

NHNA – 2012 Legislative Session – Relevant Bills and Issues

Click hyperlinks for full bill descriptions.

Bills **HIGHLIGHTED** were determined at Town Hall Forum to be the top priorities for this session.

HOUSE BILL (HB) = proposed legislation originated in the NH House

(HB) 1179 - Act imposing an extended term of imprisonment for assault against a health care worker.

<http://www.gencourt.state.nh.us/legislation/2012/HB1179.html>

This adds “health care provider as defined in RSA 141-F:2, IV-b” to previous legislation which included paid and volunteer fire workers, on-call fire workers, law enforcement officers, and licensed medical emergency medical care provider.

HB1217 - Act relative to the form for executing advance directives for health care decisions.

<http://www.gencourt.state.nh.us/legislation/2012/HB1217.html>

Allows that alternate forms may be used for advance directives for healthcare decisions. The choice of forms is made by the principal person as long as that person understands changes made in the most recent form.

HB 1216 – Act relative to the authority for withholding or withdrawal of life-sustaining treatment.

<http://www.gencourt.state.nh.us/legislation/2012/HB1216.html>

intends to restore protection of disabled persons unable to express their wishes. Nutrition and hydration could only be withheld if the person has a validly executed advance directive or if nutrition and /or hydration would be harmful or hasten death. This bill is the most controversial of the three bills related to advance directives.

HB 1326 - Act related to advance directives. An individual may now choose between nutrition and hydration.

<http://www.gencourt.state.nh.us/legislation/2012/HB1326.html>

HB 1433 – Act relative to instruction for pupils on the issues of HIV, AIDS, and sexually transmitted diseases.

<http://www.gencourt.state.nh.us/legislation/2012/HB1433.html>

SPONSORS: Rep. Balboni, Hills 21 COMMITTEE: Education

This legislation puts into law directions to the State Board of Education to prescribe an assessment of the information provided to students in kindergarten through 12th grade relative to sexually transmitted diseases. It does not restrict the manner of assessment other than to mandate a comparison of materials and methods used in NH with other states whose STD rates are lower.

HB 1519 – <http://www.gencourt.state.nh.us/legislation/2012/HB1519.html>

Act requiring hospitals to provide Medicaid patient outpatient services at outpatient Medicaid rates for certain hours.

COMMITTEE: Health, Human Services and Elderly Affairs. This act requires hospitals to bill at the Medicaid rate for 20 hours a day. The apparent intent is to legislate billing practices for patients eligible for Medicaid. The rationale for restricting this requirement to 20 hours is unclear.

HB 1560 - Act relative to the interstate Health Care Compact.

<http://www.gencourt.state.nh.us/legislation/2012/HB1560.html>

This bill establishes the interstate Health Care Compact, which provides that each member state shall have the authority to enact state laws that supersede any and all federal laws regarding health care within its state. Essentially, this bill would grant to each member state’s legislature total control of its health care dollars, without regulation or oversight by the federal government. (I’m not making this up!) An Interstate Advisory Health Care Commission would be created to advise the states, but would have no binding authority. The bill requires Congressional Consent – to become effective, the legislation would need to be adopted by two member states and obtain the consent of the US Congress.

House Bill 1599 - Act relative to mammography <http://www.gencourt.state.nh.us/legislation/2012/HB1599.html>

If passed this bill requires mammography reports to contain certain information:

1. Each mammography report provided to a patient shall include information about her breast density
2. If you are found to have dense breast tissue, which could hide small abnormalities, additional screening tests may be indicated, e.g. ultrasound or a breast MRI
3. A report of your mammography results, including breast density, is to be sent to your physician's office.

HB 1613 - Act relative to protective health information.

<http://www.gencourt.state.nh.us/legislation/2012/HB1613.html>

Notification is to take place within 5 days of breach of personal information to include what and potential breach may have happened. Individual is entitled to a copy of the full report of the final determination upon the individual's request, to an address provided in the notification.

HB 1614 <http://www.gencourt.state.nh.us/legislation/2012/HB1614.html>

Act establishing a 5 member committee (3 reps, 2 senators) **to study the public health implications** involved with the imposition of the energy provisions of the state building code. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2012. The bill sponsors are Rep. Mirski, of Grafton district 10 and Rep. Bowers, of Sullivan district 3. The bill is referred to the Health, Human Services and Elderly Affairs committee.

HB 1640 <http://www.gencourt.state.nh.us/legislation/2012/HB1640.html>

Act establishing a committee to study application requirements for nursing home patients seeking respite care.

SPONSORS: Rep. Lovett COMMITTEE: Health, Human Services and Elderly Affairs

This act establishes a 5 person legislative committee [2 senators, 3 representatives] to study "the issue of allowing nursing home patients who are seeking respite care only to receive the respite care without having to file the required Medicaid/Medicare application."

HB 1644 - Act relative to the regulation of home health care providers by DHHS

<http://www.gencourt.state.nh.us/legislation/2012/HB1644.html>

Home health care providers who provide homemaking services are limited to providing home making services only. Home health care providers who provide personal care services are limited to providing personal care services only. These home health care providers must be registered or licensed. Registration is mandatory and shall include a criminal background check and a state registry check. Licensing is not mandatory.

HB 1653 – Act relative to the rights of conscience for medical professionals.

<http://www.gencourt.state.nh.us/legislation/2012/HB1653.html>

This bill prohibits discrimination against health care providers who conscientiously object to participating in ANY health care service. While the focus of the bill is on "natural life and death" issues, including pregnancy termination and prevention, assisted reproduction, euthanasia and stem-cell research, it covers anything that "violates the conscience." All terms are defined very broadly. It prohibits termination and transfer of an employee who refuses, based on a conscientious objection, to participate in a service offered by the institution. The bill provides for civil penalties amounting to a minimum of \$5,000 per violation. NH DHHS states there are no known instances of professional discrimination as described in the bill.

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SENATE BILL (SB) = originated in the NH Senate

SB 286 - Act relative to a controlled drug prescription health and safety program.

<http://www.gencourt.state.nh.us/legislation/2012/SB0286.html> COMMITTEE: Health and Human Services

Prime Sponsor: Sen. Bradley, Dist 3- multiple bipartisan sponsors, including Rep. Harding.

This bill establishes the controlled drug prescription health and safety program, granting the NH pharmacy board rulemaking authority for the purposes of the bill. The general court intends that such a program will reduce patient morbidity and mortality associated with controlled drugs by providing a secure program through which prescriber and dispenser may access information on a patient's controlled drug prescription history. NH was one of 16 states with more prescription drug overdose deaths than traffic fatalities in 2009. **NH is one of only 2 states without a controlled drug prescription health and safety program that health practitioners can access when prescribing or dispensing controlled drugs.**

SB 336 - Act relative to insurance payments for health care providers.

<http://www.gencourt.state.nh.us/legislation/2012/SB0336.html>

Prime Sponsor: Sen. De Blois, Dist 18, supported by several Republican Senators. **Committee:** Commerce

The intent of this bill is to enable providers to bill for and receive direct reimbursement for their services. Some insurance companies will only remit payment to the insured. This legislation addresses the issue of providers being faced with having to pursue payment when patients receive their insurance payments and fail to submit those payments to health care providers for services rendered.

SB 348-FN - Act relative to pulse oximetry test for newborns

<http://www.gencourt.state.nh.us/legislation/2012/SB0348.html>

This bill would require a Pulse Oximetry Test on all newborns a minimum of 24 hours after birth. This noninvasive newborn screening would be in conjunction with current CHD (congenital heart defect) screening methods. The physician, hospital, nurse midwife, midwife, or other health care provider attending a newborn child shall perform a pulse oximetry screening on every newborn child. The effective date would be 60 days after passage. The Dept. of Health and Human Resources states this bill adds pulse oximetry to the medical screenings required for newborns and requires the Department to include pulse oximetry screening in its administrative rules for newborn screening. The Department estimates the following costs, assuming an effective date of April 1, 2012: 2012 \$23,487; 2013 \$83,155; 2014 \$87,441

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BILLS SINCE IDENTIFIED TO WATCH:

HB 1338 - Act relative to failure to renew a professional or occupational license

http://www.gencourt.state.nh.us/bill_status/default.aspx

This bill provides that the failure to complete a renewal of a professional or occupational license issued by a state board, commission, or agency shall not require re-licensure.

HB 1642-FN Act relative to destination cancer hospitals. http://www.gencourt.state.nh.us/bill_status/default.aspx

This bill exempts destination cancer hospitals from the certificate of need process. This bill also requires the commissioner of the department of health and human services to submit a waiver pursuant to 42 C.F.R. section 433.68 for the purpose of waiving the Medicaid enhancement tax for such hospitals.

TO CHECK CURRENT STATUS OF ANY BILL: http://www.gencourt.state.nh.us/bill_status

Other issues that may have legislative implications:

- **Educational advancement:** NHNA has continued to pursue a policy of voluntary advancement in the nursing community. Is educational advancement important to the nurses of NH in establishment of parity with other professionals? Should we establish and monitor benchmarks for the factors that contribute to successful voluntary advancement such as: seamless articulation agreements, support of continuing educational advancement by facilities, career advancement statistics?
- **Unregulated status of medical assistants:** the NHNA has pursued collaboration with medical assistant groups in NH toward clarifying and formalizing the medical assistant role, in particular as it relates to nurses' responsibilities. The collaboration resulted in publication of a 'tool kit' for use by nurses and facilities to define the medical assistant nurse relationship. Medical assistants continue to be unregulated and unlicensed in NH. Is this an issue we should pursue?
- **Preventing the use of the title "doctor" by nurses with earned doctorates in practice:** This issue has been cited by the medical community as one they wish to pursue via legislation.
- **Medicaid Care Management:** Early in 2011, the New Hampshire Department of Health and Human Services (DHHS) worked with Governor Lynch and the NH Legislature to develop a bill that would establish a Care Management Program in New Hampshire. That bill, SB147 was signed into law and requires DHHS to contract with vendors of a managed care model to provide managed care services to the State's Medicaid population. The goal of a Care Management Program is to improve access to care, quality of care and overall health status, while at the same time improving effectiveness and cost efficiencies. Individuals and hospitals are concerned with possible access and payment for services issues. However, the preponderance of peer-reviewed literature reports that managed care is associated with:
 - Greater likelihood of a usual source of care for members
 - Less emergency department use
 - Reduction in preventable hospital admissions
 - Greater smoking cessation and prenatal care among pregnant women
 - Greater use of community services and less use of institutional services among people with long-term support needs.