

CHAPTER 140
HB 422-FN – FINAL VERSION

11Mar2015... 0671h
6May2015... 1633EBA

2015 SESSION

15-0146
01/10

HOUSE BILL ***422-FN***

AN ACT relative to certification of death certificates by physician assistants.

SPONSORS: Rep. Sherman, Rock 24; Rep. McMahon, Rock 7; Rep. Sytek, Rock 8;
Rep. P. Schmidt, Straf 19; Rep. MacKay, Merr 14; Sen. Carson, Dist 14;
Sen. Pierce, Dist 5; Sen. Lasky, Dist 13; Sen. Fuller Clark, Dist 21

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill allows physician assistants to certify death certificates.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

AN ACT relative to certification of death certificates by physician assistants.

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

1 140:1 New Paragraph; Vital Records; Definition Added. Amend RSA 5-C:1 by inserting after
2 paragraph XXIX the following new paragraph:

3 XXIX-a. “Physician assistant” means a person licensed as a physician assistant under
4 RSA 328-D.

5 140:2 Vital Records; Definitions. Amend RSA 5-C:1, III-V to read as follows:

6 III. “Attending physician” ~~[øø]~~, “APRN”, **or “physician assistant”** means that physician
7 ~~[øø]~~, APRN, **or physician assistant** if any, who treated the patient during his or her last sickness.

8 IV. “Certifier” means the person attesting to the facts of a vital record event.

9 V. “Certifying physician” ~~[øø]~~, “APRN”, **or “physician assistant”** means the physician ~~[øø]~~,
10 APRN, **or physician assistant** who determines and indicates the cause of death.

11 140:3 Death Registration Forms. Amend RSA 5-C:62, I to read as follows:

12 I. For every death that occurs in the state of New Hampshire, a death record shall be filed
13 electronically by a funeral director, certifying physician ~~[øø]~~, APRN, **physician assistant**, next of
14 kin, designated agent, or clerk of the town or city with the division within 36 hours of death and
15 prior to final disposition or entombment.

16 140:4 Death Registration Forms. Amend RSA 5-C:62, II(e) to read as follows:

17 (e) If the place of death is a hospital, the record shall indicate: whether the person was
18 an in-patient or whether the person was an outpatient or emergency room patient, in which case the
19 person shall have arrived alive at the hospital’s emergency room and died while in the emergency
20 room as an outpatient. The record shall also indicate whether the person was transported while
21 alive to the hospital but determined by a physician ~~[øø]~~, APRN, **or physician assistant** to be dead
22 at the time the hospital received the body. The city or town where the hospital is located shall be
23 shown as the city or town of death occurrence.

24 140:5 Death Registration Forms. Amend RSA 5-C:62, III(c)-(e) to read as follows:

25 (c) The official capacity of the registered nurse or physician, which shall be:
26 attending/associate physician or APRN **or physician assistant**; non-attending physician or APRN
27 **or physician assistant**; pronouncing registered nurse; medical examiner/deputy medical examiner;
28 temporary/assistant medical examiner; or assistant deputy medical examiner, non-physician.

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1 (d) The date pronounced.

2 (e) Certification that the above information provided is true, which shall include but not
3 be limited to the pronouncing person's signature; the name and title of the individual who
4 pronounced death; the New Hampshire license number of the physician [øæ], APRN, if applicable, **or**
5 **physician assistant, if applicable**; whether the death was referred to the medical examiner; and
6 the name and address of the physician [øæ], APRN, **or physician assistant** responsible for
7 determining the cause of death. The individuals listed above shall provide or verify for the death
8 record whether or not the death was referred to the medical examiner.

9 140:6 Death Registration Forms. Amend RSA 5-C:62, IV-VI to read as follows:

10 IV. The individuals listed in paragraph III, except the pronouncing registered nurse, shall
11 provide the following information:

12 (a) The immediate cause of death and the interval between onset and death; other
13 factors or conditions of which death was a consequence, when applicable, and the interval between
14 onset and death; other significant conditions contributing to death but not related to the immediate
15 cause of death.

16 (b) Whether or not an autopsy was performed and whether or not autopsy findings were
17 available prior to the determination of the cause of death.

18 (c) The manner of death, indicated as natural, accidental, suicidal, homicidal, pending
19 investigation, or undetermined.

20 (d) If the death involved an injury, the month, day, year, and time of injury shall be
21 provided. If the exact date of injury is unknown, it shall be approximated by the person completing
22 the medical certification, noted as approximated or estimated on the death record, and, if it is not
23 possible for the physician [øæ], APRN, **or physician assistant** to make an estimation, the date of
24 injury shall be indicated as "unknown". If the exact time of injury is unknown, it shall be
25 approximated by the person completing the medical certification and noted as approximated or
26 estimated on the death record. If it is not possible for the physician [øæ], APRN, **or physician**
27 **assistant** to make an estimation, the time shall be indicated as "unknown." "Unknown a.m." or
28 "unknown p.m." shall not be an acceptable entry. The record shall also indicate whether the injury
29 occurred while at work, a description of how the injury occurred, and the physical location or place of
30 injury.

31 (e) The name, address, title, and license number of the certifier and the date certified.

32 V. The certifying physician [øæ], APRN, **or physician assistant** shall indicate whether he or
33 she is or is not the same individual who pronounced the death. The certifying physician [øæ], APRN,
34 **or physician assistant** shall indicate whether he or she is the medical examiner. He or she shall
35 sign the form, attesting to the veracity of the information as follows:

36 (a) A certifying physician [øæ], APRN, **or physician assistant** shall attest to the

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1 veracity of the stated time, date, and place that the death occurred.

2 (b) A medical examiner shall attest to the veracity of the stated time, date, place, cause,
3 and manner of the death.

4 VI. The attending or certifying physician [ø], APRN, **or physician assistant** shall provide
5 the following information for a supplemental death certificate: the deceased's name; the date of
6 death; the time of death; the place of death; the name of the pronouncer; the New Hampshire license
7 number of the pronouncer; the official capacity of the pronouncer; the date pronounced dead; the
8 signature of the pronouncer; the date signed; whether this death was referred to the medical
9 examiner; the cause of death; the performance of autopsy, indicated as yes or no; the availability of
10 autopsy findings prior to determination of cause of death, indicated as yes or no; the manner of
11 death; the time, date, and place of injury; whether or not the injury occurred at work; the description
12 of how the injury occurred; the location specified as street and number or rural route number, city or
13 town, and state; the name of the certifier; the signature and title of the certifier; the New Hampshire
14 license number of the certifier; the date signed; and the name and address of the person who
15 determined the cause of death.

16 140:7 Initiation of Death Record. Amend RSA 5-C:63, I-VIII to read as follows:

17 I. When a death occurs in a hospital or health care facility and the death is not reported to
18 the medical examiner pursuant to RSA 611-B:12, the person in charge of such facility, or his or her
19 designated representative, shall provide the funeral director, next of kin, or designated agent with: a
20 partially completed death record and the name and address the physician [ø], APRN, **or physician**
21 **assistant** who will be responsible for supplying the cause of death information before the body is
22 removed.

23 II. The funeral director, next of kin, or designated agent shall, pursuant to RSA 290:12,
24 leave with the hospital or health care facility, or with the person from whom the body is received, a
25 receipt showing the name of the decedent, the name and license number of the funeral director, if
26 applicable, the name and address of the person to whom the body is released, and the date and hour
27 of removal from the facility.

28 III. No hospital or other health care facility shall give a partially completed death record
29 which includes medical certification or which is awaiting medical certification to anyone other than a
30 funeral director, next of kin, or designated agent.

31 IV. When a death occurs some place other than an institution, the funeral director, next of
32 kin, or designated agent, who first assumes custody of the dead body, shall initiate the death record
33 if the attending physician [ø], APRN, **or physician assistant** has not done so.

34 V. The funeral director, next of kin, or designated agent shall obtain the information on the
35 deceased for completion of the death record from the next of kin or the best qualified person or source
36 available and shall obtain the medical certification from the attending physician [ø], APRN, **or**

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1 **physician assistant** or medical examiner if not already provided.

2 VI. If additional information becomes known regarding the death, an additional death record
3 marked “supplemental” shall be sent to the division and shall include information listed in RSA 5-
4 C:62, VI.

5 VII. Upon receipt and inspection of a paper death certificate the state registrar shall return
6 an incomplete certificate to the appropriate persons for completion or verify that the certificate is
7 complete by signing and dating the certificate.

8 VIII. The reverse side of the death certificate shall contain a notice to the physician [ø],
9 APRN, **or physician assistant** regarding the release of a body in accordance with RSA 290:2-a, the
10 necessity of a pronouncement in accordance with RSA 290:1-b and indication of who can provide
11 alternate signatures in the absence of the attending physician [ø], APRN, **or physician assistant**,
12 in accordance with RSA 290:1-b. The reverse side of the certificate shall also contain a reference to
13 those categories of death that fall under the jurisdiction of the medical examiner as specified in
14 RSA 611-B:11.

15 140:8 Medical Certification of the Death Record. Amend RSA 5-C:64 to read as follows:

16 5-C:64 Medical Certification of the Death Record.

17 I. Medical certification shall consist of the pronouncement of death and the medical
18 certification of the cause of death.

19 II. The medical certification on the death record shall be completed by the attending
20 physician [ø], APRN, **or physician assistant** or certifying physician [ø], APRN, **or physician**
21 **assistant** and made available to the funeral director, next of kin, or designated agent as soon as
22 possible but no later than 36 hours after the time of death.

23 III. Medical certification of the death record shall be the direct responsibility of the
24 attending physician [ø], APRN, **or physician assistant** unless the death is referred to the medical
25 examiner pursuant to RSA 611-B:12.

26 IV. For cases where a death is not within the jurisdiction of the medical examiner, the
27 attending physician’s [or], APRN’s, **or physician assistant’s** responsibility to complete the death
28 certificate shall be as follows:

29 (a) For deaths occurring in a hospital, the attending physician [ø], APRN, **or physician**
30 **assistant** shall be that physician [or], APRN, **or physician assistant** who had been responsible for
31 the treatment of the patient while the deceased had been hospitalized.

32 (b) For deaths occurring in a nursing home or in a similar non-acute care hospital or
33 institution, the attending physician [ø], APRN, **or physician assistant** shall be the physician [or],
34 APRN, **or physician assistant** who regularly attends to the medical needs of the nursing home
35 residents or the resident’s personal physician [ø], APRN, **or physician assistant** if the resident
36 was under the care of such physician [ø], APRN, **or physician assistant**.

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1 (c) For deaths occurring at home, the attending physician [øæ], APRN, *or physician*
2 *assistant* shall be the deceased’s own physician [øæ], APRN, *or physician assistant*.

3 V. In all instances, medical certification shall include the cause of death information and
4 contain the pronouncement of death.

5 VI. In the absence of the deceased’s attending physician [øæ], APRN, *or physician*
6 *assistant* or with the attending physician’s [øæ], APRN’s, *or physician assistant’s* approval, the
7 medical certification of a death due to natural causes shall be completed by one of the following
8 individuals: the attending physician’s [øæ], APRN’s, *or physician assistant’s* associate physician
9 [øæ], APRN in medical practice, *or physician assistant*, the chairperson of the applicable clinical
10 department, the chief medical officer of the hospital, the physician [øæ], APRN, *or physician*
11 *assistant* or designee who performed an autopsy upon the decedent, or the physician [øæ], APRN, *or*
12 *physician assistant* on duty if the death occurred in the hospital emergency room. The person
13 determining the cause of death shall attest to its accuracy. The person determining the cause of
14 death shall have viewed the deceased within 24 hours after death.

15 VII. In the absence of the attending physician [øæ], APRN, *or physician assistant*, a
16 physician or a registered nurse in accordance with RSA 290:1-b, shall pronounce that death has
17 occurred without any reference to the cause of the death by indicating his or her official status as the
18 pronouncing physician or as pronouncing registered nurse; attesting to the accuracy of the time,
19 date, and place of death either by signature or by an electronic process as outlined in RSA 290:1; and
20 providing the name and address of the physician [øæ], APRN, *or physician assistant* who will
21 complete the medical certification.

22 VIII. When the death has not occurred in a hospital and circumstances require the death
23 certificate to be certified by a medical examiner as provided by RSA 611-B, the following procedure
24 shall be followed:

25 (a) When the cause of death cannot be determined within 36 hours, the medical
26 examiner shall indicate the word “pending” in the cause of death section.

27 (b) When the manner of death cannot be determined within 36 hours, the medical
28 examiner shall be authorized to show “pending investigation” in the manner of death section of the
29 medical certification.

30 (c) If the procedure in subparagraphs (a) or (b) is followed, then the medical examiner
31 shall provide to the division updated information on the cause of death and manner of death, as
32 applicable, within 90 days of the date of death, or as soon as practicable in cases of missing persons,
33 accidental deaths, or homicides.

34 IX. In cases where an autopsy is to be performed, the cause of death shall not be deferred
35 pending a full report of microscopic and toxicological studies. Supplemental death certificate
36 information shall be submitted by the medical examiner to the division as additional information

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1 becomes available and when autopsy results or other investigation indicates a need to correct the
2 original cause of death information.

3 X. Pursuant to RSA 290:1, the funeral director, next of kin, or designated agent shall ensure
4 the medical certification has been completed prior to filing the death record with the state registrar.

5 XI. In cases where the result of an autopsy, police investigation, laboratory report, or a
6 similar source is needed before a final determination of the cause of death can be made, the
7 attending physician [ø], APRN, **or physician assistant** or the medical examiner shall utilize the
8 term “pending” for the applicable items on the death record. The physician [ø], APRN, **or**
9 **physician assistant** shall file a statement of findings with the division within 90 days of the date of
10 death, or as soon as practicable. The findings shall be in writing and submitted to the division on a
11 supplemental death certificate information form supplied by the division or on the physician’s [ø],
12 APRN’s, **or physician assistant’s** letterhead and include information necessary for the completion
13 of a supplemental death certificate.

14 XII. The division shall follow up with the certifying physician [ø], APRN, **or physician**
15 **assistant** or the medical examiner on any death record where cause of death was shown as
16 “pending”. The division shall attempt to obtain the missing information by initiating a written query
17 to the certifying physician [ø], APRN, **or physician assistant** or the medical examiner 90 days
18 from the date of death to determine current status of the investigation and shall initiate monthly
19 contact thereafter until the final determination of death has been made.

20 XIII. When an autopsy finding differs from the original cause of death reported on the death
21 record, the attending physician [ø], APRN, **or physician assistant** who was responsible for the
22 original death record shall send the division a supplemental death certificate information form to
23 reflect the revised cause of death. The supplemental report shall be made part of the existing death
24 record, and the division shall amend the death record with the cause of death as reported on the
25 autopsy.

26 XIV. If there is any question on the part of the physician [ø], APRN, **or physician**
27 **assistant** as to whether he or she qualifies as the attending physician [ø], APRN, **or physician**
28 **assistant** under RSA 290:1, a determination shall be made by the medical examiner.

29 XV. If it is not possible to determine who is the attending physician [ø], APRN, **or**
30 **physician assistant** for purposes of preparing the death certificate, the matter shall be brought to
31 the attention of the state registrar who shall make a request to the state medical examiner, or
32 designee, to determine who the attending physician [ø], APRN, **or physician assistant** is upon
33 review of the facts submitted.

34 140:9 Responsibility of Funeral Director, Next of Kin, or Designated Agent. Amend RSA 5-C:66,
35 I and II to read as follows:

36 I. When a funeral director, next of kin, or designated agent is requested to take custody of a

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1 body, he or she shall first ascertain whether a pronouncing physician, pronouncing registered nurse,
2 APRN, **physician assistant**, or a medical examiner has established the cause of death and released
3 the body for final disposition.

4 II. If a physician [☐], APRN, **or physician assistant** was present at or immediately after
5 the death, the funeral director, next of kin, or designated agent shall obtain medical certification for
6 the death record in accordance with RSA 5-C:64.

7 140:10 Reporting Fetal Deaths. Amend RSA 5-C:74, I to read as follows:

8 I. A copy of the fetal death report prepared pursuant to RSA 290:1-a and RSA 5-C:75, shall
9 be forwarded to the division by either the person in charge of the hospital or institution where the
10 fetal death occurred, or the physician [☐], APRN, **or physician assistant** in attendance at or after
11 delivery when a fetal death occurs outside a hospital or institution.

12 140:11 Delayed Registration of Death. Amend RSA 5-C:80, III and IV to read as follows:

13 III. For those certificates filed 6 months or more after the date of death, the physician,
14 APRN, **physician assistant**, or medical examiner and the funeral director shall submit an affidavit
15 stating the reason why the death certificate was not filed in a timely manner.

16 IV. In the absence of the attending physician [☐], APRN, **physician assistant**, or medical
17 examiner and the funeral director, the certificate shall be filed by the next of kin or designated agent
18 of the decedent. The certificate shall be accompanied by a notarized affidavit of the person initiating
19 the filing, swearing to the accuracy of the information and explaining the reasons why the certificate
20 has not been filed previously. Two additional notarized or certified documents that identify the
21 decedent, the decedent's date and place of death, and the circumstances surrounding the decedent's
22 death shall also be attached to the certificate. A summary statement of the evidence submitted in
23 support of the delayed registration shall be prepared by the clerk of the town or city of death
24 occurrence on the certificate, and the certificate shall be marked "delayed." When all of the evidence
25 has been gathered, the clerk of the town or city of death occurrence shall forward the application for
26 a delayed death certificate and all supporting documentation to the state registrar.

27 140:12 Queries. Amend RSA 5-C:81, II to read as follows:

28 II. Queries to obtain missing information or to clarify submitted information shall be made
29 by the division to the attending or certifying physician [☐], APRN, **or physician assistant**
30 concerning the cause of death and related information, and to the funeral director, next of kin, or
31 designated agent concerning all other information.

32 140:13 Amendments and Corrections to a Death Record. Amend RSA 5-C:94, II-V to read as
33 follows:

34 II. The certifying physician [☐], APRN, **or physician assistant** shall initiate
35 corrections concerning the cause of death, in writing, to the division, by signing and completing the
supplemental death certificate as described in RSA 5-C:62.

36 III. The correction authorization from the physician [☐], APRN, **or physician assistant**

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1 shall be retained by the division in accordance with the retention schedule for a death record as
2 established by this chapter. The death record shall be amended and noted as being amended.

3 IV. In the case where the division queries the physician [ø], APRN, **or physician**
4 **assistant** concerning the cause of death, the physician [ø], APRN, **or physician assistant** shall
5 send notice of the change in the cause of death directly to the division.

6 V. The physician's [ø], APRN's, **or physician assistant's** information concerning a change
7 in the cause of death shall be retained by the division in accordance with the retention schedule for a
8 death record established by this chapter. The death record shall be amended and noted as being
9 amended.

10 140:14 Retention Schedule. Amend RSA 5-C:96, I(b) to read as follows:

11 (b) All death records, including changes affecting medical certification, submitted by the
12 physician [ø], APRN, **or physician assistant** to either the clerk of the town or city or the division.

13 140:15 Death Records. Amend RSA 290:1 to read as follows:

14 290:1 Death Records. Whenever a person shall die, the physician [ø], advanced practice
15 registered nurse, **or physician assistant** attending at the last sickness shall complete and deliver
16 to the funeral director, next-of-kin as defined in RSA 290:16, IV, or designated agent under
17 RSA 290:17 or shall complete electronically and forward immediately to the division of vital records
18 administration, a death record, duly signed, setting forth, as far as may be, the facts required by the
19 department of state, division of vital records administration pursuant to RSA 5-C:63. The cause or
20 causes of death shall be printed or typed on all records required to be furnished under this section.
21 The funeral director, next-of-kin, or designated agent shall transmit electronically the record of
22 death to the division of vital records administration and the certifying physician [ø], advanced
23 practice registered nurse, **or physician assistant** shall then electronically complete the cause of
24 death information into the transmitted record.

25 140:16 Fetal Death Records. Amend RSA 290:1-a to read as follows:

26 290:1-a Fetal Death Records. Whenever a fetal death shall occur, the attending physician
27 [ø], advanced practice registered nurse, **or physician assistant** shall fill out a fetal death record.
28 This will be solely a statistical report.

29 140:17 Effective Date. This act shall take effect January 1, 2016.

30
31 Approved: June 12, 2015

32 Effective Date: January 1, 2016