SB 609 - AS INTRODUCED

2026 SESSION

26-2201
05/08

SENATE BILL ***609***

AN ACT relative to improving screening for and treatment of blood clots, or venous thromboembolism, and establishing a statewide venous thromboembolism registry.

SPONSORS: Sen. Carson, Dist 14; Sen. Rochefort, Dist 1; Sen. Ward, Dist 8; Rep. W. MacDonald, Rock. 16; Rep. Lundgren, Rock. 16

COMMITTEE: Health and Human Services

ANALYSIS

This bill directs hospitals, ambulatory surgical centers, and emergency medical care centers to develop a screening and treatment plan for venous thromboembolism. The bill also directs the department of health and human services to contract with a qualified entity to establish and maintain a statewide venous thromboembolism registry.

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

AN ACT relative to improving screening for and treatment of blood clots, or venous thromboembolism, and establishing a statewide venous thromboembolism registry.

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

1 New Section; Screening for and Treatment of Venous Thromboembolism. Amend RSA 151 by inserting after section 2-i the following new section:

151:2-j Venous Thromboembolism; Hospital Screening and Treatment Plan Required.

I. Each hospital licensed under RSA 151:2, I(a) and each ambulatory surgical center and emergency medical care center licensed under RSA 151:2, I(d) shall:

(a) Develop and implement policies and procedures for the rendering of appropriate medical attention for persons at risk of forming venous thromboembolisms which reflect evidence-based best practices relating to, at a minimum:

(1) Assessing patients for risk of venous thromboembolism using a nationally recognized risk assessment tool.

(2) Treatment options for a patient diagnosed with venous thromboembolism.

(b) Train all nonphysician personnel at least annually on the policies and procedures developed under this section.

II. For purposes of this section:

(a) "Nonphysician personnel" means all personnel of the licensed facility working in clinical areas and providing patient care, except those persons licensed as health care practitioners.

(b) "Pulmonary embolism" means a condition in which part of the clot breaks off and travels to the lungs, possibly causing death.

(c) "Venous thromboembolism" means deep vein thrombosis, which is a blood clot located in a deep vein, usually in the leg or arm. The term can be used to refer to deep vein thrombosis, pulmonary embolism, or both.

2 New Section; Chronic Disease Prevention, Assessment and Control; Statewide Venous Thromboembolism Registry. Amend RSA 141-B by inserting after section 10 the following new section:

141-B:11 Statewide Venous Thromboembolism Registry.

I. The department shall contract with a private entity to establish and maintain, at no cost to the state, a statewide venous thromboembolism registry to ensure that the performance measures required to be submitted under this section are maintained and available for use to improve or

modify the venous thromboembolism care system, ensure compliance with nationally recognized guidelines, and monitor venous thromboembolism patient outcomes.

II. The private entity shall:

(a) Be a not-for-profit corporation qualified as tax-exempt under section 501(c)(3) of the Internal Revenue Code.

(b) Have existed for at least 15 consecutive years with a mission of advancing the prevention, early diagnosis, and successful treatment of blood clots.

(c) Have experience operating a medical registry with at least 25,000 participants.

(d) Have experience in providing continuing education on venous thromboembolism to medical professionals.

(e) Have sponsored a public health education campaign on venous thromboembolism.

(f) Be affiliated with a medical and scientific advisory board.

III. Beginning July 1, 2027, each hospital licensed under RSA 151:2, I(a) and each ambulatory surgical center and emergency medical care center licensed under RSA 151:2, I(d) shall regularly report to the statewide venous thromboembolism registry information containing nationally recognized venous thromboembolism measures and data on the incidence and prevalence of venous thromboembolism. Such data shall include the following information:

(a) The number of venous thromboembolisms identified and diagnosed.

(b) The age of the patient.

(c) The zip code of the patient.

(d) The sex of the patient.

(e) The race and ethnicity of the patient.

(f) Whether the patient is a resident of a licensed nursing home or assisted living facility.

(g) Whether the venous thromboembolism was fatal.

(h) How the diagnosis was made, such as by using imaging modalities.

(i) The treatment that was recommended for the venous thromboembolism.

IV. The department shall require the contracted private entity to use a nationally recognized platform to collect data from each hospital, ambulatory surgical center, and emergency medical care center on the performance measures required under paragraph III. The contracted private entity shall provide regular reports to the department on the data collected.

V. On or before November 1, 2027, the department shall submit to the governor, the president of the senate, and the speaker of the house of representatives, a detailed report on the incidence of venous thromboembolism using inpatient and outpatient data for services provided between July 1, 2026, and June 30, 2027. The report shall provide analyses of all of the following:

(a) Age category, initial primary diagnosis and procedure, and secondary diagnoses, readmission rates for inpatients, admission rates for venous thromboembolism for which the patient

had an ambulatory surgery procedure, and emergency department visits for venous thromboembolism linked to any previous admission.

(b) Whether the venous thromboembolism was present upon admission.

(c) The principal payor, the sex of the patient, and the patient's discharge status.

VI. The contracted private entity operating the registry may only use or publish information from the registry for the purposes of advancing medical research or medical education in the interest of reducing morbidity or mortality.

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