HB 1280 - AS INTRODUCED

2024 SESSION

24-2028
05/10

HOUSE BILL ***1280***

AN ACT relative to informed consent and patient rights.

SPONSORS: Rep. Cushman, Hills. 28; Rep. Potucek, Rock. 13; Rep. Gorski, Hills. 2; Rep. Ammon, Hills. 42; Rep. T. Lekas, Hills. 38; Rep. Reid, Hills. 27; Rep. Colcombe, Hills. 30; Rep. Pauer, Hills. 36; Sen. Avard, Dist 12; Sen. Lang, Dist 2; Sen. Pearl, Dist 17

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill defines informed consent and patient rights in the context of a doctor-patient relationship.

- -

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

24-2028
05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Four

AN ACT relative to informed consent and patient rights.

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

1 New Subdivision; Informed Consent and Patient Rights. Amend RSA 329 by inserting after section 50 the following new subdivision:

Informed Consent and Patient Rights

329:51 Informed Consent. The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention. In seeking a patient's informed consent, or the consent of the patient's surrogate if the patient lacks decision-making capacity or declines to participate in making decisions, physicians shall:

I. Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.

II. Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician shall include information about:

(a) The diagnosis, when known;

(b) The nature and purpose of recommended interventions;

(c) The burdens, risks, and expected benefits of all options, including forgoing treatment.

III. Document the informed consent conversation and the patient's or surrogate's decision in the medical record in some manner. When the patient or surrogate has provided specific written consent, the consent form shall be included in the record.

IV. In emergencies, when a decision must be made urgently, the patient is not able to participate in decision making, and the patient's surrogate is not available, physicians may initiate treatment without prior informed consent. In such situations, the physician shall inform the patient/surrogate at the earliest opportunity and obtain consent for ongoing treatment in keeping with these guidelines.

329:52 Patient Rights. The health and well-being of patients depends on a collaborative effort between patient and physician in a mutually respectful alliance. Patients contribute to this alliance when they fulfill responsibilities they have, to seek care and to be candid with their physicians. Physicians can best contribute to a mutually respectful alliance with patients by serving as their patients' advocates and by respecting patients' rights. These include the right:

I. To courtesy, respect, dignity, and timely, responsive attention to his or her needs.

II. To receive information from their physicians and to have opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and

costs of forgoing treatment. Patients shall be able to expect that their physicians will provide guidance about what they consider the optimal course of action for the patient based on the physician's objective professional judgment.

III. To ask questions about their health status or recommended treatment when they do not fully understand what has been described and to have their questions answered.

IV. To make decisions about the care the physician recommends and to have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention.

V. To have the physician and other staff respect the patient's privacy and confidentiality.

VI. To obtain copies or summaries of their medical records.

VII. To obtain a second opinion.

VIII. To be advised of any conflicts of interest their physician may have in respect to their care.

IX. To continuity of care. Patients shall be able to expect that their physician will cooperate in coordinating medically indicated care with other health care professionals, and that the physician will not discontinue treating them when further treatment is medically indicated without giving them sufficient notice and reasonable assistance in making alternative arrangements for care.

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