

Floor Amendment to SB 292-FN-A

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

2

3 AN ACT relative to warrants for the funding of state special education aid, licensing
4 requirements for health care facilities that operate on a membership-based business
5 model, and the department of health and human services' rulemaking authority
6 regarding immunization requirements.
7

8 Amend the bill by replacing all after section 1 with the following:

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10 2 Communicable Disease; Immunization. Amend RSA 141-C:20-a, I to read as follows: I. All
11 parents or legal guardians shall have their children, who are residing in this state, immunized
12 against ~~[certain diseases. These diseases shall include, but not be limited to,]~~ diphtheria, mumps,
13 pertussis, poliomyelitis, rubella, rubeola, and tetanus. ~~[The commissioner shall adopt rules under~~
14 ~~RSA 541-A relative to other diseases which require immunization.]~~ ***The rules adopted by the***
15 ***commissioner requiring varicella, Hepatitis B, and Haemophilus influenzae type B (Hib)***
16 ***vaccinations shall remain in effect until their regular expiration date of June 30, 2026.***

17 3 Residential Care and Health Facility Licensing; License or Registration Required;
18 Moratorium; Exception for Membership-Based and Direct Payment Facilities. Amend RSA 151:2,
19 VI(a)(1) to read as follows:

20 (1) No new license shall be issued for, and there shall be no increase in licensed
21 capacity of, any nursing home, skilled nursing facility, intermediate care facility, or rehabilitation
22 facility, including rehabilitation hospitals and facilities offering comprehensive rehabilitation
23 services. This moratorium shall not apply to:

24 (A) ***Any facility that is not a nursing home or skilled nursing facility,***
25 ***that operates on a membership-based business model or exclusively provides services to***
26 ***persons who make direct payment for services;***

27 (B) Any rehabilitation facility whose sole purpose is to treat individuals for
28 substance use disorder or mental health issues; or ~~[to]~~

29 (C) Any continuing care facility for which a certificate of authority has been
30 issued by the insurance commissioner pursuant to RSA 420-D:2.

31 4 Patients' Bill of Rights; Definitions; Direct Payment and Membership-Based Facilities.
32 Amend RSA 151:19, II to read as follows:

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1 II. "Facility" means any hospital, building, residence, or other place or part thereof, licensed
2 under the provisions of RSA 151:2. For the purposes of RSA 151:21, RSA 151:25, and RSA 151:26,
3 "facility" shall not include home health care providers, or private homes where home care services
4 are provided. ***For the purposes of RSA 151:21, "facility" shall not include direct payment and***
5 ***membership-based facilities.***

6 5 Patients' Bill of Rights; Definitions; Direct Payment and Membership-Based Facilities.
7 Amend RSA 151:19, VI to read as follows:

8 VI. "Patients' rights" or "rights" means those rights established under RSA 151:21 ~~[or]~~ RSA
9 151:21-b, ***or RSA 151:21-c***, as applicable.

10 6 Residential Care and Health Facility Licensing; Policies Required. Amend RSA 151:2-f to read
11 as follows:

12 151:2-f Policies Required for Health Facilities and Special Health Care Service Licenses.

13 ***I.*** Every facility licensed under RSA 151:2, I(a) or (d) and every person holding a special
14 health care service license under RSA 151:2-e shall:

15 ~~[I.]~~***(a)*** Adopt and enforce a written policy to assure that the facility provides its services
16 to all persons who require the services the facility provides regardless of the source of payment for
17 the services provided to any person;

18 ~~[II.]~~***(b)*** Adopt, publicize, and apply an assistance plan for persons who are uninsured or
19 who do not have the financial resources to pay for the facility's services due to financial hardship;

20 ~~[III.]~~***(c)*** Provide data to the commissioner of the department of health and human
21 services regarding the volume, cost and outcomes of services provided in the facility; and

22 ~~[IV.]~~***(d)*** Pay fees under RSA 151:2-e, III to the commissioner of the department to cover
23 the costs of administering the licensing of special health care services, the administration of the
24 quality and patient safety requirements of this section, and the collection and analysis of the data
25 collected under this section.

26 ***II.*** ***Subparagraph I(a) shall not apply to intermediate care facilities or***
27 ***rehabilitation facilities, including rehabilitation hospitals and facilities offering***
28 ***comprehensive rehabilitation services facilities, that operate on a membership-based***
29 ***business model or exclusively provide services to persons who make direct payment for***
30 ***services. For the purposes of this paragraph, a direct payment is one that is paid directly***
31 ***by the patient and is not reimbursed or otherwise paid by a third party.***

32 7 New Section; Residential Care and Health Facility Licensing; Patients' Bill of Rights for
33 Direct Payment and Membership-Based Facilities. Amend RSA 151 by inserting after section 21-b
34 the following new section:

35 151:21-c Patients' Bill of Rights for Direct Payment and Membership-Based Facilities. The
36 policy describing the rights and responsibilities of each patient admitted to a facility that operates on
37 a membership-based business model or exclusively provides services to persons who make direct

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1 payment for services as defined in RSA 151:2-f, II, except those admitted by a home health care
2 provider, shall include, as a minimum, the following:

3 I. The patient shall be treated with consideration, respect, and full recognition of the
4 patient's dignity and individuality, including privacy in treatment and personal care and including
5 being informed of the name, licensure status, and staff position of all those with whom the patient
6 has contact, pursuant to RSA 151:3-b.

7 II. The patient shall be fully informed of a patient's rights and responsibilities and of all
8 procedures governing patient conduct and responsibilities. This information shall be provided orally
9 and in writing before or at admission, except for emergency admissions. Receipt of the information
10 shall be acknowledged by the patient in writing. When a patient lacks the capacity to make
11 informed judgments the signing shall be by the person legally responsible for the patient.

12 III. The patient shall be fully informed in writing in language that the patient can
13 understand, before or at the time of admission and as necessary during the patient's stay, of the
14 facility's basic per diem rate and of those services included and not included in the basic per diem
15 rate.

16 IV. The patient shall be fully informed by a health care provider of his or her medical
17 condition, health care needs, and diagnostic test results, including the manner by which such results
18 will be provided and the expected time interval between testing and receiving results, unless
19 medically inadvisable and so documented in the medical record, and shall be given the opportunity
20 to participate in the planning of his or her total care and medical treatment, to refuse treatment, and
21 to be involved in experimental research upon the patient's written consent only. For the purposes of
22 this paragraph "health care provider" means any person, corporation, facility, or institution either
23 licensed by this state or otherwise lawfully providing health care services, including, but not limited
24 to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical
25 therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course
26 and scope of employment or agency related to or supportive of health care services.

27 V. The patient shall be transferred or discharged after appropriate discharge planning only
28 for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to
29 operate, or for nonpayment for the patient's stay.

30 VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise
31 the patient's rights as a patient and citizen. The patient may voice grievances and recommend
32 changes in policies and services to facility staff or outside representatives free from restraint,
33 interference, coercion, discrimination, or reprisal.

34 VII. The patient shall be permitted to manage the patient's personal financial affairs. If the
35 patient authorizes the facility in writing to assist in this management and the facility so consents,
36 the assistance shall be carried out in accordance with the patient's rights under this subdivision and
37 in conformance with state law and rules.

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1 VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and
2 from exploitation, neglect, corporal punishment and involuntary seclusion.

3 IX. The patient shall be free from chemical and physical restraints except when they are
4 authorized in writing by a physician for a specific and limited time necessary to protect the patient
5 or others from injury. In an emergency, restraints may be authorized by the designated professional
6 staff member in order to protect the patient or others from injury. The staff member shall promptly
7 report such action to the physician and document *the* same in the medical records.

8 X. The patient shall be ensured confidential treatment of all information contained in the
9 patient's personal and clinical record, including that stored in an automatic data bank, and the
10 patient's written consent shall be required for the release of information to anyone not otherwise
11 authorized by law to receive it. Medical information contained in the medical records at any facility
12 licensed under this chapter shall be deemed to be the property of the patient. The patient shall be
13 entitled to a copy of such records upon request. The charge for the copying of a patient's medical
14 records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided,
15 that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a
16 reasonable cost.

17 XI. The patient shall not be required to perform services for the facility. Where appropriate
18 for therapeutic or diversional purposes and agreed to by the patient, such services may be included
19 in a plan of care and treatment.

20 XII. The patient shall be free to communicate with, associate with, and meet privately with
21 anyone, including family and resident groups, unless to do so would infringe upon the rights of other
22 patients. The patient may send and receive unopened personal mail. The patient has the right to
23 have regular access to the unmonitored use of a telephone.

24 XIII. The patient shall be free to participate in activities of any social, religious, and
25 community groups, unless to do so would infringe upon the rights of other patients.

26 XIV. The patient shall be free to retain and use personal clothing and possessions as space
27 permits, provided it does not infringe on the rights of other patients.

28 XV. The patient shall be entitled to privacy for visits and, if married, to share a room with
29 his or her spouse if both are patients in the same facility and where both patients consent, unless it
30 is medically contraindicated and so documented by a physician. The patient has the right to reside
31 and receive services in the facility with reasonable accommodation of individual needs and
32 preferences, including choice of room and roommate, except when the health and safety of the
33 individual or other patients would be endangered.

34 XVI. The patient shall not be denied appropriate care on the basis of age, sex, gender
35 identity, sexual orientation, race, color, marital status, familial status, disability, religion, national
36 origin, source of income, or profession.

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1 XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject
2 to reasonable rules and regulations of the facility regarding the facility's credentialing process.

3 XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or
4 next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit
5 the facility, without restriction, if the patient is considered terminally ill by the physician
6 responsible for the patient's care.

7 XIX. The patient shall be entitled to receive representatives of approved organizations as
8 provided in RSA 151:28.

9 8 Department of Health and Human Services; Legislative Reporting Requirement. The
10 commissioner of the department of health and human services shall conduct a study to examine the
11 impact of direct pay models on the health care system of New Hampshire, with special attention
12 given to the impact of implementation of the direct primary care law, RSA 329:1-e and 2019, 330
13 (HB 508). The department shall provide the results of the study to the speaker of the house of
14 representatives, the senate president, the house clerk, and the senate clerk, on or before June 30,
15 2026.

16 9 Repeal. RSA 141-C:6, XIII, relative to rulemaking for other communicable diseases, is
17 repealed.

18 10 Effective Date.

19 I. Section 1 of this act shall take effect July 1, 2025.

20 II. The remainder of this act shall take effect 60 days after its passage.

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2025-1946h

AMENDED ANALYSIS

This bill:

I. Authorizes the governor to draw a warrant from the general fund to fund the state's obligation to distribute special education aid to school districts.

II. Exempts direct-pay health care facilities from certain licensing requirements and policies in RSA 151:2-f as well as the moratorium on licensing and bed capacity in RSA 151:2, VI(a) provided that the facility is not a nursing home or skilled nursing facility.

III. Establishes a patient's bill of right for direct-pay facilities and directs the department of health and human services to study direct-pay models.

IV. Limits childhood immunization requirements to diseases identified in statute.

V. Removes the authority of the commissioner of health and human services to adopt rules requiring immunization for additional childhood diseases.