

CHAPTER 278
SB 225-FN - FINAL VERSION

2May2019... 1771h

2019 SESSION

19-1054
10/01

SENATE BILL ***225-FN***

AN ACT adding physician assistants to certain New Hampshire laws.

SPONSORS: Sen. Sherman, Dist 24; Sen. Kahn, Dist 10; Sen. Hennessey, Dist 5; Rep. Knirk,
Carr. 3; Rep. Marsh, Carr. 8

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill inserts physician assistants in various statutes concerning mental health services, involuntary emergency admissions to mental health facilities, and insurance coverage.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

AN ACT adding physician assistants to certain New Hampshire laws.

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

1 278:1 New Hampshire Hospital; Emergency Treatment. Amend RSA 135:21-b to read as
2 follows:

3 135:21-b Emergency Treatment. A physician licensed in the state, ***a psychiatrist-supervised***
4 ***physician assistant licensed in this state***, a psychiatric mental health advanced practice
5 registered nurse, or a person acting under such physician's, ***psychiatrist-supervised physician***
6 ***assistant's***, or advanced practice registered nurse's direction may administer a recognized and
7 approved form of medical or psychiatric treatment which the physician, ***psychiatrist-supervised***
8 ***physician assistant***, or [the] psychiatric mental health advanced practice registered nurse
9 reasonably believes will tend to promote the physical and mental health of a patient of the New
10 Hampshire hospital, Laconia developmental services, Glenclyff home, any community mental health
11 or developmental services program or treatment facility receiving state grants under RSA 171-A, or
12 any other treatment facility designated as a receiving facility under RSA 135-C, when:

13 I. The physician, ***psychiatrist-supervised physician assistant***, or psychiatric mental
14 health advanced practice registered nurse reasonably believes that a medical or psychiatric
15 emergency exists; and

16 II. The patient because of physical or mental condition is unable to make an informed
17 decision, as defined in RSA 135-C:2, IX, with respect to the medical or psychiatric treatment offered;
18 and

19 III. No person who is legally responsible for the patient can be consulted or appointed; and

20 IV. A reasonable person would consent to the administration of the emergency treatment.

21 278:2 New Paragraph; Definition; Physician Assistant; Mental Health Services System. Amend
22 RSA 135-C:2 by inserting after paragraph XII the following new paragraph:

23 XII-a. "Physician assistant" or "PA" means a physician assistant licensed to practice in New
24 Hampshire.

25 278:3 Involuntary Emergency Admission Examination. Amend RSA 135-C:28 to read as follows:
26 135-C:28 Involuntary Emergency Admission Examination.

27 I. The involuntary emergency admission of a person shall be to the state mental health
28 services system under the supervision of the commissioner. ***The commissioner shall maintain a***
29 ***list of physicians, PAs, and APRNs, as defined in RSA 135-C:2, II-a, who are approved by***
30 ***either a designated receiving facility or a community mental health program approved by***

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1 *the commissioner.* The admission may be ordered upon the certificate of [a] *an approved*
2 physician, *approved PA*, or *approved* APRN, as defined in RSA 135-C:2, II-a, [~~who is approved by~~
3 ~~either a designated receiving facility or a community mental health program approved by the~~
4 ~~commissioner,~~] provided that within 3 days of the completion of the petition the physician, *PA*, or
5 APRN has conducted, or has caused to be conducted, a physical examination if indicated and
6 circumstances permit, and a mental examination. The physician, *PA*, or APRN must find that the
7 person to be admitted meets the criteria of RSA 135-C:27. The certificate shall state the time and, in
8 detail, the nature of the examinations conducted. The certificate shall also state a specific act or
9 actions the physician, *PA*, or APRN has actually observed or which have been reported to him or her
10 by the petitioner or a reliable witness who shall be identified in the certificate, and which in the
11 physician's, *PA's*, or APRN's or designee's opinion satisfy the criteria set forth in RSA 135-C:27. The
12 physician, *PA*, or APRN shall inform the person of the designated receiving facility in the mental
13 health services system that he or she will be transported to upon the facility location being
14 identified. The admission shall be made to the facility which can best provide the degree of security
15 and treatment required by the person and shall be consistent with the placement principles set forth
16 in RSA 135-C:15. As used in RSA 135-C:27-33, "petitioner" means any individual, including a
17 physician, *PA*, or APRN completing a certificate, who has requested that a physician, *PA*, or APRN
18 conduct or who has conducted an examination for purposes of involuntary emergency admission.
19 Every certificate shall be accompanied by a written petition signed by a petitioner.

20 II. Upon request for involuntary emergency admission by a petitioner, if the person sought
21 to be admitted refuses to consent to a mental examination, a petitioner or a law enforcement officer
22 may sign a complaint which shall be sworn to before a justice of the peace. The complaint shall be
23 submitted to the justice of the peace with the petition. The petition shall state in detail the acts or
24 actions of the person sought to be admitted which the petitioner has personally observed or which
25 have been personally reported to the petitioner and in his or her opinion require a compulsory
26 mental examination. If the justice of the peace finds that a compulsory mental examination is
27 necessary, the justice may order the examination.

28 III. When a peace officer observes a person engaging in behavior which gives the peace
29 officer reasonable suspicion to believe that the person may be suffering from a mental illness and
30 probable cause to believe that unless the person is placed in protective custody the person poses an
31 immediate danger of bodily injury to himself or others, the police officer may place the person in
32 protective custody. Any person taken into protective custody under this paragraph shall be
33 transported directly to an emergency room of a licensed general hospital or to another site
34 designated by the community mental health program serving the area, for the purpose of
35 determining if an involuntary emergency admission shall be ordered in accordance with RSA 135-
36 C:28, I. The period of protective custody shall end when a physician, *PA*, or APRN makes a

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1 determination as to whether involuntary emergency admission shall be ordered or at the end of 6
2 hours, whichever event occurs first.

3 278:4 Rescission of Involuntary Admission. Amend RSA 135-C:29-a, II to read as follows:

4 II. Following completion of an involuntary emergency admission certificate under RSA 135-
5 C:28 and before custody of the person is accepted by a law enforcement officer pursuant to RSA 135-
6 C:29, the certificate shall be rescinded and the person who is the subject of the certificate released if
7 the physician, **PA**, or APRN who completed the certificate, or any other physician, **PA**, or APRN
8 authorized to complete such certificates, finds that the person no longer meets the criteria of RSA
9 135-C:27.

10 278:5 Annulment of Involuntary Admission. Amend RSA 135-C:31-a, I to read as follows:

11 I. If the district court finds that the petitioner has failed to meet the burden specified in RSA
12 135-C:31, I, all court documents pertaining to the petition, including the physician's, **PA's**, or
13 APRN's certificate, and the complaint shall be sealed and the involuntary emergency admission shall
14 be annulled.

15 278:6 Involuntary Emergency Admission. Amend RSA 135-C:32 to read as follows:

16 135-C:32 Ten-Day Limitation; Petition for Involuntary Admission. No person shall be admitted
17 for an involuntary emergency admission under RSA 135-C:27-33 for longer than a 10-day period, not
18 including Saturdays and Sundays, unless a subsequent petition for involuntary emergency
19 admission which contains allegations of specific acts or actions which occurred subsequent to the
20 initial involuntary emergency admission is completed and the admission is ordered by a physician,
21 **PA**, or ~~[A.P.R.N.]~~ **APRN**, as defined in RSA 135-C:2, II-a, in accordance with RSA 135-C:28, or
22 unless a petition requesting a judicial hearing on the issue of involuntary admission under RSA 135-
23 C:34-54 has been filed with the appropriate probate court within the involuntary admission period.
24 Upon the filing of the petition with the probate court, the period of involuntary emergency admission
25 may be extended until the issuance of the order of the probate court pursuant to RSA 135-C:45.

26 278:7 Petition for Involuntary Admission. Amend RSA 135-C:36, I and II to read as follows:

27 I. The petition for admission on an involuntary basis shall include:

28 (a) The name of the person sought to be admitted and his last known address.

29 (b) The specific acts or actions that the petitioner alleges satisfy RSA 135-C:34.

30 (c) A certificate from a physician, **physician assistant**, or advanced practice registered
31 nurse who is approved by either a designated receiving facility or a community mental health
32 program approved by the commissioner, who has examined the person sought to be admitted within
33 5 days of the date the petition is filed and who agrees that, based on this examination, such person
34 satisfies the standard set forth in RSA 135-C:34.

35 (d) The names and addresses of witnesses who can testify to the occurrence of the
36 specific acts or actions of the person sought to be admitted which the petitioner alleges will satisfy
37 the requirements of RSA 135-C:34.

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1 II. The certificate of the examining physician, **physician assistant**, or advanced practice
2 registered nurse made upon admission, if the person sought to be admitted is currently voluntarily
3 admitted to a receiving facility, or a certificate of the examining physician, **physician assistant**, or
4 advanced practice registered nurse made prior to the admission of the person sought to be admitted
5 to involuntary emergency admission in accordance with RSA 135-C:27-33, shall be sufficient as the
6 [physician's] certificate for the petition for involuntary admission, if made within 5 days of the date
7 of the filing of the petition.

8 278:8 Revocation of Conditional Discharge. Amend RSA 135-C:51, I-V to read as follows:

9 I. If a psychiatrist, **psychiatrist-supervised PA**, or APRN, as defined in RSA 135-C:2, II-a,
10 at a community mental health program or transitional housing program services providing
11 continuing treatment on an outpatient basis to a person conditionally discharged pursuant to RSA
12 135-C:50, reasonably believes that:

13 (a) The person has violated a condition of the discharge; or

14 (b) A condition or circumstance exists which may create a potentially serious likelihood
15 of danger to the person or to others, the psychiatrist, **psychiatrist-supervised PA**, or APRN may
16 conduct or cause to be conducted by a treatment team member or an emergency service staff
17 member, an examination of the person to determine if the conditional discharge should be revoked.
18 Before an examination may be conducted, a written notice identifying the belief, and the reasons
19 therefor, that a violation of the conditional discharge has occurred or other circumstances or
20 condition exists which may create a potentially serious likelihood of danger to the person or to others
21 shall be offered to and explained to the person if it can be done safely without significant possibility
22 of bodily harm. If this cannot be done safely, a description of the circumstances indicating such risk
23 shall be placed in the file.

24 II. A reasonable effort shall be made to find the person, in order to offer and explain the
25 notice required under paragraph I if it can be done safely without significant possibility of bodily
26 harm. If this cannot be done safely, a description of the circumstances indicating such risk shall be
27 placed in the file. If the person cannot be located or consent to an examination cannot be obtained,
28 the psychiatrist or other representative of the community mental health program may sign a
29 complaint. Upon issuance of such a complaint, any law enforcement officer shall take custody of the
30 person and immediately deliver him or her to the place specified in the complaint.

31 III. If the psychiatrist, **psychiatrist-supervised PA**, or APRN, following the examination
32 the psychiatrist, **psychiatrist-supervised PA**, or APRN conducted or caused to be conducted of the
33 person, finds that the person either has violated a condition of the discharge or is in such a mental
34 condition as a result of mental illness as to create a potentially serious likelihood of danger to
35 himself or herself or to others, he or she may temporarily revoke the conditional discharge. If the
36 conditional discharge is temporarily revoked, the psychiatrist, **psychiatrist-supervised PA**, or
37 APRN, or designee, shall prepare, offer to and explain to the person a written notice, if it can be done

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1 safely without significant possibility of bodily harm, giving the reasons for the revocation and to
2 inform the person of the designated receiving facility in the mental health services system that he or
3 she will be transported to upon the facility location being identified. If this cannot be done safely, a
4 description of the circumstances indicating such risk shall be placed in the file.

5 IV. A law enforcement officer shall take custody of the person whose conditional discharge
6 was temporarily revoked under paragraph III and deliver him or her, together with a copy of the
7 notice and the reasons for the temporary revocation, to the receiving facility identified by the
8 psychiatrist, ***psychiatrist-supervised PA***, or APRN, where he or she shall be personally examined
9 by the administrator of the facility or designee and the reasons for temporary revocation of the
10 discharge shall be reviewed. Following such examination and review, if the administrator of the
11 facility or designee finds that the person conditionally discharged has violated a condition of the
12 discharge or is in such a mental condition as a result of mental illness as to create a potentially
13 serious likelihood of danger to himself or herself or to others, he or she may revoke absolutely the
14 conditional discharge. The administrator of the facility, or designee, shall prepare, offer to and
15 explain to the person, if it can be done safely without significant possibility of bodily harm, a written
16 notice of the reasons for the absolute revocation. If this cannot be done safely, a description of the
17 circumstances indicating such risk shall be placed in the file. The person whose conditional
18 discharge has been absolutely revoked shall be subject to the terms and conditions of the order of
19 involuntary admission made pursuant to RSA 135-C:34-54 from which conditional discharge was
20 granted as if the conditional discharge had not been granted.

21 IV-a. All explanations provided pursuant to this section shall be sufficiently detailed and
22 complete to inform the person of the reasons for the revocation and that he or she has a right to a
23 hearing.

24 V. If the psychiatrist, ***psychiatrist-supervised PA, or APRN*** who conducted or caused to
25 be conducted an examination under paragraph III, or the administrator of the facility, or a qualified
26 designee, performing an examination and review pursuant to paragraph IV finds that the person
27 conditionally discharged either has not violated a condition of the discharge or is not in such a
28 condition as a result of mental illness as to create a potentially serious likelihood of danger to
29 himself or others, the person shall be returned by the program or facility which has custody of the
30 person to the location where he was initially taken into custody.

31 278:9 Insurance; Coverage for Mental Illness, Chemical Dependency Treatment. Amend RSA
32 415:18-a, I-V to read as follows:

33 I.(a) Each insurer that issues or renews any policy of group accident or health insurance
34 providing benefits for medical or hospital expenses, shall provide to each group, or to the portion of
35 each group comprised of certificate holders of such insurance who are residents of this state and
36 whose principal place of employment is in this state, coverage for expenses arising from the
37 treatment of mental illnesses and emotional disorders which, in the professional judgment of:

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- 1 (1) Psychiatrists;
- 2 (2) Licensed psychologists;
- 3 (3) Licensed pastoral psychotherapists;
- 4 (4) Psychiatric/mental health advanced practice registered nurses;
- 5 (5) Licensed clinical mental health counselors;
- 6 (6) Licensed alcohol and drug counselors;
- 7 (7) Licensed marriage and family therapists; ~~and~~
- 8 (8) Licensed clinical social workers; *and*
- 9 (9) ***Licensed, psychiatrist-supervised physician assistants***

10 are subject to significant improvement through short-term therapy, and benefits for expenses arising
11 from diagnosis and evaluation of all other mental illnesses and emotional disorders.

12 (b) Benefits arising from treatment, diagnosis and evaluation of mental illnesses and
13 disorders shall be at least as favorable to the certificate holder as the minimum benefits specified in
14 paragraphs II, III, and IV.

15 (c) Policies written pursuant to this section shall include coverage for expenses arising
16 from treatment for chemical dependency, including alcoholism, up to a specified limit which may be
17 defined in terms of a dollar amount or a maximum number of days or visits. Coverage for expenses
18 arising from treatment for chemical dependency, including alcoholism, shall include both an
19 inpatient and an outpatient benefit for detoxification and rehabilitation.

20 II. In the case of policies or certificates providing benefits for hospital expenses on other
21 than a major medical basis, benefits arising from treatment, diagnosis and evaluation of mental
22 illnesses and disorders based upon confinement in a licensed or accredited general hospital,
23 including psychiatric inpatient facilities included under the license of such a hospital, shall be at
24 least as favorable as benefits provided for any other illness in such a hospital. Benefits based upon
25 confinement in a public mental hospital shall be at least as favorable as benefits provided for
26 confinement in a licensed or accredited general hospital.

27 III. In the case of policies or certificates providing benefits for medical expenses on other
28 than a major medical basis:

29 (a) Benefits arising from treatment, diagnosis and evaluation of mental illnesses and
30 disorders for services of a psychiatrist, licensed psychologist, licensed pastoral psychotherapist,
31 psychiatric/mental health advanced practice registered nurse, licensed clinical mental health
32 counselor, licensed alcohol and drug counselor, licensed marriage and family therapist, ~~or~~ licensed
33 clinical social worker who customarily bills patients directly, ***or of a licensed, psychiatrist-***
34 ***supervised physician assistant whose billing goes through their place of employment,*** shall
35 be subject to terms and conditions at least as favorable as those which apply to the benefits for the
36 services of physicians for other illnesses. The ratio of the benefits to the fees reasonably and
37 customarily charged for the services of such:

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- 1 (1) Psychiatrists;
- 2 (2) Licensed psychologists;
- 3 (3) Licensed pastoral psychotherapists;
- 4 (4) Psychiatric/mental health advanced practice registered nurses;
- 5 (5) Licensed clinical mental health counselors;
- 6 (6) Licensed alcohol and drug counselors;
- 7 (7) Licensed marriage and family therapists; ~~[or]~~
- 8 (8) Licensed clinical social workers; *or*
- 9 **(9) Licensed, psychiatrist-supervised physician assistants**

10 shall be substantially the same as the ratio of the benefits for services of physicians for other
11 illnesses to the fees reasonably and customarily charged for the services of such physicians for other
12 illnesses.

13 (b) Each insurer, including health maintenance organizations pursuant to RSA 420-B,
14 that issues or renews any policy of group accident or health insurance providing benefits for medical
15 or hospital expenses shall provide to each group, or to the portion of each group comprised of
16 certificate holders of such insurance who are residents of this state and whose principal place of
17 employment is in this state, benefits arising from treatment, diagnosis and evaluation of mental
18 illnesses and disorders for services rendered at a community mental health center or psychiatric
19 residential program approved by the department of health and human services. Those benefits shall
20 be subject to terms and conditions at least as favorable as those which apply to the benefits for the
21 treatment of other illnesses. The ratio of the benefits to the full reasonable charges for the services
22 of such a center or program shall be substantially the same as the ratio of the benefits for services of
23 physicians for other illnesses to the fees reasonably and customarily charged for the services of such
24 physicians for other illnesses.

25 (c) Benefits arising from treatment, diagnosis and evaluation of mental illnesses and
26 disorders for outpatient services rendered at a public mental hospital shall be subject to terms and
27 conditions at least as favorable as those which apply to the benefits for the treatment of other
28 illnesses. The ratio of the benefits to the fees reasonably and customarily charged for the services of
29 such a hospital shall be substantially the same as the ratio of the benefits for services of physicians
30 for other illnesses to the fees reasonably and customarily charged for the services of such physicians
31 for other illnesses.

32 (d) Benefits arising from treatment, diagnosis and evaluation of mental illnesses and
33 disorders for outpatient services under this paragraph need not be provided for the first or second
34 visit providing such a limitation applies in the case of services for other illnesses. Benefits for
35 outpatient treatment may be otherwise limited to not less than 15 full hours of treatment in any
36 consecutive 12-month period.

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1 IV.(a) In the case of policies or certificates providing benefits for hospital and medical
2 expenses on a major medical basis, benefits arising from treatment, diagnosis and evaluation of
3 mental illnesses and disorders shall be subject to deductibles and coinsurance at least as favorable
4 as those which apply to the benefits for any other illness, provided that benefits payable for expenses
5 incurred in any consecutive 12-month period may be limited to an amount not less than \$3,000 per
6 covered individual, and to a lifetime maximum of not less than \$10,000 per covered individual.

7 (b) In this paragraph, covered major medical expenses include the reasonable charges
8 for services and treatment on an inpatient, outpatient or partial hospitalization basis by:

9 (1) A psychiatrist;

10 (2) A licensed psychologist;

11 (3) A licensed pastoral psychotherapist;

12 (4) A psychiatric/mental health advanced practice registered nurse;

13 (5) A licensed clinical mental health counselor;

14 (6) A licensed alcohol and drug counselor;

15 (7) A licensed marriage and family therapist;

16 (8) A licensed clinical social worker;

17 **(9) A licensed, psychiatrist-supervised physician assistant;**

18 ~~(9)~~ **(10)** A licensed general hospital;

19 ~~(10)~~ **(11)** A public or licensed mental hospital; or

20 ~~(11)~~ **(12)** A community mental health center or psychiatric residential program
21 approved according to rules adopted by the commissioner of the department of health and human
22 services.

23 IV-a. Each insurer that issues or renews any policy of group accident or health insurance
24 providing benefits for medical or hospital expenses shall offer to each group, or to the portion of each
25 group comprised of certificate holders of such insurance who are residents of this state and whose
26 principal place of employment is in this state, the option of purchasing, for a separate and
27 identifiable premium, additional coverage for expenses incurred as a result of treatment or
28 counseling by a licensed clinical social worker.

29 V. In this section:

30 (a) "Psychiatrist" means a licensed physician who is board-certified or board-eligible
31 according to the most recently promulgated regulations of the American Board of Psychiatry and
32 Neurology.

33 (b) "Psychologist" means a person who:

34 (1) Is licensed under RSA 329-B as a psychologist;

35 (2) Is certified or licensed under a statute in another state which meets or exceeds
36 the standards under RSA 329-B; or

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1 (3) Is certified or licensed in another state and is listed in the National Register of
2 Health Service Providers in Psychology.

3 (c) "Licensed pastoral psychotherapist" means an individual who is licensed as a
4 pastoral psychotherapist under RSA 330-A and is a fellow or diplomat in the American Association
5 of Pastoral Counselors.

6 (d) "Psychiatric/mental health advanced practice registered nurse" means an individual
7 who is licensed as an advanced practice registered nurse in psychiatric mental health nursing under
8 RSA 326-B:18, who is defined by and whose scope of practice is described under the rules adopted
9 pursuant to RSA 326-B, and who is a licensed registered nurse, educationally prepared in nursing at
10 a minimum of the master's level, and certified in the specialty by a recognized national certifying
11 agency, such as the American Nurses Credentialing Center.

12 (e) "Licensed clinical social worker" means an individual who is licensed as a clinical
13 social worker under RSA 330-A:18.

14 (f) "Licensed clinical mental health counselor" means an individual who is licensed as a
15 clinical mental health counselor under RSA 330-A:19.

16 (g) "Licensed marriage and family therapist" means an individual who is licensed as a
17 marriage and family therapist under RSA 330-A:21.

18 (h) "Licensed alcohol and drug counselor" means an individual who is licensed as an
19 alcohol and drug counselor under RSA 330-C and is practicing solely within the scope of practice of a
20 licensed alcohol and drug counselor.

21 (i) "Mental or nervous conditions" or "mental illness and emotional disorders" means
22 mental disorders, as defined in the most recent edition of the American Psychiatric Association's
23 "Diagnostic and Statistical Manual of Mental Disorders" (DSM), excluding those disorders
24 designated by a "V Code" and those disorders designated as criteria sets and axes provided for
25 further study in the DSM. This term shall not include chemical dependency, including alcoholism.

26 (j) ***"Licensed, psychiatrist supervised physician assistant" means an individual***
27 ***who is licensed as a physician assistant under RSA 328-D whose supervising physician is a***
28 ***licensed psychiatrist.***

29 278:10 Powers of a Guardian. Amend RSA 464-A:25, I(a)(2) and (3) to read as follows:

30 (2) A guardian may admit a ward to a state institution or other designated receiving
31 facility without prior approval of the probate court upon written certification by a ***licensed***
32 ***physician, a licensed advanced practice registered nurse, or a licensed physician assistant,***
33 ***licensed in the state of New Hampshire, or, in the case of placement in New Hampshire hospital or***
34 ***other designated receiving facility, by a psychiatrist licensed in the state of New Hampshire, a***
35 ***psychiatrist-supervised physician assistant licensed in this state,*** or an advanced practice
36 registered nurse, as defined in RSA 135-C:2, II-a, that the placement is in the ward's best interest
37 and is the least restrictive placement available. Within 36 hours, excluding days when the court is

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1 closed, of such an admission of a ward to a state institution or other designated receiving facility, the
2 guardian shall submit to the [~~Merrimaek~~] **applicable** county probate court notice of the admission
3 and the reasons therefor, together with a copy of the certificate by the physician, psychiatrist,
4 **physician assistant**, or advanced practice registered nurse.

5 (3) The [~~Merrimaek~~] **applicable** county probate court shall review the guardian's
6 notice within 48 hours of the filing of the notice, excluding days when the court is closed, to
7 determine whether the notice on its face appears to establish that the placement is in the ward's best
8 interest and is the least restrictive placement available. If the court concludes that the notice is
9 insufficient, the court shall order the immediate release of the ward from the state institution or
10 other designated receiving facility. If the court concludes that the notice is sufficient, counsel for the
11 ward shall be appointed no later than 48 hours following the court's review of the guardian's notice,
12 excluding days when the court is closed. Notice of the appointment shall be transmitted to the ward,
13 to the guardian, and to counsel. Counsel's notice shall be transmitted in writing and electronically
14 or in another manner which is likely to give actual notice of the appointment to counsel at the
15 earliest practicable time. For purposes of proceedings regarding admissions to state institutions or
16 other designated receiving facilities without prior court approval, the ward shall have the right to
17 legal counsel in the same manner as provided in RSA 464-A:6. The court shall also provide the ward
18 a notice stating that the ward has the right to appointed counsel, the right to oppose the admission
19 by the guardian, and the right to a hearing and to present evidence at that hearing.

20 278:11 Guardians; Involuntary Admission. Amend RSA 464-A:25, I(a)(6) to read as follows:

21 (6) A guardian may not admit a ward to a state institution or other designated
22 receiving facility for more than 60 days for any single admission or more than 90 days in any 12-
23 month period upon certification of a physician, **psychiatrist-supervised physician assistant**, or
24 psychiatrist, or an advanced practice registered nurse[,] as defined in RSA 135-C:2, II-a, without
25 filing a petition requesting approval of the probate court.

26 278:12 Effective Date. This act shall take effect 60 days after its passage.

Approved: July 19, 2019
Effective Date: September 17, 2019