher quality, dial a number based on your current location): 1 929 436 2866
3. Webinar ID: 988 0440 2386

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: LBA_CBOC@leg.state.nh.us.

LONG RANGE CAPITAL PLANNING AND UTILIZATION COMMITTEE (RSA 17-M:1)

9:00 a.m. Organization and Regular Business

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. To join the webinar: https://zoom.us/j/98364878895
2. Or Telephone: Dial (for higher quality, dial a number based on your current location): 1 301 715 8592
3. Webinar ID: 983 6487 8895

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: LBA_LRCPUC@leg.state.nh.us

MONDAY, APRIL 5, 2021

NEW HAMPSHIRE RECOVERY MONUMENT COMMISSION (RSA 4:9-p)

11:00 a.m. Regular Meeting

Please click the link below to join the webinar:
https://us02web.zoom.us/j/83047171087

Or iPhone one-tap : US: +16465588656,,83047171087# or +13017158592,,83047171087#

Or Telephone: Dial (for higher quality, dial a number based on your current location): US: +1 646 558 8656 or +1 301 715 8592 or +1 312 626 6799 or +1 669 900 9128 or +1 253 215 8782 or +1 346 248 7799

Webinar ID: 830 4717 1087

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

International numbers available: https://us02web.zoom.us/u/kruY8Cdpi

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: David.Watters@leg.state.nh.us or call (603) 969-9224.

COMMISSION ON HOLOCAUST AND GENOCIDE EDUCATION (RSA 193-E:2-f)

3:00 p.m. Regular Meeting

Commission members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. To join the webinar: https://zoom.us/j/95205080907
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location): 1-929-205-6099 or 1-301-715-8592 or 1-312-626-6799 or 1-669-900-6833 or 1-253-215-8782 or 1-346-248-7799
3. Or iPhone one-tap: US: +1 301 715 8592 or +1 312 626 6799 or +1 929 205 6099 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833
4. Webinar ID: 952 0508 0907
5. To view/listen to this meeting on YouTube, use this link: https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

TUESDAY, APRIL 6, 2021

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

5:00 p.m. Regular Meeting

This meeting will take place via phone/zoom conference. Please call Paul Lloyd at (603) 715-5579 for the conference call information.

FRIDAY, APRIL 9, 2021

NEW HAMPSHIRE OPIOID ABATEMENT ADVISORY COMMISSION (RSA 126-A:85)

9:00 a.m. Regular Meeting

Please click the link below to join the webinar:
https://nh-dhhs.zoom.us/j/92283090623?pwd=bWxweS92Q25rU0VxKzRjanpRNzM2dz09

Passcode: 407932

Or iPhone one-tap:

US: +13126266799,,92283090623#,,,,*407932# or +16465588656,,92283090623#,,,,*407932#

Or Telephone: Dial (for higher quality, dial a number based on your current location): US: +1 312 626 6799 or +1 646 558 8656 or +1 301 715 8592 or +1 346 248 7799 or +1 669 900 9128 or +1 253 215 8782

Webinar ID: 922 8309 0623

Passcode: 407932

International numbers available: https://nh-dhhs.zoom.us/u/acpaqnTcbb

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

COMMISSION TO STUDY ENVIRONMENTALLY-TRIGGERED CHRONIC ILLNESS (RSA 126-A:73-a)

10:00 a.m. Data Subcommittee Meeting

Subcommittee members and members of the public may attend using the following links:

1. Link to join Zoom Webinar: https://unh.zoom.us/j/91087571819?pwd=d004c1hiL0dHZmFhUW05dmdYYkNydz09
   Password: 242590
2. Dial: +1 312 626 6799 (US Toll)
   Meeting ID: 910 8757 1819
   International numbers available: https://unh.zoom.us/u/acIBHU7OMv
3. Or iPhone one-tap: 13126266799,91087571819# or 16468769923,91087571819#

The following email will be monitored throughout the meeting by someone who can assist with and alert the subcommittee to any technical issues: jennifer.horgan@leg.state.nh.us

FRIDAY, APRIL 16, 2021

COMMISSION ON THE ENVIRONMENTAL AND PUBLIC HEALTH IMPACTS OF PERFLUORINATED CHEMICALS (RSA 126-A:79-a)

8:30 a.m. Regular Meeting
https://attendee.gotowebinar.com/register/5014384764711487501

FISCAL COMMITTEE (RSA 14:30-a)

10:00 a.m. Regular Meeting

Committee members will receive secure Zoom invitations by e-mail.

Members of the public and state agency personnel may attend using one of the following alternatives:

1. Join the webinar: https://zoom.us/j/93479421129
2. iPhone one-tap : US: +13017158592,,93479421129# or +13126266799,,93479421129#
3. Telephone: Dial (for higher quality, dial a number based on your current location): US: +1 301 715 8592 or +1 312 626 6799 or +1 929 436 2866 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833
   Webinar ID: 934 7942 1129
   International numbers available: https://zoom.us/u/adHo3nxdGQ

The following e-mail address will be monitored throughout the meeting by staff who can assist with and alert the committee of any technical issues: LBA_Fiscal@leg.state.nh.us

FRIDAY, APRIL 23, 2021

HEALTH AND HUMAN SERVICES OVERSIGHT COMMITTEE (RSA 126-A:13)

10:00 a.m. Regular Meeting

Please click the link below to join the webinar:
https://nh-dhhs.zoom.us/j/94466123067?pwd=QlFsbnA5OXVncWFCOEhraXhGZDJ5dz09

Passcode: 425282

Due to the COVID-19 pandemic, the General Court is conducting legislative activities remotely with the exception of publicly noticed sessions in the House or Senate Calendar. During this time, the State House and Legislative Office Building remain closed to visitors.

Or iPhone one-tap:
US: +13017158592, 94466123067#,*425282# or +13126266799, 94466123067#, *425282#

Or Telephone: Dial (for higher quality, dial a number based on your current location):

US: +1 301 715 8592 or +1 312 626 6799 or +1 646 558 8656 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 9128

Webinar ID: 944 6612 3067

Passcode: 425282

International numbers available: https://nh-dhhs.zoom.us/u/aez0kwI8Sn

For any technical assistance or problems, Kathleen Capron will be our contact and may be reached at either (603) 271-9445 or Kathleen.Capron@dhhs.nh.gov.

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FISCAL NOTE ADDITIONS AND UPDATES HAVE BEEN AMENDED TO THE BILLS ON THE WEBSITE AND ARE AVAILABLE IN THE SENATE CLERK'S OFFICE FOR THE FOLLOWING 2021 BILLS:

SENATE BILLS: 3, 13, 22, 59, 66, 69, 85, 86, 92, 93, 99, 104, 118, 122, 127, 128, 131, 132, 133, 134, 142, 143, 146, 147, 148, 149, 150, 153, 155, 158, 160, 161

HOUSE BILLS: 609

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SENATE SCHEDULE

Thursday, April 01, 2021	CROSSOVER – Deadline to ACT on all Senate bills.
Thursday, May 13, 2021	Deadline for Policy Committees to ACT on all House bills with a fiscal impact, except bills exempted pursuant to Senate Rule 4-5.
Monday, May 31, 2021	Memorial Day (State Holiday)
Thursday, June 03, 2021	Deadline to ACT on all House bills.
Thursday, June 10, 2021	Deadline to FORM Committees of Conference.
Thursday, June 17, 2021	Deadline to SIGN Committee of Conference Reports.
Thursday, June 24, 2021	Deadline to ACT on Committee of Conference Reports.
Monday, July 05, 2021	Independence Day (Observed) (State Holiday)
Monday, September 06, 2021	Labor Day (State Holiday)
Thursday, November 11, 2021	Veterans' Day (State Holiday)
Thursday, November 25, 2021	Thanksgiving Day (State Holiday)
Friday, November 26, 2021	Day after Thanksgiving (State Holiday)
Friday, December 24, 2021	Christmas Day (Observed) (State Holiday)
Friday, December 31, 2021	New Year's Day (Observed) (State Holiday)