TITLE XI
HOSPITALS AND SANITARIA

Chapter 151
RESIDENTIAL CARE AND HEALTH FACILITY LICENSING

Section 151:1

151:1 Declaration of Purposes. – The purposes hereof are to provide for the development, establishment and enforcement of basic standards for the care and treatment of persons in hospitals and other facilities in which medical, nursing or other remedial care are rendered, and for the construction, maintenance and operation of such facilities, which, in the light of existing knowledge, will ensure safe and adequate treatment of such persons in such facilities.

Source. 1947, 216:1, par. 1. RSA 151:1. 1979, 399:1, eff. Aug. 22, 1979.

Section 151:2

151:2 License or Registration Required. –

I. The following facilities shall not be established, conducted, or maintained without acquiring a license under this chapter:

(a) Hospitals, and infirmaries or health services maintained by an educational institution. For the purposes of this subparagraph "hospital" means an institution which is engaged in providing to patients, under supervision of physicians, diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of such persons. The term "hospital" includes psychiatric and substance abuse treatment hospitals.

(b) Home health care providers, as defined in RSA 151:2-b.

(c) Laboratories performing tests or analyses of human samples, collection stations, or laboratories performing testing on therapeutic cannabis pursuant to RSA 126-X:6, III(a)(16).

(d) Facilities or portions of a facility operating as an outpatient rehabilitation clinic, ambulatory surgical center, hospice, emergency medical care center, drop-in or walk-in care center, dialysis center, birthing center, or other entity where health care associated with illness, injury, deformity, infirmity, or other physical disability is provided, whether operated for profit or for free or at a reduced cost, however named, and whether owned by a hospital or hospital holding corporation or operated as part of a hospital's services.

(e) Residential care facilities, whether or not they are private homes or other structures built or adapted for the purpose of providing residential care, offering services beyond room and board to 2 or more individuals who may or may not be elderly or suffering from illness, injury, deformity, infirmity or other permanent or temporary physical or mental disability. Such facilities shall include those:

(1) Offering residents home-like living arrangements and social or health services including, but not limited to, providing supervision, medical monitoring, assistance in daily living, protective care or monitoring and supervision of medications; or

(2) Offering residents social, health, or medical services including, but not limited to, medical or nursing supervision, medical care or treatment, in addition to any services included under subparagraph (1).

Such homes or facilities shall include, but not be limited to, nursing homes, sheltered care facilities, rest homes, residential care facilities, board and care homes, or any other location, however named, whether owned publicly or privately or operated for profit or not.

(f) Adult day care services offering medical supervision, care or treatment, or providing assistance in daily living activities, to 3 or more individuals, whether operated for profit or not.

II. This chapter shall not be construed to require licensing of the following:

(a) Facilities which are operated for the continuing care of one person or 3 or fewer persons in a facility certified

by the commissioner of health and human services under RSA 126-A:19 and RSA 126-A:20.
(b) Facilities maintained or operated for the sole benefit of persons related to the owner or manager by blood or marriage within the third degree of consanguinity.
(c) Facilities maintained and operated by any church or religious denomination solely for those ordained clergy or members of religious orders.
(d) Facilities providing only room and board.
(e) Physicians' offices and related facilities.
(f) Offices and related facilities of other persons licensed in this state to practice a health care profession.
(g) Facilities operating as community health clinics.
(h) Acute care centers established, operated, or designated by the department pursuant to RSA 141-C:26.
(i) Any other facility exempted by rules adopted under this chapter.
III. Facilities licensed under this chapter shall not claim to promote or advertise themselves, in any form or manner, as providing, or being able to provide services other than those for which they are licensed.
IV. Rules for residential care facilities and supported residential care facilities, as defined in rules adopted by the department pursuant to RSA 541-A, which are licensed pursuant to RSA 151:2, I(e) or certified in accordance with RSA 151:9, VIII, shall permit such facilities to admit residents who have been determined eligible for nursing facility services under a medicaid home and community-based care waiver for the elderly and chronically ill and who have been referred to such a facility as an alternative to placement in a nursing facility, provided that the clinical services and supports required by the person can be provided or obtained in the facility. No bed may be licensed in both the nursing facility and residential care facility categories at the same time.
V. No person shall operate as, or represent himself or herself as, an individual home care service provider as defined in RSA 151:2-b, V unless that person is registered in accordance with this chapter.
VI. (a) No new license shall be issued for, and there shall be no increase in licensed capacity of, any nursing home, skilled nursing facility, intermediate care facility, or rehabilitation facility, including rehabilitation hospitals and facilities offering comprehensive rehabilitation services. This moratorium shall not apply to any rehabilitation facility whose sole purpose is to treat individuals for substance use disorder or mental health issues or to any continuing care facility for which a certificate of authority has been issued by the insurance commissioner pursuant to RSA 420-D:2.
(b) This moratorium shall not prohibit the relocation or transfer of beds to a nursing home, skilled nursing facility, or intermediate care facility; provided that the beds to be transferred or relocated were in existence as of July 1, 2016, that the receiving facility is located in the same county as the facility where those beds were located as of July 1, 2016, and that the action shall not reduce the number of Medicaid beds located in that county. This restriction on transfers shall not apply to any beds transferred from one entity to another before the effective date of this paragraph.
(c) This moratorium shall not prohibit the relocation or transfer of beds to a rehabilitation facility, including rehabilitation hospitals and facilities offering comprehensive rehabilitation services; provided that the beds to be transferred or relocated were licensed on July 1, 2016. This restriction on transfers shall not apply to any beds transferred from one entity to another before the effective date of this paragraph.

Source. 1947, 216:1, par. 2. RSA 151:2. 1959, 236:1. 1969, 379:1. 1975, 265:1. 1976, 11:1. 1979, 95:1; 399:2. 1985, 302:1. 1988, 156:1. 1990, 140:2, XI. 1991, 365:2. 1995, 310:8. 1996, 146:1, 2. 1998, 388:4. 2002, 101:2, eff. Jan. 1, 2003. 2008, 271:6, eff. June 26, 2008. 2012, 41:1, 2, eff. July 1, 2012; 282:8, eff. June 30, 2015. 2015, 143:9, eff. Aug. 11, 2015; 276:203, eff. June 30, 2016. 2018, 298:3, eff. June 25, 2018. 2019, 287:1, eff. Sept. 17, 2019; 326:13, eff. Aug. 16, 2019.

Section 151:2-a

151:2-a Repealed by 1979, 399:3, eff. Aug. 22, 1979. –

Section 151:2-b

151:2-b Home Health Care Provider and Individual Home Care Service Provider. –
I. "Home health care provider" means any organization, business entity, or subdivision thereof, whether public or

private, whether operated for profit or not, which is engaged in arranging or providing, directly or through contract arrangement, one or more of the following: nursing services, home health aide services, or other therapeutic and related services which may include, but shall not be limited to, physical and occupational therapy, speech pathology, nutritional services, medical social services, personal care services, and homemaker services, which may be of a preventive, therapeutic, rehabilitative, health guidance or supportive nature to persons in their places of residence.

II. Home health care providers which provide only homemaker services and no other health care services as listed in paragraph I of this section shall be issued a license limiting their services to homemaker services.

III. Home health care providers that provide only personal care services and no other health care services as listed in paragraph I of this section shall be issued a license limiting their services to personal care services.

IV. "Home health care provider" does not include any organization or agency providing only services pursuant to the provisions of Title III, Part C, of the Older Americans Act; authorized by the department of health and human services pursuant to RSA 161-I; operating only a nutrition program under a federal social services block grant, or under the auspices of a private charity; or volunteer hospices that do not provide, directly or through contract arrangements, home health care services as defined in RSA 151:2-b, I.

V. "Individual home care service provider" means any individual not employed by a home health care provider licensed under RSA 151:2, I(b) who solicits and provides health support services, personal care services, or homemaker services for compensation to clients in their places of residence; provided that the client is not a family member.

Source. 1985, 302:2. 2000, 255:4, eff. June 12, 2000. 2012, 41:3, 4, eff. July 1, 2012. 2019, 287:2, eff. Sept. 17, 2019.

Section 151:2-c

151:2-c Prohibited Use in Corporate Name, Trade Name, or Service Mark. –

I. The secretary of state shall not issue a certificate of incorporation to an applicant for incorporation or for registration as a foreign corporation or a foreign partnership which includes the words "home health care", "home care", or "visiting nurse" or any modification or derivative thereof in its corporate or business name or which includes the practice of providing home health care or visiting nurse services among the objects for which it is established unless the department of health and human services shall have issued, with respect to such applicant, a license pursuant to the provisions of this chapter or a letter certifying that the applicant has made application with the department for licensing under this chapter. A copy of either the license or the letter shall be presented to the secretary of state.

II. The secretary of state shall decline to register any trade name or service mark for a partnership, sole proprietorship, or association which includes the words "home health care", "home care", or "visiting nurse" or modifications or derivatives thereof in the firm or business name unless the department of health and human services shall have issued, with respect to such partnership, sole proprietorship, or association, a license pursuant to the provisions of this chapter or a letter certifying that such partnership, sole proprietorship, or association has made application with the department for licensing under this chapter. A copy of either the license or the letter shall be presented to the secretary of state.

III. No person who currently uses the words "home health care", "home care", or "visiting nurse" in a firm or business name may advertise or cause to be published an advertisement soliciting or offering that the person is a home health care provider as defined in RSA 151:2-b, I, unless such person obtains the requisite license required under this chapter.

Source. 1985, 302:2. 1995, 310:175, 181. 1997, 331:1, eff. Aug. 22, 1997.

Section 151:2-d

151:2-d Criminal Record Check Required. –

I. Every applicant for a license or certification to operate any facility or entity required to be licensed or certified under this chapter shall submit with the initial application for licensure or certification the results of a criminal records check from the department of safety for the applicant, the licensee, or certificate holder if other than the

applicant, the administrator, and each household member 17 years of age or older, if any, who reside at the facility for which the application for a license is submitted at the time of application and, subsequently for the duration of licensure or certification, for each new household member 17 years of age or older.

II. For the duration of licensure or certification every individual selected for employment with any facility or entity required to be licensed or certified under this chapter shall submit to the employer a public criminal history record information authorization form, as provided by the division of state police, which authorizes the release of his or her public criminal history record information to the facility pursuant to RSA 106-B:14. This shall apply to any employee, including volunteers, whose scope of employment will involve direct contact with a client, client records or client tissue, body fluids, or other biological material. For the purposes of this paragraph, "volunteers" shall not include any person admitted to a facility or entity required to be licensed or certified under this chapter or who resides in an affiliated corporate entity that is an integral part of the same community.

III. The licensee or certificate holder shall submit the public criminal history record information authorization form to the division of state police after an applicant accepts a conditional offer of employment. The licensee or certificate holder shall review the results of the public criminal history record information check before making a final offer of employment. An employee shall not begin work before the final offer of employment is made.

IV. (a) Upon receipt of a public criminal history record information authorization form from a facility or entity licensed under this chapter, the division of state police shall conduct a public criminal history record information check pursuant to RSA 106-B:14 and provide the results to the licensee or certificate holder.

(b) The cost of criminal conviction record checks for such applicants shall be borne by the licensee or certificate holder, provided that the licensee or certificate holder may require an applicant to pay the actual cost of the criminal conviction record check.

V. (a) Any agency providing temporary or per diem staff to a facility or entity licensed or certified under this chapter shall conduct a criminal conviction record check pursuant to this section. The agency shall not offer the services of any person until the agency has reviewed the criminal history of the employee.

(b) The cost of criminal history record checks for such temporary or per diem staff shall be borne by the agency providing temporary or per diem staff to a home health care provider, provided that the agency providing per diem staffing may require the selected applicant for employment to pay the actual costs of the criminal conviction record check.

VI. The provisions of this section shall not apply to any person who is licensed by the board of nursing pursuant to RSA 326-B and has already undergone a criminal background check.

Source. 2003, 185:1, eff. July 1, 2003. 2008, 268:1, eff. Jan. 1, 2009. 2009, 250:1, eff. July 16, 2009. 2017, 202:1, eff. Sept. 3, 2017; 202:3, eff. June 30, 2019. 2019, 297:4, eff. July 1, 2019.

Section 151:2-e

151:2-e Special Health Care Service License Required; Rules; Funding. –

I. No person shall initiate any new special health care service without acquiring a special health care service license under this chapter.

II. In this chapter, "special health care service" shall include:

(a) Cardiac catheterization laboratory services;

(b) Open heart surgery or coronary artery bypass graft surgery; and

(c) Megavoltage radiation therapy.

III. (a) The commissioner shall adopt rules, pursuant to RSA 541-A, to specify:

(1) The requirements for equipment, personnel, training, operating, volume, and other criteria to assure the quality and safety for patients receiving each special health care service;

(2) The procedure for applying for and maintaining a special health care service license including, but not limited to, the frequency of licensing inspections, submission of information and data to evaluate the performance and ongoing operation of services and enforcement under this section; and

(3) The fees for applying for and maintaining a special health care service license in order to fully offset the cost to the department, including consultant fees and other related expenses necessary to process the application, and for any ongoing expenses to the department for maintaining a special health care service license.

(b) Any facility that provides a special health care service shall be in compliance with all applicable rules

adopted pursuant to this chapter.
IV. The provisions of this chapter applicable to applicants and facilities licensed under RSA 151:2 shall apply equally to any person applying for or receiving a special health care service license under this section.

Source. 2016, 198:1, eff. July 1, 2016. 2019, 155:1, eff. July 1, 2019.

Section 151:2-f

151:2-f Policies Required for Health Facilities and Special Health Care Service Licenses. –
Every facility licensed under RSA 151:2, I(a) or (d) and every person holding a special health care service license under RSA 151:2-e shall:
I. Adopt and enforce a written policy to assure that the facility provides its services to all persons who require the services the facility provides regardless of the source of payment for the services provided to any person;
II. Adopt, publicize, and apply an assistance plan for persons who are uninsured or who do not have the financial resources to pay for the facility's services due to financial hardship;
III. Provide data to the commissioner of the department of health and human services regarding the volume, cost and outcomes of services provided in the facility; and
IV. Pay fees under RSA 151:2-e, III to the commissioner of the department to cover the costs of administering the licensing of special health care services, the administration of the quality and patient safety requirements of this section, and the collection and analysis of the data collected under this section.

Source. 2016, 198:1, eff. July 1, 2016.

Section 151:2-g

151:2-g Emergency Services. – Every facility licensed as a hospital under RSA 151:2, I(a) shall operate an emergency department offering emergency services to all individuals regardless of ability to pay 24 hours every day, 7 days a week. This requirement shall not apply to any hospital licensed and operating prior to July 1, 2016, which does not operate an emergency department or to any new psychiatric or substance abuse treatment hospital.

Source. 2016, 198:1, eff. July 1, 2016.

Section 151:2-h

151:2-h Compliance With Involuntary Admission Hearing Requirement. – No later than 30 days following the first decision on the merits in *Doe v. NH Department of Health and Human Services*, et al. #1:18-CV-01039, or a court-approved agreement of all parties in the case, the commissioner of the department of health and human services shall initiate emergency rulemaking consistent with either the first decision on the merits or the court-approved agreement. The commissioner shall adopt such rules within 90 days of initiating rulemaking.

Source. 2019, 41:4, eff. May 15, 2019.

Section 151:2-i

151:2-i Hospital Dementia Operational Plan Required. –
I. Every facility licensed as a hospital under RSA 151:2, I(a) shall, not later than January 1, 2023, complete and implement an operational plan for the recognition and management of patients with dementia or delirium in acute-care settings. The plan shall address the following recommendations:
(a) Recognition of dementia and/or delirium.
(b) Cognitive assessment.
(c) Management and treatment in all relevant departments.

(d) Development of a dementia-friendly environment.
(e) Transfer or discharge procedures.
(f) An annual hospital self-assessment.
(g) Education and training of clinical and non-clinical staff.
II. Hospitals shall keep the plan on file and make the plan available to the department of health and human services, bureau of health facilities administration upon request.

Source. 2019, 194:1, eff. Jan. 1, 2020.

Section 151:3

151:3 Existing Facilities. – Facilities subject hereto which are already in operation at the time of enactment hereof shall be given a reasonable time from the date of enactment of this law within which to comply with the rules and regulations and minimum standards provided for herein.

Source. 1947, 216:1, par. 3. RSA 151:3. 1979, 399:4, eff. Aug. 22, 1979.

Section 151:3-a

151:3-a Facilities Under Construction. – Any facility required to be licensed under this chapter, which is in the process of construction or substantial renovation at the time a rule is adopted to limit the allowable number of residents to be housed within the facility, shall not be denied licensure solely because of such rule, provided that all life safety code and room size requirements are fully satisfied.

Source. 1981, 184:1, eff. Aug. 1, 1981.

Section 151:3-b

151:3-b Identification Required. –
I. Except as provided in paragraph II, facilities licensed under this chapter shall require all persons, including volunteers, consulting doctors, and students and including home health care providers and hospice staff, in contact with clients and residents to wear a form of identification which readily discloses the name, licensure status, if any, and staff position.
II. Paragraph I shall not apply to persons working in a facility which provides services to clients and residents with mental illness or developmental disabilities when such persons are working with such clients and residents outside of the facility.
III. Failure to comply with paragraph I may result in a fine of no more than $50 on the facility per infraction.

Source. 1998, 199:1, eff. Jan. 1, 1999.

Section 151:3-c

151:3-c Repealed by 2008, 268:2, eff. Jan. 1, 2009. –

Section 151:3-d

151:3-d Verification of Medical Technician Registration. – Every facility administrator, or designee, for any health care facility licensed under this chapter shall verify with the board of registration of medical technicians established under RSA 328-I:2, prior to employing a medical technician, as defined in RSA 328-I:1, VI, that such medical technician is registered with the board.

Source. 2014, 295:2, eff. Oct. 1, 2014.

Section 151:4

151:4 Application for License. –

I. Applicants for a license shall file applications under oath with the department of health and human services upon forms prescribed and shall pay the license fee annually into the state treasury, or it shall be refunded to the applicant if the license is denied. The following shall not be required to pay the license fee:

(a) Facilities operated by any unit or division of federal, state, or local government;

(b) Laboratories located in hospitals and operated under the supervision of the hospital; and

(c) Sheltered care facilities, including sheltered homes and community living facilities, in which a placement is made under the department of health and human services.

II. Applications under this section shall be signed:

(a) In a private facility, by the owner,

(b) In a facility having a corporate formation, by 2 of its officers,

(c) In a facility under a governmental unit, by the head of the governmental department having jurisdiction over it,

(d) In an area agency as defined under RSA 171-A:2, I-b, by the area agency director.

III. (a) The department of health and human services shall require that applications set forth the:

(1) Full name and address of the owner of the facility for which license is sought.

(2) Name of the persons in control thereof.

(3) Certification, where local licensing is required, that the facility conforms with applicable local rules, regulations and ordinances having to do with health and safety.

(4) Name or location, or both, of community residences together with any certification required under subparagraph (a)(3) of this paragraph, when the application is submitted by an area agency as defined under RSA 171-A:2, I-b.

(5) to (7) [Repealed.]

(b) In addition to the requirements of subparagraph III(a), for facilities providing residence, the application shall include a description of the services and programs to be offered to the residents and a description of the facility's relation to or reliance upon any health care to be provided or offered to residents by individuals, agencies, or organizations from outside of the residence who are not employees of or under contract with or which will not receive payment from the applicant.

III-a. In addition to the requirements under paragraph III, the department of health and human services shall require that the materials submitted for certification of facilities under RSA 126-A:19 be attached to the application for license.

IV. The department of health and human services may require that applications set forth:

(a) Affirmative evidence of ability to comply with such reasonable standards, rules and regulations as may be lawfully prescribed hereunder,

(b) The submission of annual reports of expenses of operation and other information necessary to determine costs. Such reports shall be in accordance with forms and instructions issued by the department.

(c) Any other additional information that the department of health and human services may require.

V. The department of health and human services shall not accept or process the license application of a facility operating under suspension or revocation of a license until any violation of this chapter or of rules adopted thereunder has been corrected and the facility has paid to the department a reinspection fee equal to the annual license fee established in RSA 151:5.

VI. In addition to publication on the department's website, any initial application for licensure, under this chapter, shall be available for inspection and copying by any person immediately upon it being filed and shall not be confidential under RSA 151:13.

VII. [Repealed.]

Source. 1947, 216:1, par. 4. RSA 151:4. 1969, 379:3. 1977, 332:1. 1979, 399:5, 6. 1982, 44:2. 1983, 274:1; 291:1, I. 1988, 156:2-4. 1991, 365:3. 1995, 310:9, 175, 181, eff. Nov. 1, 1995. 2016, 198:2, 3, eff. July 1, 2016. 2020, 39:65, eff. July 1, 2020; 39:68, eff. July 29, 2020.

Section 151:4-a

151:4-a Requirements for Licensure Near Critical Access Hospitals. –

I. In this section:

(a) "Health care services" means any of the following currently provided by the critical access hospital to the service area: inpatient care, inpatient or outpatient surgery, emergency services, labor and delivery services, addiction and recovery services, mental health services, or coordination with emergency response systems.

(b) "Material adverse impact" means that granting the application would more likely than not tangibly minimize the critical access hospital's ability to continue providing the health care services.

(c) "Service area" means the area by which a majority of patients are served by the critical access hospital according to the hospital discharge data provided by the critical access hospital in accordance with RSA 126:25.

II. (a) Any person or entity proposing to establish an ambulatory surgical center, emergency medical care center, hospital, birthing center, drop-in or walk-in care center, dialysis center, or special health care service within a radius of 15 miles of the primary physical location of a New Hampshire hospital certified as a critical access hospital pursuant to 42 C.F.R 485.610(b) and (c), shall give written notice of the intent to establish a health care facility within a 15 mile radius with a description of the facility or special health care service to the chief executive officer of the hospital by certified mail.

(b) If, within 30 days of receipt of the notification under subparagraph (a), the critical access hospital notifies the department of health and human services that it objects to the establishment of the proposed health care facility and articulates a detailed basis for its objection, an expert report shall be completed by an independent contractor retained by the department and approved by the critical access hospital and proposed health care facility to determine whether or not the new facility will have a material adverse impact. If, after proposing 3 independent contractors in a period not to exceed 30 days, the critical access hospital and proposed health care facility cannot agree on an independent contractor selected by the commissioner of the department of health and human services, the commissioner shall independently designate the independent contractor to perform the assessment and create the expert report. The expert report shall be prepared as follows:

(1) The report shall include how the proposed project will impact the health care services in the service area in terms of utilization, patient charges, market share, physician referral patterns, personnel resources, and referral sources.

(2) The proposed health care facility and critical access hospital shall provide any information requested by the expert to complete its report. Information obtained at the request of the expert shall not be considered confidential under RSA 151:13, unless the department determines that it should be exempt from disclosure under RSA 91-A:5.

(3) Within 30 days of retention of the expert, the department shall publish a notice on the department's Internet website to notify the public of the proposed health care facility and solicit public comment for a period of at least 7 calendar days. All public comments shall be provided to the expert for use in the analysis.

(4) The report shall be completed within 90 days of the retention of the expert unless an extension is granted by the department. Such an extension shall not exceed 30 days.

(5) If the report finds that the proposed health care facility will have a material adverse impact, then the proposed health care facility shall not be allowed to apply for licensure. If the proposed health care facility fails to provide the requested information to the expert, for which the expert is unable to complete its findings, the proposed health care facility shall not be allowed to apply for licensure. If the critical access hospital fails to provide the requested information to the expert, for which the expert is unable to complete its findings, no material adverse impact shall be found and the facility may apply for licensure.

(6) The cost of any fees associated with the retention and work completed by an independent contractor to comply with the provisions of this subparagraph shall be shared equally between the proposed health care facility and the critical access hospital. These costs shall be paid for in advance of any services performed.

(7) The department of health and human services shall provide a copy of the report within 10 days of receipt to the proposed health care facility and critical access hospital.

(c) The person or entity seeking to establish the proposed health care facility and the critical access hospital shall have the right to request a rehearing by the commissioner of the department of health and human services pursuant to RSA 541:3 and to appeal by petition to the supreme court pursuant to RSA 541:6 the expert's findings. If the proposed health care facility chooses to move forward with the licensing process prior to all appeal rights being exhausted, the proposed health care facility shall do so at its own risk and shall not hold the critical access hospital or the department liable for any costs incurred. The appellant shall bear all costs of the state in connection with any rehearing or petition for appeal, including the state's attorneys' fees.

Source. 2020, 39:64, eff. July 1, 2020.

Section 151:5

151:5 Licenses. –
Licenses issued hereunder shall expire one year after the date of issuance. Licenses shall be issued only for the premises and persons named in the application, and shall not be transferable or assignable; provided that home health care providers, personal care providers, home health hospice providers, and case management agencies shall not be required to apply for and receive a new license if they change the physical location of their office within the one year licensing period. Licenses shall be posted in a conspicuous place on the licensed premises. Fees for an annual license shall be as follows:
I. Hospitals; $25 per licensed bed.
II. Specialty hospital-psychiatric; $25 per licensed bed.
III. Specialty hospital-rehabilitation; $25 per licensed bed.
IV. Nursing homes; $25 per licensed bed.
V. Acute psychiatric residential treatment programs; $25 per licensed bed.
VI. Residential treatment and rehabilitation facilities; $25 per licensed bed.
VII. Hospice houses; $25 per licensed bed.
VIII. Adult family care homes; $25 per licensed bed.
IX. Residential and supported residential care; $15 per licensed bed.
X. Home health hospice providers; $250.
XI. Home health care providers:
(a) Registered individuals; $25.
(b) Agencies; $250.
XII. Personal care providers:
(a) Fewer than 10 clients; $25.
(b) Ten (10) or more clients; $250.
XIII. Outpatient clinics; $500.
XIV. End stage renal dialysis centers; $500.
XV. Ambulatory surgical centers; $500.
XVI. Educational health centers; $500.
XVII. Freestanding emergency rooms; $500.
XVIII. Health promotion clinics; $500.
XIX. Collecting stations; $250.
XX. Adult day care centers; $200.
XXI. Birthing centers; $150.
XXII. Case management agencies; $150.
XXIII. Laboratories; $150 per year for each category of testing licensed.

Source. 1947, 216:1, par. 5. RSA 151:5. 1977, 332:2. 1979, 399:7. 1983, 291:1, I. 1985, 190:81; 302:3. 1995, 310:181, eff. Nov. 1, 1995. 2009, 144:208, eff. July 1, 2009. 2013, 144:52, eff. July 1, 2013. 2014, 167:50, eff. July 1, 2014.

Section 151:5-a

151:5-a Needs Determination; Assuring Appropriate Care. –
I. All facilities licensed as a residential care facility, defined under RSA 151:2, I(e) shall, prior to accepting a new resident and every 6 months thereafter, complete a determination that the needs of the individual are compatible with the facility and the services and programs offered within the facility. The individual needs determination shall, if not otherwise required for certification of the facility under Titles XVIII and XIX of the Social Security Act, as amended, conform to rules adopted by the commissioner of the department of health and human services and recorded on a form provided by the commissioner. Completed forms shall be maintained in the resident's file and be available for inspection under RSA 151:6 and 151:6-a.

II. No licensed residential care facility as defined in RSA 151:2, I(e), shall accept as a new resident any individual whose needs cannot be met under the license issued to the facility. If such a facility has a resident whose physical or mental needs exceed the services and programs provided for under its current license, it shall apply for an appropriate license or, with the assistance of the family and any other appropriate services, it shall place the individual in a facility with a level of licensure appropriate to the individual's needs.
III. The department of health and human services may train, and shall approve, provider members of the New Hampshire Association of Residential Care Homes, the New Hampshire Health Care Association, or the Northern New England Association of Homes and Services for the Aging as trainers in a resident assessment course for those owning or working in licensed residential care facilities, so that such trained individuals can satisfactorily meet the provisions of this section.

Source. 1991, 365:4. 1995, 310:182, 183, eff. Nov. 1, 1995. 2005, 274:2, eff. Jan. 1, 2006.

Section 151:5-b

151:5-b Deemed Licensed. –
I. Any facility or home health agency certified under Title XVIII or XIX of the Social Security Act, as amended, shall submit a completed license application, or license renewal form, together with the appropriate fee. Such facility or agency shall be deemed licensed under this chapter and shall be exempt from inspections carried out under RSA 151:6-a. This section shall only apply to the activities or portions of the facility or agency certified under Title XVIII or XIX of the Social Security Act, as amended.
II. Any laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. section 263(a), shall submit a completed license application, or license renewal form, together with the appropriate fee. Such facility or agency shall be deemed licensed under this chapter and shall be exempt from inspections carried out under RSA 151:6-a. This paragraph shall only apply to the activities or portions of the laboratory or agency certified under CLIA that received compliance or accreditation inspections. This paragraph shall not apply to Provider-Performed Microscopy (PPM) or CLIA waived laboratories.

Source. 1991, 365:4, eff. Jan. 1, 1992. 2018, 264:1, eff. July 1, 2018.

Section 151:5-c

151:5-c Proceedings of Residential Care Facility Quality Assurance Program; Confidentiality. –
I. To help assure quality care of residents in licensed residential care facilities, such facilities may voluntarily maintain a quality assurance program for its residents as set forth in this section.
II. In this section:
(a) "Records" means records of interviews, internal reviews and investigations, and all reports, statements, minutes, memoranda, charts, statistics, and other documentation generated during the activities of a quality assurance program. "Records" shall not mean original medical records or other records kept relative to any resident in the course of the business of operating a licensed residential care facility.
(b) "Quality assurance program" means a comprehensive, ongoing, organization-wide system of mechanisms for monitoring and evaluating the quality and appropriateness of the care provided, so that important problems and trends in the delivery of care are identified and that steps are taken to correct problems and to take advantage of opportunities to improve care.
III. Records of a quality assurance program in a licensed residential care facility, including those of its functional components and committees as defined by the facility's quality assurance plans, organized to evaluate matters relating to the care and treatment of residents and to improve the quality of care provided, and testimony by owners or members, or both, on the board of directors of the residential care facility, medical and clinical staff, employees, or the committee attendees relating to activities of the quality assurance program, shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. However, information, documents, or records otherwise available from original sources shall not be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a

quality assurance program committee, shall not be prevented from testifying as to matters within his or her knowledge, but such witness shall not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:

(a) A judicial or administrative proceeding brought by a licensed residential care facility, its quality assurance program, or owners and/or board of directors, to revoke or restrict the license or certification of a staff member; or

(b) A proceeding alleging repetitive malicious action or personal injury brought against a staff member.

IV. A licensed residential care facility, its owners and/or board of directors, or trustees may waive privileges under this section and release information or present records of the quality assurance program by discovery, subpoena, or admission into evidence in any judicial or administrative proceeding.

V. No owner, directors, trustees, medical or clinical staff, employees, or other attendees of the quality assurance program shall be held liable in any action for damages or other relief arising from the providing of information to a quality assurance program or in any judicial or administrative proceeding.

Source. 2005, 274:4, eff. Jan. 1, 2006.

Section 151:6

151:6 Investigations and Consultations. –

I. The department of health and human services may investigate, in response to a complaint alleging a violation of this chapter or when it has good reason to believe that the provisions of this chapter or rules adopted under this chapter have been violated by any facility licensed under this chapter or any facility providing room and board to 2 or more individuals unrelated to the owner or manager. Such investigations shall be conducted in accordance with rules adopted by the commissioner of the department of health and human services under RSA 151:9. The commissioner of the department of health and human services shall, when necessary, seek the assistance of local and state law enforcement authorities in order to complete its investigation.

II. The department of health and human services may require by rule that any licensee or prospective applicant desiring to make specified types of alterations or additions to its facilities or to construct new facilities shall, before commencing such alteration, addition or new construction, submit plans and specifications therefor to the department of health and human services for preliminary inspection and approval or recommendations.

III. The department of health and human services shall make consultation services available, which shall include visits to the facility, to individuals seeking licensure or who are uncertain if a license is required for their facilities.

IV. Notwithstanding the provisions of this section, when the state fire marshal has approved a plan for construction, renovation, alteration, or other addition or structural change submitted by a licensee or prospective applicant, the department shall take no action inconsistent with a determination made by the state fire marshal.

Source. 1947, 216:1, par. 6. RSA 151:6. 1983, 291:1, I. 1985, 190:82. 1991, 365:5. 1995, 310:181, 182, eff. Nov. 1, 1995. 2012, 162:3, eff. June 7, 2012.

Section 151:6-a

151:6-a Annual Inspection. –

I. The department of health and human services shall make at least one annual unannounced clinical inspection of every facility licensed under this chapter, except home health care agencies and home care service provider agencies, which shall be inspected no less frequently than once every 24 months. The purpose of the inspection shall be to determine that the facility is in compliance with all provisions of this chapter and applicable clinical rules adopted under this chapter. For residential care facilities, the inspection shall include a review of the programs and services offered in the facility to assure that the facility is in compliance with its current level of licensure, and a survey of the most recent individual resident needs determinations where such surveys are not done under the survey and certification process for Titles XVIII and XIX of the Social Security Act, as amended, to assure that the facility and its programs and services are appropriate to the needs of the residents. The department shall also conduct compliance monitoring visits as necessary to ensure that corrective action required

to correct cited violations of this chapter or rules adopted under this chapter have been appropriately implemented. Inspection results shall be provided as a written report that identifies any noncompliance with this chapter and applicable clinical rules adopted under this chapter. The results of this inspection and any later inspection shall be posted in a conspicuous place in the facility in the manner determined by the commissioner of the department of health and human services. The results so posted shall indicate the facilities and services inspected and the results for each such facility or service. This section shall not apply to facilities or entities that have deemed status under RSA 151:5-b. If a residential care facility, as referenced under RSA 151:9, VII(a)(1) or (2) or an adult day care program as referenced under RSA 151:2, I(f) has been inspected and is found to be deficiency-free for 2 consecutive years it shall be granted a one-year waiver from the provisions of this section and thereafter shall be inspected every other year; provided, that the facility remains deficiency-free when it is inspected, that the facility is not the subject of a founded complaint investigation under RSA 151:6, and the facility remains under the same administrator who is responsible for the day-to-day operation of the facility.

II. (a) In addition to paragraph I of this section, if the state fire marshal authorizes the department to conduct life safety code inspections, the department shall make at least one annual, unannounced inspection of all facilities licensed under this chapter pursuant to that authorization. If in the course of such inspection the inspector finds that there are violations of the life safety code which the inspector believes must be corrected, the inspector shall provide the facility with a notice to correct. This notice shall identify the specific provisions of the life safety code that the inspector believes have been violated, and contain instructions with respect to corrective action to be taken.

(b) If the facility disagrees with the notice to correct, the facility may request a review and determination by the state fire marshal, or may request a variance or exception from the state fire marshal. The notice to correct shall be stayed pending the fire marshal's decision. If the state fire marshal determines, following review, that the notice to correct or portions thereof should not have been issued, the department shall withdraw or amend the notice to correct in accordance with the fire marshal's determination.

(c) Facilities shall not be required to post notices to correct issued under subparagraph (a) of this paragraph.

(d) Notwithstanding this section, if the state fire marshal has approved a compliance agreement relative to construction, renovation, alteration or other addition or structural change, the department, when conducting a life safety code inspection, shall not include in its notice to correct or its written report any matter falling within the scope of the compliance agreement, and shall take no action inconsistent with a determination made by the fire marshal.

(e) This section shall not apply to facilities or entities that have deemed licensed status under RSA 151:5-b.

Source. 1975, 190:1. 1981, 195:1. 1991, 365:6. 1995, 310:175, 181, 182, eff. Nov. 1, 1995. 2005, 274:3, eff. Jan. 1, 2006. 2010, 135:1, eff. June 14, 2010. 2012, 162:2, eff. June 7, 2012.

Section 151:6-b

151:6-b Report of Disciplinary Action. – Every facility administrator, or designee, for any health care facility licensed under this chapter shall report to the board of medicine, the board of nursing, or the board of registration of medical technicians any disciplinary or adverse action taken against a licensee or registrant of the board. Such report shall be made within 30 days after such action is taken. Actions reported shall only involve misconduct sufficient to support disciplinary proceedings by the board and shall include all situations in which allegations of misconduct are settled by voluntary resignation without adverse action.

Source. 2001, 228:1, eff. Sept. 9, 2001. 2005, 293:3, eff. July 1, 2005 at 12:01 a.m. 2014, 295:3, eff. Oct. 1, 2014.

Section 151:7

151:7 Denial, Suspension or Revocation of Licenses. –

I. The department of health and human services shall issue licenses to facilities which comply with the provisions of this chapter and the rules adopted by the department under RSA 151:9. The department may specify a licensing classification for the facility and may apply different classifications for separate sections of a facility.

II. The department of health and human services may deny, reclassify, suspend, or revoke a license on any of the following grounds:
(a) Noncompliance with any of the provisions of this chapter or the rules adopted by the department pursuant to RSA 151:9.
(b) Permitting, aiding, or abetting the commission of any unlawful act.
(c) Conduct or practices detrimental to the health or safety or well-being of patients, residents, or employees of said facilities, provided that this provision shall not be construed to have any reference to healing practices authorized by law.
(d) Withdrawal of certification under RSA 126-A:20.
(e) Services and programs provided by residential care facilities which exceed the licensure level or the failure to provide services and programs required under the licensure level.
(f) Nonpayment of search and rescue response expense reimbursement owing pursuant to RSA 206:26-bb.
III. If the department of health and human services denies, suspends, or revokes a license of a facility under this section, the facility shall deny all further admissions to the facility.
IV. If the department of health and human services reclassifies a facility under this section, the facility shall deny all admissions which are not in accordance with the reclassification.

Source. 1947, 216:1, par. 7. RSA 151:7. 1959, 236:2. 1983, 274:2; 291:1, I. 1988, 156:5. 1991, 365:7. 1995, 310:10, eff. Nov. 1, 1995. 2008, 167:3, eff. June 6, 2008.

Section 151:7-a

151:7-a Warnings; Results of Investigations. –
I. The department of health and human services may issue a warning, following an investigation conducted under RSA 151:6 or the inspection provided for in RSA 151:6-a, to a facility requiring compliance with the provisions of this chapter and the rules adopted under it. The warning shall state a time frame within which the facility shall comply with the directives of the warning, including, for facilities not licensed under this chapter but which are found to require licensure, the final date by which the action or actions requiring licensure must cease or by which an application for licensure must be received by the department of health and human services before the department initiates any legal action available to it to cease the operation of the facility.
II. The results of an investigation conducted under RSA 151:6 shall be provided to the licensee, or, for an unlicensed facility, to the owner or person responsible for the facility in the owner's absence. The results of an investigation of an unlicensed facility shall be provided prior to the issuance of any warning and the owner or person responsible shall be given the opportunity to respond to any findings. Such response shall be considered by the department of health and human services prior to the issuance of a warning under paragraph I.
III. An unlicensed facility may appeal a warning. Appeals shall be conducted in accordance with RSA 151:8.

Source. 1983, 274:3; 291:1, I. 1991, 365:8. 1995, 310:175, 181, eff. Nov. 1, 1995.

Section 151:8

151:8 Rehearings and Appeals. –
I. Should the department determine to deny, suspend, reclassify, or revoke a license, it shall send to the applicant or licensee, by registered mail, a notice setting forth the particular reasons for the determination. The denial, suspension, reclassification, or revocation shall become final 30 days after the mailing of the notice, unless the applicant or licensee requests a rehearing under paragraph II of this section.
II. Any applicant or licensee aggrieved by a decision of the department to deny, suspend, reclassify, or revoke a license may appeal to the commissioner of the department of health and human services. The commissioner may affirm, deny or modify the decision of the department. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to procedures for the appeal process provided under this paragraph.
III. Rehearings and appeals from a decision of the commissioner shall be in accordance with RSA 541.

Source. 1947, 216:1, par. 8. RSA 151:8. 1981, 460:5. 1983, 291:1, I. 1988, 156:6. 1995, 310:175, eff. Nov. 1, 1995.

Section 151:8-a

151:8-a Reinstatement. – The department of health and human services shall reinstate any license revoked or suspended under RSA 151:7 if correction has been accomplished and the facility has paid to the department of health and human services a reinspection fee equal to the annual license fee, provided for in RSA 151:5.

Source. 1983, 274:4; 291:1, I. 1995, 310:181, eff. Nov. 1, 1995.

Section 151:9

151:9 Rules. –

I. The commissioner of the department of health and human services shall adopt a separate set of rules under RSA 541-A, for each classification of health facility based on the care setting and also taking into consideration acuity levels and facility size for those facilities with overnight beds, relative to:

(a) Standards for licensing and classifying facilities under this chapter, including, but not limited to, provisions for sanitation, organization, administration, physical environment, health and safety, nursing units, resident environment, dietary needs, medical records, medication, disease control, personnel, and clinical records.

(b) Exemptions from licensing requirements.

(c) License application requirements under RSA 151:4.

(d) License expiration dates under RSA 151:5.

(e) Inspections under RSA 151:6 and RSA 151:6-a.

(f) Procedures for reclassifying, denying, suspending, or revoking licenses under RSA 151:7.

(g) Procedures for issuing warnings under RSA 151:7-a.

(h) Procedures for rehearings and appeals under RSA 151:8.

(i) Procedures for reinstating licenses under RSA 151:8-a.

(j) Fees for witnesses at hearings.

(k) Procedures for reviewing documentation of the mandatory completion of, and reimbursement for, a state approved program under RSA 326-B for assistants to nurses in facilities licensed under RSA 151:2 in accordance with the Title XIX Medicaid state plan.

(l) A schedule of administrative fines which may be imposed under RSA 151:16-a for violation of this chapter or the rules adopted pursuant to it.

(m) Procedures for notice and hearing prior to the imposition of an administrative fine imposed under RSA 151:16-a.

(n) The administration of the pediatric vaccine distribution program under section 1928(a) of the Social Security Act.

(o) The reporting by hospitals of hospital acquired infections and hospital infection data under RSA 151:33.

II. [Repealed.]

II-a. The commissioner of the department of health and human services shall adopt rules relative to the requirements for licensing near a critical access hospital under RSA 151:4-a.

III. The state fire marshal, after consultation with the department of health and human services, shall have the authority to adopt rules pursuant to RSA 541-A, and supervise and enforce all laws relative to the protection of life and property from fire, fire hazards and related matters, and it may make or cause to be made inspections relative to such matters.

IV. No rules shall be adopted or enforced which would have the effect of denying a license to a facility required to be licensed hereunder, solely by reason of the school or system of practice employed or permitted to be employed by physicians therein if such school or system of practice is recognized by the laws of the state.

V. No rules shall be adopted under this chapter for any facility conducted for those who rely upon treatment by spiritual means or prayer in accordance with the creed or tenets of any well recognized church or religious denomination, except as to the sanitary and safe conditions of the premises, cleanliness of operation, and its physical equipment.

VI. The commissioner of the department of health and human services shall, by January 1, 1986, adopt rules under RSA 541-A to require from hospitals such information as necessary to support the activities of the department of health and human services.

VII. (a) The rules adopted under RSA 151:9, I for residential care facilities shall, in establishing licensure classifications, recognize the following licensure levels which correspond to a continuum of care requiring different programs and services to assure quality of life in the least restrictive environment possible:
(1) Residential care, requiring a minimum of regulation and reflecting the availability of assistance in personal and social activities with a minimum of supervision or health care, which can be provided in a home or home-like setting.
(2) Supported residential health care, reflecting the availability of social or health services, as needed, from appropriately trained or licensed individuals, who need not be employees of the facility, but shall not require nursing services complex enough to require 24-hour nursing supervision. Such facilities may also include short-term medical care for residents of the facility who may be convalescing from an illness and these residents shall be capable of self-evacuation.
(3) Nursing facilities providing a range of social and health services, including 24-hour-a-day supervision and the provision of medical care and treatment, according to a plan of care, by appropriately trained or licensed individuals who are employees of or who are under contract to the facility.
(4) Special needs residential facilities, other than specialty hospitals, which, in addition to meeting the criteria of subparagraph (1), (2), or (3), reflect the availability of specialized supervision and treatment appropriate to the needs of the residents being cared for by appropriately trained or licensed individuals.
(b) Additional levels of classification may be established within each major level, and a facility may hold more than one license. The commissioner of the department of health and human services may, in adopting rules under RSA 151:9, I, establish limits on the number of residents to be cared for at different licensure levels.
VIII. The commissioner of the department of health and human services shall establish a program, by rule, to certify facilities that provide services to fewer than 3 individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents a home-like living arrangement, social, health, or medical services, including, but not limited to, medical or nursing supervision, medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care.
IX. (a) When adopting, readopting, or amending rules relative to health facilities, the commissioner of health and human services shall address the following criteria and shall ensure that all criteria are met:
(1) The number of rules and regulations shall be kept at the minimum level necessary to adequately protect the health and safety of consumers.
(2) Rules shall be appropriate to the setting in which services are delivered and the size of the provider delivering services.
(3) Rules shall strike an appropriate balance between the protection afforded and the cost to implement, considering the cost to both the state and the provider.
(b) Any rule that fails to meet the criteria established in subparagraphs (a)(1)-(3) shall be considered to exceed the statutory authority of the agency, be contrary to legislative intent, and be contrary to public interest, and shall be null and void.

Source. 1947, 216:1, par. 9. RSA 151:9. 1961, 237:1. 1979, 399:8. 1981, 460:8. 1983, 274:5; 291:1, I. 1985, 190:13, 83. 1986, 230:3. 1988, 156:7, 8. 1991, 355:40; 365:9. 1994, 403:1. 1995, 310:170, VI, 181, 182. 2002, 101:1. 2004, 5:1, 2, eff. May 18, 2004. 2005, 293:4, eff. July 1, 2005 at 12:01 a.m. 2007, 199:1, eff. Aug. 17, 2007. 2009, 225:2, eff. Jan. 1, 2010. 2020, 32:11, eff. Sept. 22, 2020; 39:66, eff. July 1, 2020.

Section 151:9-a

151:9-a Rules for Home Health Care Providers and Individual Home Care Service Providers. – The commissioner of the department of health and human services shall adopt rules under RSA 541-A, relative to the licensing of home health care providers that are separate from rules relative to other health facilities. Such rules shall be subject to the requirements of RSA 151:9, II-V and RSA 151:9, IX and shall include the following:
I. General requirements for licensure which shall include provisions for financial feasibility and suitability of the owner and governing body.
II. Qualifications of staff.
III. Treatment and services and the coordination of treatment and services.
IV. Supervision of direct service staff.
V. Organizational structure, including lines of authority.

VI. Client records.
VII. Business records.
VIII. Other aspects of home health care services which may be necessary to protect the public.
IX. A schedule of administrative fines which may be imposed under RSA 151:16-a for violation of this chapter or the rules adopted pursuant to it.
X. Procedures for notice and hearing prior to the imposition of an administrative fine imposed under RSA 151:16-a.
XI. Standards for services offered by home health care providers including homemaker and personal care services.
XII. Requirements for mandatory registration of individual home care service providers which shall not exceed a criminal background check and a state registry check.

Source. 1985, 302:4. 1991, 355:41. 1995, 310:30, 182. 2004, 5:3, eff. May 18, 2004. 2012, 41:5, 6, eff. July 1, 2012.

Section 151:9-b

151:9-b Immunizations by Hospitals, Residential Care Facilities, Adult Day Care Facilities, and Assisted Living Facilities. –
I. All hospitals, residential care facilities, adult day care facilities, and assisted living facilities licensed under this chapter shall document evidence of immunization against influenza, for all consenting patients in accordance with the current recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention with respect to indications such as age, timing, dosing, and administration. Immunization of all consenting patients shall be subject to the availability of an adequate supply of the necessary vaccine, and subject to exemptions for medical contraindications and religious beliefs. Subject to these exemptions, and in accordance with the guidelines of the Advisory Committee on Immunization Practices for the Center for Disease Control and Prevention, a consenting patient shall be immunized prior to discharge from the hospital or within 5 working days of becoming a patient in a residential care facility, adult day care facility, or assisted living facility. Receipt of the vaccination shall be documented on the patient's chart and made a part of the patient's permanent record. Prior to administration of the vaccination, diligence shall be exercised to determine whether the patient has already received the influenza vaccination for the year in question. This paragraph shall not prohibit a patient in a residential care facility, adult day care facility, or assisted living facility from receiving the immunization from his or her personal physician if he or she so chooses. A patient who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility.
II. All hospitals, residential care facilities, adult day care facilities, and assisted living facilities licensed under this chapter shall document evidence of immunization against pneumococcal disease, for all consenting patients in accordance with the current recommendations of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention with respect to indications such as age, timing, dosing, and administration. Immunization of all consenting patients shall be subject to exemptions for medical contraindications and religious beliefs. Subject to these exemptions, and in accordance with the guidelines of the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention, a consenting patient shall be vaccinated prior to discharge from the hospital or within 60 days of becoming a patient in a residential care facility, adult day care facility, or assisted living facility. Receipt of the vaccination shall be documented on the patient's chart and made a part of the patient's permanent record. Prior to administration of the vaccination, diligence shall be exercised to determine whether the patient has received the pneumococcal vaccination within the preceding 10 years. This paragraph shall not prohibit a patient in a residential care facility, adult day care facility, or assisted living facility from receiving the immunization from his or her personal physician if he or she so chooses. A patient who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility.
III. Each hospital, residential care facility, adult day care facility, and assisted living facility licensed under this chapter shall collect aggregate data regarding patient influenza and pneumococcal immunization and shall report that data to the department of health and human services on an annual basis, beginning July 1, 2005, for calendar year 2004 data. The data shall be limited to the number of patients within the age guidelines in the current

recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention receiving either or both the influenza vaccine and the pneumococcal vaccine.
IV. Before November 30 of each year, each hospital, residential care facility, adult day care facility, and assisted living facility licensed under this chapter shall provide to its consenting employees annual immunizations against influenza, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, subject to the availability of an adequate supply of the necessary vaccine, and subject to exemptions for medical contraindications and religious beliefs. Consenting employees beginning employment between October 1 and February 1 shall be provided with immunization against influenza prior to or upon reporting to work, subject to the availability of an adequate supply of the necessary vaccine, and subject to exemptions for medical contraindications and religious beliefs.
V. The commissioner of the department of health and human services shall adopt rules, pursuant to RSA 541-A, relative to the administration and documentation of immunizations required under this section.

Source. 2004, 66:1, eff. Jan. 1, 2005.

Section 151:10

151:10 Omitted. –

Section 151:11

151:11 Repealed by 1981, 460:15, IX, eff. July 1, 1981. –

Section 151:12

151:12 Interpretation. – This chapter shall not be construed in any way to restrict or modify any law pertaining to the placement and adoption of children or the care of unmarried mothers.

Source. 1947, 216:1, par. 12, eff. July 1, 1947.

Section 151:12-a

151:12-a Itemized Bills. –
I. Any provider of medical services, including physicians, facilities licensed under this chapter and nursing homes as defined in RSA 151-A:1, IV, who is to receive payment from a third party shall provide the person receiving such services and the third party with an itemized statement within 30 days of such service. The statement shall contain a list of services rendered, the dates on which such services were rendered and the costs of those services; provided, however, that a nonitemized bill may be rendered if it includes in large, easily readable print the following: "An itemized bill will be gladly submitted free of charge on request."
II. An infraction of the provisions of paragraph I shall be a violation punishable by a fine of not more than $25.

Source. 1983, 138:1, eff. Aug. 6, 1983.

Section 151:12-b

151:12-b Hospital Rates for Self-Pay Patients. – When billing self-pay patients for a service rendered, a hospital shall accept as payment in full an amount no greater than the amount generally billed and received by the hospital for that service for patients covered by health insurance. A hospital shall determine the amount generally billed to health carriers in a manner consistent with Section 9007 of the Patient Protection and Affordable Care Act of 2009. A hospital shall provide written notice to a self-pay patient in advance of providing a service and at the time the service is billed regarding the requirements under this section. For the purposes of this section "hospital" means an institution which is engaged in providing to patients, under supervision of physicians, diagnostic and therapeutic services for medical diagnosis, treatment, and care of

injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of such persons. The term "hospital" includes psychiatric and substance abuse treatment hospitals. In this section, "self-pay" means a patient seeking care at a hospital who does not have any form of insurance, including, but not limited to, health insurance, MedPay coverage, or any other liability coverage.

Source. 2010, 240:2, eff. July 1, 2010. 2012, 282:9, eff. June 30, 2015. 2016, 139:1, eff. July 26, 2016.

Section 151:13

151:13 Information Confidential. – Information received or created by the department of health and human services, through inspection or otherwise, authorized hereunder shall be confidential and shall not be disclosed publicly except in a proceeding involving the question of licensure or revocation of license pursuant to RSA 541-A. The department may disclose such information after it denies, suspends or revokes a license pursuant to RSA 151:7, II. The department shall report any information relative to acts which appear contrary to accepted professional practices to the appropriate professional licensing board.

Source. 1947, 216:1, par. 13. RSA 151:13. 1983, 274:6; 291:1, I. 1995, 310:175, 181, eff. Nov. 1, 1995. 2020, 39:67, eff. July 29, 2020.

Section 151:13-a

151:13-a Proceedings of Hospital Committees; Confidentiality. –

I. As used in this section "records" means records of interviews and all reports, statements, minutes, memoranda, charts, statistics, and other documentation generated during the activities of a quality assurance committee. Records shall not mean original hospital medical records or other records kept relative to any patient in the course of the business of operating a hospital.

II. Records of a hospital committee organized to evaluate matters relating to the care and treatment of patients or to reduce morbidity and mortality and testimony by hospital trustees, medical staff, employees, or other committee attendees relating to activities of the quality assurance committee shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:

(a) A judicial or administrative proceeding brought by a quality assurance committee to revoke or restrict the license, certification, or privileges of a physician or hospital staff member; or

(b) A proceeding alleging repetitive malicious action and personal injury brought against a physician or hospital staff member.

III. A hospital board of directors or trustees may waive its privilege under this section and release information or present committee records by discovery, subpoena, or admission into evidence in any judicial or administrative proceeding.

IV. No hospital, trustees, medical staff, employees, or other committee attendees shall be held liable in any action for damages or other relief arising from the providing of information to a hospital committee or in any judicial or administrative proceeding.

Source. 1981, 463:1. 2002, 221:1, eff. Jan. 1, 2003.

Section 151:13-b

151:13-b Proceedings of Home Health Care Provider Quality Assurance Program; Confidentiality. –
I. In this section:
(a) "Records" means records of interviews, internal review and investigations, and all reports, statements, minutes, memoranda, charts, statistics, and other documentation generated during the activities of a quality assurance program. "Records" shall not mean original medical records or other records kept relative to any patient in the course of business of operating as a home health care provider.
(b) "Quality assurance program" means a comprehensive, ongoing, and organization-wide system of mechanisms established by a home health care provider, as defined in RSA 151:2-b, for monitoring and evaluating the quality and appropriateness of the care provided to patients, so that important problems and trends in the delivery of care are identified and steps are taken to correct problems and to take advantage of opportunities to improve care.
II. Records of a quality assurance program, including those of its functional components and committees, as defined by the home health care provider's quality assurance plans, and testimony by persons participating in or appearing before the quality assurance program or its functional components or committees, relating to the activities of the quality assurance program shall be confidential and privileged and shall be protected from direct or indirect means of discovery, subpoena, or admission into evidence in any judicial or administrative proceeding. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because they were presented to a quality assurance program, and any person who supplies information or testifies as part of a quality assurance program, or who is a member of a quality assurance program committee, may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such program, or opinions formed by him or her, as a result of committee participation. Further, a program's records shall be discoverable in either of the following cases:
(a) A legal action brought by a home health care provider to revoke or restrict a staff member's license or certification; or
(b) A proceeding alleging repetitive malicious action and personal injury brought against a staff member.
III. The board of directors or trustees of a home health care provider may waive privileges under this section and release information or present records of the quality assurance program by discovery, subpoena, or admission into evidence in any judicial or administrative proceeding.
IV. No person or entity shall be held liable in any action for damages or other relief arising from their good faith participation in a quality assurance program, or from the providing of information to a quality assurance program or in any judicial or administrative proceeding.

Source. 1998, 93:1. 2002, 221:2, eff. Jan. 1, 2003.

Section 151:14

151:14 Report. – The department of health and human services shall prepare and publish a biennial report of its activities and operations hereunder and shall make such information available to the governor and council.

Source. 1947, 216:1, par. 14. RSA 151:14. 1973, 140:13. 1983, 291:1, I. 1995, 310:181, eff. Nov. 1, 1995.

Section 151:15

151:15 Repealed by 1981, 460:15, VIII, eff. July 1, 1981. –

Section 151:16

151:16 Penalties. – Any person, partnership, association, or corporation, including state or county or local governmental units or any division, department, board or agency thereof establishing, conducting, managing, or operating any facility within the meaning of this chapter, without first obtaining a license therefor as herein provided, or who shall violate any of the provisions of this chapter or regulations lawfully promulgated thereunder, shall be guilty of a violation if a natural person, or guilty of a misdemeanor if any other person, for

the first offense. For a subsequent offense, a person shall be guilty of a misdemeanor if a natural person, or guilty of a felony if any other person. Each day such facility shall operate after a first conviction shall be considered a subsequent offense.

Source. 1947, 216:1, par. 17. RSA 151:16. 1973, 528:71; 529:27. 1979, 399:9, eff. Aug. 22, 1979.

Section 151:16-a

151:16-a Administrative Fines. – The commissioner of the department of health and human services, after notice and hearing, pursuant to rules adopted under RSA 541-A, may impose an administrative fine not to exceed $2,000 for each offense upon any person who violates any provision of this chapter or rules adopted under this chapter. Rehearings and appeals from a decision of the commissioner shall be in accordance with RSA 541. Any administrative fine imposed under this section shall not preclude the imposition of further penalties or administrative actions under this chapter. The commissioner shall adopt rules in accordance with RSA 541-A relative to administrative fines which shall be scaled to reflect the scope and severity of the violation. The sums obtained from the levying of administrative fines under this chapter shall be forwarded to the state treasurer to be deposited into the general fund.

Source. 1991, 355:42. 1995, 310:182, 183, eff. Nov. 1, 1995.

Section 151:16-b

151:16-b Civil Fines. – All administrative fines and other civil monetary penalties collected by the department from facilities licensed under this chapter shall be kept by the state treasurer in a separate, non-lapsing, interest bearing account. Interest earned on moneys deposited in the account shall be deposited into the account. The moneys in the account shall be used by the department for the protection of the health and property of residents of facilities licensed under this chapter.

Source. 2010, Sp. Sess., 1:10, eff. July 1, 2010.

Section 151:16-c

151:16-c Health Care Provider Facilities; Disclosure of Employment Information; Immunity. – Any health care provider facility licensed under this chapter shall, when acting in good faith, disclose employment information regarding misconduct and competency about a health care worker upon request of a prospective or current employer. A health care provider facility and its directors and employees who provide information in accordance with this section shall be immune from civil liability for providing the information or for any consequences that result from the disclosure of the information unless it is alleged and proven that the information disclosed was false and disclosed with knowledge that such information was false.

Source. 2016, 284:1, eff. Jan. 1, 2017.

Section 151:17

151:17 Injunction. – The department of health and human services may, in accordance with the laws of the state governing injunctions and other process, maintain an action in the name of the state against any person, partnership, association, or corporation, or state, county or local governmental unit, or any division, department, board or agency thereof, for establishing, conducting, managing or operating any facility within the meaning of the chapter without first having a license therefor as herein provided. In charging any defendant in a complaint in such action, it shall be sufficient to charge that such defendant did, upon a certain day and in a certain county, establish, conduct, manage, or operate a facility without having a license to do so, without averring any further or more particular facts concerning the same.

Source. 1947, 216:1, par. 18. RSA 151:17. 1979, 399:10. 1983, 291:1, I. 1995, 310:181, eff. Nov. 1, 1995.

Section 151:18

151:18 Disposition of Fees. –

I. All fees received from licenses under the provisions of this chapter shall be kept by the state treasurer in a separate fund to be paid out to the department of health and human services for purposes of this chapter only.

II. Notwithstanding paragraph I, fees and any other funds collected for special health care service licenses pursuant to RSA 151:2-e shall be deposited in the general fund.

Source. 1947, 216:1, par. 19. RSA 151:18. 1983, 291:1, I. 1995, 310:181, eff. Nov. 1, 1995. 2016, 198:4, eff. July 1, 2016.

Patients' Bill of Rights

Section 151:19

151:19 Definitions. –

As used in this subdivision:

I. "Commissioner" means the commissioner of the department of health and human services.

I-a. "Discharge" means movement of a patient from a facility to a non-institutional setting or the termination of services by a home health care provider when the discharging facility or home health care provider ceases to be legally responsible for the care of the patient.

II. "Facility" means any hospital, building, residence, or other place or part thereof, licensed under the provisions of RSA 151:2. For the purposes of RSA 151:21, RSA 151:25, and RSA 151:26, "facility" shall not include home health care providers, or private homes where home care services are provided.

III. [Repealed.]

IV. [Repealed.]

V. "Patient's personal representative" means a person, other than the licensee of, an employee of, or a person having a direct or indirect ownership interest in, a facility, who is designated in writing by a patient or patient's legal guardian for a specific, limited purpose or for the general purpose of assisting the patient in the exercise of any rights.

VI. "Patients' rights" or "rights" means those rights established under RSA 151:21 or RSA 151:21-b, as applicable.

VII. "Transfer" means movement of a patient from one facility to another facility when the legal responsibility for the care of the patient changes from the transferring to the receiving facility. Transfer shall not include the temporary movement of a patient from a facility to a hospital or other location for emergency medical treatment, as long as the facility is in compliance with RSA 151:25. In the event a facility refuses to readmit a patient in accordance with RSA 151:25 following a therapeutic leave, a transfer shall be deemed to have occurred when the decision not to readmit is made. Transfer shall not include movement of a client from a home care to an institutional setting or the shifting of service provision from one home health care provider to another.

Source. 1981, 453:1. 1983, 274:7, 10, 12. 1993, 243:1. 1995, 310:102. 2001, 111:1, 2, 5, eff. Aug. 25, 2001. 2013, 265:1, 2, eff. Jan. 1, 2014.

Section 151:20

151:20 Facility Policy and Procedures. –

I. A facility shall adopt a policy setting forth the rights and responsibilities of patients admitted to the facility. Patients shall be treated in accordance with the policy. A written copy of the policy shall be posted at a public place in the facility and provided to each member of the staff who shall be trained and involved in the implementation of the policy. Upon admission the facility shall provide each patient with a copy of the policy and obtain written confirmation that the patient has received the copy and is aware of its contents.

II. A facility shall establish written procedures to implement its policy to guarantee the patients' rights and shall include procedures for the investigation and resolution of complaints made by or on behalf of patients, families of patients or staff. The policy and procedures shall be clear and unambiguous and a written copy shall be available for inspection by anyone. A copy shall be distributed to each patient and each patient's personal representative under RSA 151:22 and shall be available upon request and at cost to anyone.
III. If a patient cannot read the policy and procedures they shall be read to the patient in a language the patient understands. The facility shall make all reasonable efforts to explain the policy and procedures so that a patient with a developmental or intellectual disability may understand and shall have the explanation witnessed by a third person. For a minor or a patient with a legal guardian, both the patient and the parent or legal guardian shall be fully informed of the policy and procedures.

Source. 1981, 453:1. 1983, 274:8, 10. 1997, 331:2, eff. Aug. 22, 1997. 2008, 52:4, eff. July 11, 2008.

Section 151:21

151:21 Patients' Bill of Rights. –
The policy describing the rights and responsibilities of each patient admitted to a facility, except those admitted by a home health care provider, shall include, as a minimum, the following:
I. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
II. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
III. The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by medicare or medicaid shall also be included in this disclosure.
IV. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
V. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for medicaid as a source of payment.
VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
VII. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
IX. The patient shall be free from chemical and physical restraints except when they are authorized in writing by

a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.

X. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed $15 for the first 30 pages or $.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.

XI. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.

XII. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.

XIII. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.

XIV. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.

XV. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.

XVI. The patient shall not be denied appropriate care on the basis of age, sex, gender identity, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.

XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.

XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.

XIX. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.

XX. The patient shall not be denied admission to the facility based on medicaid as a source of payment when there is an available space in the facility.

XXI. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

Source. 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108:6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001. 2009, 252:1, eff. Sept. 14, 2009. 2013, 265:3, eff. Jan. 1, 2014. 2019, 332:6, eff. Oct. 15, 2019. 2020, 39:61, 62, eff. Jan. 1, 2021.

Section 151:21-a

151:21-a Repealed by 1992, 78:2, eff. June 19, 1992. –

Section 151:21-b

151:21-b Home Care Clients' Bill of Rights. –

I. Home health care providers shall provide each client or client's legal representative with a written copy of the rights and responsibilities listed in paragraphs II and III of this section in advance of or during the initial evaluation visit and before initiation of care. These rights apply only to the services delivered by or on behalf of the home health care provider. If a client cannot read the statement of rights it shall be read to the client in a language such client understands. For a minor or a client needing assistance in understanding these rights, both the client and the client's legal representative shall be fully informed of these rights.

II. The statement of rights shall state that at a minimum the client has a right to:

(a) Be treated with consideration, respect, and full recognition of the client's dignity and individuality, including privacy in treatment and personal care and respect for personal property and including being informed of the name, licensure status, and staff position and employer of all persons with whom the client/resident has contact, pursuant to RSA 151:3-b.

(b) Receive appropriate and professional care without discrimination based on race, color, national origin, religion, sex, gender identity, disability, or age, nor shall any such care be denied on account of the patient's sexual orientation.

(c) Participate in the development and periodic revision of the plan of care, and to be informed in advance of any changes to the plan or intent to discharge except as provided in RSA 151:26-a, III.

(d) Be informed that care is evaluated through the provider's quality assurance program.

(e) Refuse treatment within the confines of the law and to be informed of the consequences of such action, and to be involved in experimental research only upon the client's voluntary written consent.

(f) Voice grievances and suggest changes in service or staff without fear of restraint, discrimination, or reprisal.

(g) Be free from emotional, psychological, sexual, and physical abuse and from exploitation by the home health care provider.

(h) Be free from chemical and physical restraints except as authorized in writing by a physician.

(i) Be ensured of confidential treatment of all information contained in the client's personal and clinical record, including the requirement of the client's written consent to release such information to anyone not otherwise authorized by law to receive it. Medical information contained in the client's record shall be deemed to be the client's property and the client has the right to a copy of such records upon request and at a reasonable cost.

(j) Be informed in advance of the charges for services, including payment for care expected from third parties and any charges the client will be expected to pay.

III. The provider has the right to expect the client or the client's legal representative will:

(a) Give accurate and complete health information.

(b) Create and maintain an environment that is safe and free from sexual or other forms of harassment by the client or others in the home. For the purposes of this subparagraph, an environment is unsafe if conditions in and around the home imminently threaten the safety of the home health care provider personnel or jeopardize the home health care provider's ability to provide care.

(c) Participate in developing and following the plan of care.

(d) Request information about anything that is not understood, and express concerns regarding services provided.

(e) Inform the provider when unable to keep an appointment for a home care visit.

(f) Inform the provider of the existence of, and any changes made to, advance directives.

IV. Nothing in this section shall be construed to apply to any visiting nurse service or home aid service conducted exclusively by and for the adherents of any church or religious denomination the tenets and practices of which include reliance solely upon spiritual treatment through prayer in lieu of medical treatment.

V. Home health care providers shall not be subject to the provisions of RSA 151:21.

Source. 1993, 243:2. 1997, 108:7. 1998, 199:3, eff. Jan. 1, 1999. 2013, 265:4-7, eff. Jan. 1, 2014. 2019, 332:7, eff. Oct. 15, 2019.

Section 151:22

151:22 Patient's Personal Representative. – The patient's personal representative may assist the patient in the exercise of any rights under this subdivision.

Source. 1981, 453:1, eff. Aug. 22, 1981.

Section 151:23

151:23 Retaliation Prohibited. – An owner, administrator, employee, or representative of a facility shall not discharge or harass, or retaliate or discriminate against a patient because the patient has exercised a right protected under this subdivision.

Source. 1981, 453:1. 1983, 274:10, eff. Aug. 17, 1983.

Section 151:24

151:24 Patients' Trust Fund. –

I. A facility shall not accept personal funds and possessions from or on behalf of a patient for safekeeping and management, except when the facility receives written authorization from the patient or a personal representative.

II. Upon acceptance of personal funds and possessions, a facility shall do one of the following:

(a) Establish an account separate from the facility's funds, to be used as a petty cash fund for the patient's personal needs and deposit in such account on a monthly basis from the net income of the patient the amount specified in RSA 167:27-a; or

(b) Give a bond with the surety approved by the commissioner. The bond shall be in an amount equal to a minimum of 11/4 times the average balance of patient funds held during the previous year. The commissioner may require an additional bond or permit the filing of a bond in a lower amount if the commissioner determines that a change in the average balance has occurred or may occur.

III. A written receipt shall be given to a patient or a personal representative of the patient when personal funds and possessions are received by a facility. The facility shall furnish the patient or a personal representative of the patient with a quarterly statement of the funds and possessions; except that the New Hampshire hospital shall furnish a quarterly statement only upon request made by the patient or the personal representative of the patient. The statement shall contain the items and amounts received, the sources, the disposition, and the date of each transaction. Upon the discharge of a patient, the facility shall furnish the patient or a personal representative with a final statement and return all personal funds and possessions not later than 10 days after discharge. Upon the death of a patient, the facility shall furnish the executor, administrator, or voluntary administrator, upon proof of appointment, all personal funds and possessions of the deceased patient.

Source. 1981, 453:1. 1983, 274:10. 1986, 183:2. 1995, 310:183. 1997, 331:9, 10, eff. Aug. 22, 1997. 2014, 315:1, eff. July 1, 2014.

Section 151:25

151:25 Temporary Absence. –

I. When a patient leaves a facility for emergency medical treatment the facility shall hold the bed open for the patient for 10 calendar days, if there is a reasonable expectation that the patient will return within 10 days and if the facility receives payment for the period of absence, provided that no town, city, county, or state funds shall be used for such payment. Temporary absences for therapeutic reasons shall be limited to 10 days a year.

II. When a patient's absence is longer than 10 days, or the facility has not received payment for the period of absence, the patient shall have the option to return to the facility for the next available bed.

III. This section shall not apply to home health care providers.

Source. 1981, 453:1. 1983, 274:10. 2001, 111:3, eff. Aug. 25, 2001. 2013, 265:8, eff. Jan. 1, 2014.

Section 151:25-a

151:25-a Nursing Home Facility Statement Required. –
Any nursing home licensed under this chapter, which offers medical services shall provide a written statement setting forth the following to prospective clients:
I. A specific description of the medical services offered on site.
II. The rates charged by the nursing home and what is included in the rates.
III. The client's rights in the event of a temporary absence from the nursing home facility, in accordance with RSA 151:25, and the client's rights in the event of a proposed transfer or discharge from the facility, in accordance with RSA 151:26.
IV. The circumstances under which a discharge or transfer to another facility may occur, including situations in which the client's needs would exceed what the nursing home could provide, and the responsibility of the nursing home in transitioning the client to another location.
V. A statement affirming that the prospective client has received the nursing home disclosure statement in accordance with this section, that the client has read it or it has been read to the client, and that the client understands its contents.
VI. Any other disclosures or information required by this chapter, if applicable, and any other provisions of state or federal law.

Source. 2006, 239:1, eff. July 31, 2006.

Section 151:26

151:26 Transfer or Discharge of Patients. –
I. A facility subject to RSA 151:21 shall not transfer or discharge a patient except for those reasons listed under RSA 151:21, V.
II. (a) Transfer or discharge of a patient from a facility subject to RSA 151:21 shall in all instances be preceded by written notice which shall contain the following:
(1) The reason for the proposed transfer or discharge;
(2) The effective date of the proposed transfer or discharge;
(3) The location to which the patient is transferred or discharged;
(4) The name, address and telephone number of the long-term care ombudsman, established under RSA 161-F:10, and the name, address, and telephone number of the federally-designated protection and advocacy agency for individuals with disabilities;
(5) A statement which shall read: "You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may file an appeal in superior or probate court." If the patient is in a skilled nursing facility or nursing facility certified under Title XVIII or Title XIX of the Social Security Act, the statement shall inform the patient of his or her right to request an administrative hearing before the department of health and human services.
Except as specified in paragraph II(b) of this section, written notice of transfer or discharge shall be given at least 30 days before the resident is transferred or discharged. A copy of the notice shall be placed in the patient's clinical record and a copy shall be transmitted to the patient, the patient's personal representative, legal guardian, the long-term care ombudsman, established under RSA 161-F:10, and the federally-designated protection and advocacy agency for individuals with disabilities.
(b) Written notice as specified in subparagraph II(a) shall be given as soon as practicable before transfer or discharge in the following circumstances:
(1) If an emergency transfer or discharge is mandated by the patient's health care needs and is in accord with the written orders and medical justification of the patient's physician or advanced practice registered nurse (APRN);
(2) If the transfer or discharge is mandated by the health or safety of other individuals in the facility, as documented in the patient's clinical record upon consultation with the patient's physician or advanced practice registered nurse (APRN);
(3) If the patient's health has improved sufficiently so the patient no longer needs the services provided by the facility, as documented in the patient's clinical record by the patient's physician or advanced practice registered nurse (APRN); or
(4) If the patient has resided in the facility for less than 30 days.
(c) The basis for the transfer or discharge shall be documented in the patient's clinical record. The facility shall

consult with the patient's physician or advanced practice registered nurse prior to transferring or discharging the patient for medical reasons or for the patient's welfare or that of other patients. The documentation of the basis for the transfer or discharge shall be made by:
(1) The patient's physician or advanced practice registered nurse (APRN) if the transfer or discharge is necessary because the patient's needs cannot be met in the facility;
(2) The patient's physician or advanced practice registered nurse (APRN) if the transfer or discharge is appropriate because the patient's health has improved sufficiently so the patient no longer needs the services provided by the facility;
(3) A physician or advanced practice registered nurse (APRN) if the health of individuals in the facility would be endangered.
III. Transfer or discharge of a patient of a skilled nursing facility or nursing facility certified under Title XVIII or Title XIX of the Social Security Act shall take into account any additional rights and safeguards prescribed by the commissioner of the department of health and human services and the secretary of the United States Department of Health and Human Services.
IV. Upon notice, a patient may petition the superior or probate court to enjoin the facility's decision to transfer or discharge. This petition shall stay any transfer or discharge pending a decision.
V. For the purposes of this section, "transfer" or "discharge" shall not include transfers or discharges initiated at the request of the patient or his or her legal guardian, except that transfer or discharge of a resident from a nursing home certified under federal law even if initiated at the request of the resident or his or her legal guardian shall be subject to all federal notice requirements.
VI. If the patient or his or her legal guardian wishes to have the patient relocate to another facility or place, the patient shall be relocated according to the patient's or legal guardian's wishes; provided, that the patient or legal guardian gives written notice of such relocation to the facility.

Source. 1981, 453:1. 1983, 274:10; 291:1, II. 1991, 365:12-14. 1993, 81:1. 1995, 310:182. 2001, 111:4, eff. Aug. 25, 2001. 2006, 153:2, 3, eff. July 21, 2006. 2009, 54:4, 5, eff. July 21, 2009. 2013, 265:9, eff. Jan. 1, 2014.

Section 151:26-a

151:26-a Discharge of Home Health Care Clients. –
I. Except as provided in paragraph IV, a home health care provider shall provide a minimum of 14 days notice of the intent to discharge a client.
II. Written notice of discharge shall be provided to the client or the client's legal representative and included in the client's clinical record. A copy of the notice of discharge shall be provided to the ordering physician or authorizing health care provider, if any, and the case manager, if any. At a minimum, the notice shall include the following:
(a) The reason for the discharge.
(b) The effective date of the discharge.
(c) The identity of and contact information for the service provider, if any, who is or will be taking on the care of the client.
(d) The steps the client should take to reinstate services, if any.
(e) The telephone number and contact information for the state and federal home health care regulatory agency.
(f) The following statement in bold type: "You have a right to appeal the decision to discharge you from home health care services. If you think you should not be discharged, you or your legal representative may request an expedited administrative hearing from the New Hampshire Department of Health and Human Services or you may file an appeal in superior or probate court. You also may register a complaint with the state and federal home health care regulatory agencies. If you have a legal representative that person may act on your behalf."
III. (a) A home health care provider may discharge a client if the client's needs can no longer be met by the home health care provider, if one or more of the following applies:
(1)(A) The client or the client's legal representative, the client's family, persons residing with the client, or the client's informal supports are non-compliant with or interfere with implementation of the plan of care and the scope and effect of the non-compliance or interference:
(i) Has led to or will lead to an immediate deterioration in the client's condition, such that home health care will no longer be safe or appropriate; or

(ii) Has made attainment of reasonable therapeutic goals at home impossible.
(B) In addition, the likely outcome of the non-compliance or interference has been explained to the client or the client's legal representative, to the client's informal supports, and to the case manager, if applicable, and the client continues to refuse to comply with, or others continue to interfere with, the implementation of the plan of care.
(2) The availability of home health care or community support services is no longer sufficient to meet the client's changing care needs.
(3) The home health care provider personnel with the required qualifications who were providing the client's care are no longer employed by the home health care provider and no other qualified personnel is or is expected to be available.
(b) The home health care provider shall make reasonable attempts, prior to discharge, to resolve the circumstances that may lead to a discharge under this paragraph. When a home health care provider determines that a client will require continuing care after services are discontinued pursuant to this paragraph, the home health care provider shall arrange for or assist the client to arrange for such services, to the extent practicable, and shall provide sufficient clinical information to the receiving entity to assure continuity of care and services. The home health care provider shall educate the patient on how to obtain further care, treatment, and services to meet his or her identified needs, as necessary.
IV. (a) A home health care provider may provide notice of discharge to a client in less than 14 days if:
(1) The client requests services be discontinued or the client moves out of the service area.
(2) An emergency discharge is mandated by the client's health care needs and is in accordance with written orders of the client's ordering physician or authorizing health care provider, if any.
(3) The client no longer needs the services provided by the home health care provider, as confirmed by the client's ordering physician, authorizing health care provider, or case manager, as appropriate.
(4) Conditions in or around the home imminently threaten the safety of the home health care provider personnel or jeopardize the home health care provider's ability to provide care, in accordance with paragraph V.
(5) The client, the client's government payor, or the client's third-party payor ceases payment or denies authorization for further care and the client is unable or unwilling to pay for continued services or unwilling to apply for other available resources.
(b) No discharge shall be permitted if it is contrary to RSA 151:21-b or to the requirements of Titles XVIII or XIX of the Social Security Act, as applicable. The provider shall give notice of the discharge allowed under this paragraph, as soon as practicable.
V. Conditions in or around the home imminently threaten the safety of the home health care provider personnel or jeopardize the home health care provider's ability to provide care in the following situations:
(a) Conditions are known to exist in or around the home that would imminently threaten the safety of personnel, including but not limited to:
(1) Actual or probable physical assault.
(2) Continuing severe verbal threats which the individual making the threats has the ability to carry out and which create a reasonable concern for personal safety.
(3) Other circumstances that are likely to cause serious injury.
(b) The home health care provider has valid reason to believe that its personnel will be subjected to continuing and severe verbal abuse or sexual harassment, as defined in RSA 354-A:7, V, which will jeopardize the home health care provider's ability to secure sufficient personnel resources or to provide care that meets the needs of the client.
VI. A home health care provider that intends to discharge a client shall:
(a) Prepare a discharge plan designed to ensure a timely and safe discharge in consultation with the client or the client's legal representative, the client's ordering physician or other authorizing health care provider, if any, and any other professional involved in the plan of care, such as a case manager.
(b) In the event of an immediate discharge:
(1) Take appropriate measures to ensure client safety, including immediate notification of the client or the client's legal representative, the client's physician or other authorizing health care provider, if any, and other agencies known by the home health care provider to be involved in the provision of home health care services, including a case manager.
(2) If appropriate, make a report to adult protective services, in accordance with RSA 161-F, or to child protective services, in accordance with RSA 169-C, or to law enforcement authorities indicating the client's

ongoing care needs and the reason for discharge.
(3) Provide written notification in accordance with paragraph II within 5 calendar days of the discharge.
VII. (a) A client of a home health care provider subject to discharge under this section may appeal to the department of health and human services or to the superior or probate court.
(b) The commissioner of the department of health and human services shall adopt rules, pursuant to RSA 541-A, relative to the proper conduct of administrative appeals under this paragraph.

Source. 2013, 265:10, eff. Jan. 1, 2014.

Section 151:27

151:27 Abuse of Facility Patients. –
I. A facility licensee, administrator, or employee shall not willfully physically or mentally abuse, mistreat, or harmfully neglect or deprive a patient.
II. The attorney general shall be responsible for the investigation and prosecution of patient abuse or neglect in any health care facility, whether licensed or unlicensed.
III. Any person who violates the provisions of paragraph I of this section shall be guilty of a misdemeanor for the first offense or guilty of a class B felony if serious bodily injury results. For a subsequent offense, a natural person shall be guilty of a class B felony or guilty of a class A felony if serious bodily injury results, or guilty of a felony if any other person.
IV. Any facility licensee or administrator who shall evict, harass, dismiss, or retaliate against a patient, a patient's personal representative, or an employee, as a consequence of such person's filing of a report under this section, shall be guilty of a misdemeanor.

Source. 1981, 453:1. 1983, 274:10. 1987, 207:4, eff. July 1, 1987.

Section 151:28

151:28 Access of Approved Organizations. –
I. The office of ombudsman, established under RSA 167-A:22, shall approve the application of an organization seeking designation as an organization authorized for access to facilities and their patients if the organization is a bona fide community organization which has, as a substantial portion of its activities, the provision of one or more of the services listed in paragraph II and which is likely to utilize the access provided to enhance the welfare of facility patients, or if the organization is a legal aid program. The office of the ombudsman shall approve or disapprove the organization's application within 30 days after receipt.
II. A facility shall permit a representative of an approved organization, who carries proper identification access to facility patients to:
(a) Visit, talk with, and make personal, social, and legal services available to the patients;
(b) Inform patients of their rights and entitlements and corresponding obligations under federal and state law by distribution of educational materials and discussion in groups and with individual patients;
(c) Assist patients in asserting their legal rights relative to claims for public assistance, medical assistance, and social services benefits and in all matters in which patients might have a legal claim. Assistance may be provided individually or on a group basis and may include organizational activity, counseling, and litigation assistance; and
(d) Engage in other methods of assisting, advising, and representing patients to extend to them the full enjoyment of their rights.
III. Access shall be permitted during regular visiting hours each day. A representative shall not enter a patient's living area without identifying himself or herself to the patient and without receiving the patient's permission to enter. A representative shall use only patient areas of the facility for these purposes.
IV. Patients shall have the right to terminate a visit by a representative. Communication between a patient and the representative shall be confidential unless the patient authorizes the release of information.
V. If a facility believes that an individual or organization provided access is acting or has acted in a manner detrimental to the health or safety of patients, the facility may file a complaint with the office of ombudsman. Upon receipt of a complaint the office shall make an investigation and findings regarding the complaint and

shall notify, in writing, the facility and individual or organization against whom the complaint was made of its findings. Any person aggrieved by the decision of the office of ombudsman may appeal the decision under RSA 541.

Source. 1981, 453:1. 1983, 274:10, eff. Aug. 17, 1983.

Section 151:29

151:29 Posting Requirement. –
A facility licensee shall conspicuously post in an area of its offices accessible to patients, employees, and visitors the following:
I. A description of complaint procedures established under this subdivision, provided by the commissioner, and the name, address, and telephone number of a person authorized by the commissioner to receive complaints;
II. A copy of the notice of any pending hearing or order pertaining to the facility issued by the commissioner or a court under the authority of this subdivision or rules adopted by the commissioner of the department of health and human services.

Source. 1981, 453:1. 1983, 274:10. 1995, 310:182, 183, eff. Nov. 1, 1995.

Section 151:30

151:30 Equitable and Other Relief. –
I. Any person aggrieved by a facility's failure to abide by the provisions of this subdivision may seek equitable relief from the superior court, which shall have original jurisdiction over all proceedings under this subdivision.
II. Damages shall be assessed in a proceeding against a facility which violates this subdivision and the facility shall be liable for the sum of $50 for each violation per day or part of a day or for all damages proximately caused by the violations, whichever is greater. If a facility is found to be in contempt of a court order issued under this section the facility shall be liable for the plaintiff's reasonable attorney fees and costs.
III. Violations of this subdivision may be raised in any other proceedings for damages and by way of counterclaim, setoff, or recoupment.

Source. 1981, 453:1. 1983, 274:10, eff. Aug. 17, 1983.

Hospitals and Physician Hospital Organizations

Section 151:31

151:31 Disclosure of Information; Hospitals and Physician Hospital Organizations. –
I. (a) Hospitals shall make an annual report, beginning on November 1, 2000, to the attorney general including the following information:
(1) The hospital's financial relationships with physician hospital organizations.
(2) Number and type of providers employed by the hospital, and any affiliates, as defined in RSA 541-C:2, II, and contracting with or through physician hospital organizations.
(3) Frequency of contract negotiations with providers and physician hospital organizations.
(4) The number of primary care physicians and specialty care physicians, by specialty, that are employed by each hospital or affiliate.
(5) The number of primary care physicians and specialty care physicians, by specialty, that are members of the hospital's active medical staff.
(6) An organizational chart showing the corporate structure of the hospital and any affiliates including a description of the type of services provided by each entity.
(7) A list of physician practices that are owned by the hospital and its affiliates, or which contract with the hospital and any affiliates for the provision of professional services.
(8) A copy of the policy adopted by the hospital, and any affiliates, requiring physicians employed by such

hospital to notify their patients when they are referring a patient for professional services to be provided by a physician employed by the same hospital or affiliate. The policy shall also expressly state that no physician employed by the hospital or any affiliate is required or in any way obligated to refer patients to physicians also employed or under contract with the hospital or any affiliate.
(b) For the purposes of this section "hospital" means an institution which is engaged in providing to patients, under supervision of physicians, diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of such persons. The term "hospital" includes psychiatric and substance abuse treatment hospitals.
II. The attorney general may review contracts resulting from the relationships set forth under paragraph I.
III. The attorney general may disclose all information required under this subdivision to the commissioner of the department of insurance, the commissioner of the department of health and human services, and any state or federal law enforcement agency.
IV. Subject to the provisions of paragraph V, the attorney general shall make an annual report disclosing all information required under this subdivision to the speaker of the house of representatives, the president of the senate, and the chairs of the respective committees of the house and senate that have jurisdiction on commerce and health issues.
V. The annual report required under paragraph I shall be a public record pursuant to RSA 91-A:4. The attorney general may, at the request of a submitting party, deem information contained in the annual report or records submitted with the annual report, to be confidential, commercial or financial information which is exempt from public disclosure pursuant to RSA 91-A:5, IV.
VI. Notwithstanding paragraph I(b) of this section, nothing in this section shall require a hospital to furnish information with respect to another hospital that is also required to report under this section.

Source. 2000, 184:1. 2002, 240:1, eff. July 16, 2002. 2012, 282:10, eff. June 30, 2015.

Reporting of Health Care Associated Infections

Section 151:32

151:32 Definitions. –
In this subdivision:
I. "Commissioner" means the commissioner of the department of health and human services.
II. "Department" means the department of health and human services.
III. "Infection" means any localized or systemic patient condition that resulted from the presence of an infectious agent or agents, or its toxin or toxins as determined by clinical examination.

Source. 2006, 292:1, eff. July 1, 2007.

Section 151:33

151:33 Hospitals, End-Stage Renal Dialysis Centers, Nursing and Other Residential Care Facilities, New Hampshire Veterans' Home, Assisted Living Residences, and Ambulatory Surgical Facilities Required to Report. –
I. Any hospital licensed pursuant to this chapter shall maintain a program capable of identifying and tracking infections for the purpose of reporting under this section. Such program shall have the capacity to identify the following elements:
(a) The specific infectious agents or toxins and site of each infection;
(b) The clinical department or unit within the facility where the patient first became infected or was first diagnosed; and
(c) The patient's diagnoses at time of admission and any relevant specific surgical, medical, or diagnostic procedure performed during the current admission.
II. (a) Hospitals shall initially identify, track, and report infections to include:
(1) Central line related bloodstream infections;

(2) Catheter associated urinary tract infections; and
(3) Surgical wound infections.
(b) Hospitals shall also initially identify, track, and report process measures including coverage rates of influenza vaccination for health care personnel and patients/residents.
II-a. Any ambulatory surgical facility licensed pursuant to this chapter shall maintain a program capable of identifying and tracing infections for the purpose of reporting under this section. Such program shall have the capacity to identify the following elements:
(a) Surgical wound infections.
(b) Surgical antimicrobial prophylaxis.
(c) Coverage rates of influenza vaccination for health care personnel.
II-b. Any end-stage renal dialysis center licensed pursuant to this chapter shall maintain a program capable of identifying and tracking infections for the purpose of reporting under this section. Such program shall have the capacity to identify the following elements:
(a) Positive blood culture.
(b) Vascular access site infection.
(c) Intravenous antimicrobial start time.
(d) Coverage rates of influenza vaccination for health care personnel.
II-c. Any nursing and residential care facility licensed pursuant to this chapter, the New Hampshire veterans' home established under RSA 119:1, or any assisted living residence licensed under RSA 161-J shall maintain a program capable of identifying and tracking the coverage rates of influenza vaccination for health care personnel. Nothing in this section shall be construed to mandate or require influenza vaccination for health care personnel or patients/residents.
III. Subsequent to the initial requirements identified in paragraphs II, II-a, or II-b, the department shall, from time to time, require the tracking and reporting of other types of infections and measures when reporting protocols are identified by the department, that occur in hospitals, end-stage renal dialysis centers, and ambulatory surgical facilities in consultation with technical advisors, which shall include the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program, and the National Quality Forum, who are regionally or nationally-recognized experts in the prevention, identification, and control of health care associated infections and the reporting of performance data. All required tracking and reporting of other types of infections and measures shall be consistent with the requirements supported by the CDC, CMS Hospital Inpatient Quality Reporting Program, or the National Quality Forum.
IV. The commissioner of the department shall adopt rules, pursuant to RSA 541-A, for hospital, end-stage renal dialysis center, nursing and residential care facility, the New Hampshire veterans' home, assisted living residence, and ambulatory surgical facility identification, tracking, and reporting of infections, measures, and/or coverage rates of influenza vaccinations as required in this section which shall be consistent with the recommendations of recognized centers of expertise in the identification and prevention of infections including, but not limited to the National Healthcare Safety Network and the Healthcare Infection Control Practices Advisory Committee of the Centers for Disease Control and Prevention or its successor, The Joint Commission, the Centers for Medicare and Medicaid Services, the Hospital Quality Alliance, the National Quality Forum, and the New Hampshire health care quality and safety commission under RSA 151-G.
V. Each hospital, end-stage renal dialysis center, nursing and residential care facility, the New Hampshire veterans' home, assisted living residence, and ambulatory surgical facility shall regularly report to the department hospital, end-stage renal dialysis center, nursing and residential care facility, the New Hampshire veterans' home, assisted living residence, and ambulatory surgical facility acquired infections and the infection data it has collected and/or coverage rates of influenza vaccinations as required in this section. Such reporting shall be done in the manner directed by the department in accordance with rules adopted pursuant to RSA 541-A. The commissioner shall establish data collection and analytical methodologies that meet accepted standards for validity and reliability. In no case shall the frequency of reporting be required to be more frequently than once every 3 months, and reports shall be submitted not more than 60 days after the close of the reporting period.

Source. 2006, 292:1, eff. July 1, 2007. 2009, 225:1, eff. Jan. 1, 2010. 2010, 77:2-4, eff. July 1, 2011. 2016, 192:1, eff. Aug. 2, 2016. 2021, 79:1, 2, eff. Aug. 17, 2021.

Section 151:34

151:34 Statewide Database Required. –

I. The department shall maintain a statewide database of all reported infection information and/or coverage rates of influenza vaccinations as required in RSA 151:33 for the purpose of monitoring quality improvement and infection control activities in hospitals, end-stage renal dialysis centers, nursing and other residential care facilities, the New Hampshire veterans' home, assisted living residences, and ambulatory surgical facilities. The database shall be organized so that consumers, hospitals, end-stage renal dialysis centers, nursing and other residential care facilities, the New Hampshire veterans' home, assisted living residences, ambulatory surgical facilities, health care professionals, purchasers, and payers may compare individual hospital, end-stage renal dialysis center, nursing and other residential care facility, the New Hampshire veterans' home, assisted living residence, and ambulatory surgical facility experience with that of other individual hospitals, end-stage renal dialysis centers, nursing and other residential care facilities, the New Hampshire veterans' home, assisted living residences, and ambulatory surgical facilities as well as regional and statewide averages and, where available, national data.

II. (a) Subject to subparagraph (b), on or before August 1 of each year, provided that the data collection and analytical methodologies meet accepted standards for validity and reliability, the commissioner shall report on the department's web site infection rates for each reporting hospital, end-stage renal dialysis center, nursing and other residential care facility, the New Hampshire veterans' home, assisted living facility, and ambulatory surgical facility, an analysis of trends in the prevention and control of infection rates and coverage rates of influenza vaccinations as required in RSA 151:33 in hospitals, end-stage renal dialysis centers, nursing and other residential care facilities, the New Hampshire veterans' home, assisted living residences, and ambulatory surgical facilities across the state, regional and, if available, national comparisons for the purpose of comparing individual hospital, end-stage renal dialysis center, nursing and other residential care facility, the New Hampshire veterans' home, assisted living facility, and ambulatory surgical facility performance, and a narrative describing lessons for safety and quality improvement that can be learned from leadership hospitals and programs.

(b) The department shall maintain an infection reporting system capable of receiving electronically transmitted reports from hospitals, end-stage renal dialysis centers, nursing and other residential care facilities, the New Hampshire veterans' home, assisted living residences, and ambulatory surgical facilities. End-stage renal dialysis centers, nursing and other residential care facilities, the New Hampshire veterans' home, and assisted living residences shall begin to submit reports as required by this section within 6 months of the effective date of this section.

III. To assure the accuracy of the self-reported hospital, end-stage renal dialysis center, and ambulatory surgical facility infection data and to assure that public reporting fairly reflects what actually is occurring in each hospital, end-stage renal dialysis center, and ambulatory surgical facility, the department shall validate the results and the methodology used to collect and analyze the data. If the commissioner concludes that he or she is unable to adequately validate the data, the commissioner shall notify the oversight committee on health and human services of that fact and the reasons therefor and, in that case, the commissioner shall not be required to include hospital, end-stage renal dialysis center, nursing and other residential care facility, the New Hampshire veterans' home, assisted living residence, and ambulatory surgical facility identifiers in the information released to the public.

IV. In addition to the department's reporting responsibilities under this section, the department shall beginning in 2012 make a biennial report to the oversight committee on health and human services and the house and senate ways and means committees on or before August 1, regarding the health care associated infections program costs, the amount of federal funding received for the program, and the amount of fees paid by hospitals, end-stage renal dialysis centers, and ambulatory surgical centers to support the program.

Source. 2006, 292:1, eff. July 1, 2007. 2010, 77:5, eff. July 1, 2011. 2012, 117:2, 5, eff. July 1, 2012. 2016, 192:1, eff. Aug. 2, 2016.

Section 151:35

151:35 Limitation. – Notwithstanding any provision of law to the contrary, hospitals, end-stage renal dialysis centers, nursing and other residential care facilities, the New Hampshire veterans' home, assisted living residences, or ambulatory surgical facilities may provide, and the department may collect under this subdivision, any data or patient identifiers as set forth in the protocols and specifications published and periodically amended by the National Healthcare Safety Network; provided that an individual patient's name, street address, city or town, telephone number, and social security number shall not be included in any data collected.

Source. 2006, 292:1, eff. July 1, 2007. 2010, 77:5, eff. July 1, 2011. 2014, 8:1, eff. May 14, 2014. 2016, 192:1, eff. Aug. 2, 2016.

Section 151:36

151:36 Payment by Hospitals, End-Stage Renal Dialysis Centers, and Ambulatory Surgical Centers. –
I. The department shall assess a fee to hospitals, end-stage renal dialysis centers, and ambulatory surgical centers that are required to report under RSA 151:33 to support the program's approved operating budget.
(a) The hospitals' portion shall be proportional to the number of measures reported by all hospitals in the state.
(b) The ambulatory surgical centers' portion shall be proportional to the total number of measures reported by ambulatory surgical centers in the state.
(c) The end-stage renal dialysis centers' portion shall be proportional to the total number of measures reported by end-stage renal dialysis centers in the state.
II. There shall be proportional fee categories based on the hospital's number of beds, which shall total the amount of payment required by the hospitals. Of that base amount as stated in subparagraph I(a), each individual hospital shall pay a fee based on the appropriate category for that hospital.
III. There shall be proportional fee categories based on the range of procedures performed annually at an ambulatory surgical center, which shall equal the total amount of payment that is required by all ambulatory surgical centers. Of that base amount as stated in subparagraph I(b), each ambulatory surgical facility required to report shall pay a fee based on the appropriate category for that ambulatory surgical center.
III-a. There shall be proportional fee categories based on the range of patient visits annually at an end-stage renal dialysis center, which shall equal the total amount of payment that is required by all end-stage renal dialysis centers. Of that base amount as stated in subparagraph I(c), each end-stage renal dialysis center required to report shall pay a fee based on the appropriate category for that end-stage renal dialysis center.
IV. The department shall adopt rules, pursuant to RSA 541-A, relative to proportional rates, fee categories, and a payment schedule.
V. There is hereby established the health care associated infections fund. The fund shall be composed of fees collected in accordance with RSA 151:36, I-II-a and shall be used to carry out the provisions of this subdivision. The fund shall be nonlapsing and shall be continually appropriated to the commissioner for the purposes of this subdivision.
VI. The commissioner shall apply for all federal funding available to supplement the health care associated infections program. In the event federal funding is unavailable to cover the program costs either in part or in its entirety, the hospitals and ambulatory surgical centers shall be responsible for paying their proportion of the fees under this chapter to support the program's operating budget.

Source. 2009, 159:1, eff. July 1, 2009. 2012, 117:3, eff. July 1, 2012. 2016, 192:2-4, eff. Aug. 2, 2016.

Adverse Events Reporting System

Section 151:37

151:37 Definitions. –
In this subdivision:
I. "Commissioner" means the commissioner of the department of health and human services.
II. "Department" means the department of health and human services.
III. "Serious disability" means a physical or mental impairment that substantially limits one or more of the major

life activities of an individual or a loss of bodily function, if the impairment or loss lasts more than 7 days or is still present at the time of discharge from an inpatient health care facility, or loss of a body part.
IV. "Surgery" means the treatment of disease, injury, or deformity by manual or operative methods. Surgery includes endoscopies and other invasive procedures.

Source. 2009, 287:2, eff. Jan. 1, 2010.

Section 151:38

151:38 Hospitals and Ambulatory Surgical Centers Required to Report Adverse Events. –
I. Any hospital or ambulatory surgical center licensed pursuant to this chapter shall report to the commissioner the occurrence of any of the adverse health care events described in subparagraphs (a) and (b) as soon as is reasonably and practically possible, but no later than 15 working days after discovery of the event. The report shall be filed in a format specified by the commissioner and shall identify the facility but shall not include any identifying information for any of the health care professionals, facility employees, or patients involved. The commissioner may consult with experts and organizations familiar with patient safety when developing the format for reporting and in further defining events in order to be consistent with industry standards. Events to be reported under this subdivision include:
(a) Serious reportable events and specifications published and periodically amended by the National Quality Forum, which are incorporated in this subdivision by reference. The department shall provide a link from its Internet website to the serious reportable events and specifications on the National Quality Forum Internet website and shall provide a printed copy upon request.
(b) The exposure of a patient to a non-aerosolized bloodborne pathogen by a health care worker's intentional, unsafe act. An act by hospital or ambulatory surgery center staff resulting in an infection or disease shall be considered to be purposefully unsafe if it meets all of the following criteria:
(1) There was an intentional act or reckless behavior;
(2) No reasonable person with similar qualifications, training, and experience would have acted the same way under similar circumstances; and
(3) There were no extenuating circumstances that could justify the act.
II. Following the occurrence of an adverse health care event, the facility shall conduct a root cause analysis of the event. Following the analysis, the facility shall implement a corrective action plan to implement the findings of the analysis or report to the commissioner any reasons for not taking corrective action. If the root cause analysis and the implementation of a corrective action plan are complete at the time an event must be reported, the findings of the analysis and the corrective action plan shall be included in the report of the event. The findings of the root cause analysis and a copy of the corrective action plan shall otherwise be filed with the commissioner within 60 days of the event.
III. All information and data made available to the department and its designees under this section shall be confidential and shall be exempt from public access under RSA 91-A.

Source. 2009, 287:2, eff. Jan. 1, 2010. 2013, 27:1, eff. July 15, 2013.

Section 151:39

151:39 Commissioner's Duties and Responsibilities. –
I. The commissioner shall establish an adverse health event reporting system designed to facilitate quality improvement in the health care system. The reporting system shall not be designed to punish errors by health care practitioners or health care facility employees.
II. The reporting system shall consist of:
(a) Mandatory reporting by facilities of adverse health care events.
(b) Mandatory completion of a root cause analysis and a corrective action plan by the facility and reporting of the findings of the analysis and the plan to the commissioner or reporting of reasons for not taking corrective action.
(c) Analysis of reported information by the commissioner to determine patterns of systemic failure in the health care system and successful methods to correct these failures.

(d) Sanctions against facilities for failure to comply with reporting system requirements.
(e) Communication from the commissioner to health care facilities, health care purchasers, and the public to maximize the use of the reporting system to improve health care quality.
III. The commissioner is not authorized to select from or between competing alternate acceptable medical practices.
IV. The commissioner shall:
(a) Analyze adverse event reports, corrective action plans, and findings of the root cause analyses to determine patterns of systemic failure in the health care system and successful methods to correct these failures.
(b) Communicate to individual facilities the commissioner's conclusions, if any, regarding an adverse event reported by the facility.
(c) Communicate with relevant health care facilities any recommendations for corrective action resulting from the commissioner's analysis of submissions from facilities.
(d) Publish an annual report describing, by facility, adverse events reported, outlining, in aggregate, corrective action plans and the findings of root cause analyses and making recommendations for legislation relative to state health care operations.
V. The commissioner shall report the list of reportable events under this section to the National Quality Forum and, working in coordination with the National Quality Forum, to the other states. The commissioner shall monitor discussions by the National Quality Forum of amendments to the forum's list of reportable events and shall report to the general court whenever the list needs to be modified. The commissioner shall also monitor implementation efforts in other states to establish a list of reportable events and shall make recommendations to the general court as necessary for modifications in the New Hampshire list or in the other components of the New Hampshire reporting system to keep the system as nearly uniform as possible with similar systems in other states.
VI. The commissioner shall notify each hospital and ambulatory surgery center when the National Quality Forum publishes an amendment to the serious reportable events and specifications and immediately upon such notification, the amended serious reportable events and specifications shall be the reportable adverse events pursuant to this subdivision.
VII. Nothing in this section shall be construed to limit the responsibilities and duties of the department under RSA 151.

Source. 2009, 287:2, eff. Jan. 1, 2010. 2013, 27:2, eff. July 15, 2013.

Section 151:40

151:40 Penalties. – Any facility which violates this subdivision for failure to file a timely adverse event report or failure to conduct a root cause analysis, to implement a corrective action plan, or to provide the findings of a root cause analysis or corrective action plan in a timely fashion shall be subject to disciplinary action under this chapter and any other appropriate sanctions under this chapter.

Source. 2009, 287:2, eff. Jan. 1, 2010. 2017, 195:18, eff. Sept. 3, 2017.

Drug-Free Workplace for Licensed Health Care Facilities and Providers

Section 151:41

151:41 Controlled Substance Abuse, Misuse, and Diversion Prevention. –
I. Facilities and providers licensed under this chapter, with the exception of laboratories and collection stations, shall adopt a policy establishing procedures for prevention, detection, and resolution of controlled substance abuse, misuse, and diversion. The facility or provider shall establish written procedures to implement its policy that shall apply to employees, contractors, and agents of the facility who provide direct or hands on care to clients when acting within the scope of their employment or representation and shall designate an employee or

interdisciplinary team of employees to be responsible for the policy.
II. The policy required under paragraph I shall include:
(a) Education of health care workers.
(b) Procedures for monitoring storage, distribution, and procurement of inventory if controlled substances are stored, dispensed, or administered at the health care setting.
(c) Procedures for voluntary self-referral by addicted employees.
(d) Procedures for co-worker reporting.
(e) Procedures for drug testing which shall include, at a minimum, testing where reasonable suspicion exists.
(f) Procedures for employee assistance.
(g) Provisions for confidentiality.
(h) A process for the investigation, reporting, and resolution of drug misuse or diversion.
(i) Consequences for violation of the drug misuse and diversion prevention policy.

Source. 2014, 36:2, eff. Aug. 25, 2014.

Caregiver Advise, Record, and Enable (CARE) Act

Section 151:42

151:42 Definitions. –
In this subdivision:
I. "After-care" means any assistance provided by a caregiver to a patient under this chapter after the patient's discharge from a hospital. Such assistance includes, but is not limited to, assisting with basic activities of daily living (ADLs), instrumental activities of daily living (IADLs), or carrying out medical/nursing tasks, such as managing wound care, assisting in administering medications, and operating medical equipment.
II. "Caregiver" means any individual duly designated as a caregiver by a patient under this chapter who provides after-care assistance to a patient living in his or her residence. A designated caregiver includes, but is not limited to, a relative, partner, friend, or neighbor who has a significant relationship with the patient.
III. "Discharge" means a patient's exit or release from a hospital to the patient's residence following a hospital stay.
IV. "Entry" means a patient's entrance into a hospital for the purposes of medical care.
V. "Hospital" means a facility licensed under this chapter.
VI. "Legally designated health care decision maker" means a durable power of attorney for health care, a surrogate decision maker, or a guardian with specific authority granted by the probate court.
VII. "Residence" means a dwelling that the patient considers to be his or her home. A "residence" shall not include any licensed rehabilitation facility, hospital, nursing home, assisted living facility, or group home.

Source. 2015, 44:2, eff. Jan. 1, 2016.

Section 151:43

151:43 Opportunity to Designate a Caregiver. –
I. A hospital shall provide each patient or, if applicable, the patient's legally designated health care decision maker with at least one opportunity to designate at least one caregiver following the patient's entry into a hospital, prior to the patient's discharge or transfer to another facility, in a timeframe that is consistent with the discharge planning process.
(a) If the patient is unconscious or otherwise incapacitated upon his or her entry into a hospital, the hospital shall provide such patient or his or her legally designated health care decision maker with an opportunity to designate a caregiver within 24 hours following the patient's recovery of his or her consciousness or capacity.
(b) If the patient or the patient's legally designated health care decision maker declines to designate a caregiver, the hospital shall promptly document this in the patient's medical record, and the hospital shall be deemed to have complied with the provisions of RSA 151:43.
(c) If the patient or the patient's legally designated health care decision maker designates an individual as a

caregiver:
(1) The hospital shall promptly request the written consent of the patient or the patient's legally designated health care decision maker to release medical information to the patient's designated caregiver following the hospital's established procedures for releasing personal health information and in compliance with all federal and state laws. If the patient or the patient's legally designated health care decision maker declines to consent to release medical information to the patient's designated caregiver, the hospital shall not be required to provide notice to the caregiver under RSA 151:44 or provide information contained in the patient's discharge plan under RSA 151:45.
(2) The hospital shall record the patient's designation of caregiver, the relationship of the designated caregiver to the patient, and the name, telephone number, and address of the patient's designated caregiver in the patient's medical record.
(d) A patient may elect to change his or her designated caregiver at any time, and the hospital shall record this change in the patient's medical record.
II. A designation of a caregiver by a patient or a patient's legally designated health care decision maker under this section shall not obligate any individual to perform any after-care tasks for any patient.
III. This section shall not be construed to require a patient or a patient's legally designated health care decision maker to designate any individual as a caregiver.

Source. 2015, 44:2, eff. Jan. 1, 2016.

Section 151:44

151:44 Notice to Designated Caregiver. – A hospital shall notify the patient's designated caregiver of the patient's discharge or transfer to another hospital or facility as soon as possible, and in any event, upon issuance of a discharge order by the physician or APRN responsible for the patient's transfer to another facility.

Source. 2015, 44:2, eff. Jan. 1, 2016.

Section 151:45

151:45 Instruction to Designated Caregiver; Rulemaking. –
I. As soon as possible, the hospital shall consult with the designated caregiver and the patient regarding the caregiver's capabilities and limitations and issue a discharge plan that describes a patient's after-care needs at his or her residence. At minimum, a discharge plan shall include:
(a) The name and contact information of the caregiver;
(b) A description of all after-care tasks necessary to maintain the patient's ability to reside at home, taking into account the capabilities and limitations of the caregiver; and
(c) Contact information for any health care, community resources, and long-term services and supports necessary to successfully carry out the patient's discharge plan.
II. The hospital issuing the discharge plan shall provide caregivers with instruction in all after-care tasks described in the discharge plan.
(a) At minimum, such instruction shall include:
(1) A live demonstration of the tasks performed by a hospital employee authorized to perform the after-care task, provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law.
(2) An opportunity for the caregiver to ask questions about the after-care tasks.
(3) Answers to the caregiver's questions provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law.
(b) Any instruction required under this paragraph shall be documented in the patient's medical record, including, at minimum, the date, time, and contents of the instruction.
III. The commissioner of the department of health and human services shall adopt rules, pursuant to RSA 541-A, relative to:
(a) Procedures to designate and change a caregiver under RSA 151:43.
(b) Other matters necessary to effectuate the scope of this subdivision.

Source. 2015, 44:2, eff. Jan. 1, 2016.

Section 151:46

151:46 Applicability; Limitations; Discharge or Transfer of Patient Unaffected. –
I. Nothing in this subdivision shall be construed to create a private right of action against a hospital, a hospital employee, or a duly authorized agent of the hospital, or to otherwise supersede or replace existing rights or remedies under any other provision of law.
II. Nothing in this subdivision shall be construed to interfere with the rights of an agent operating under a valid advance directive under RSA 137-J.
III. Nothing in this subdivision shall delay medical care, or the discharge of a patient, or the transfer of a patient from a hospital to another facility.

Source. 2015, 44:2, eff. Jan. 1, 2016.

Dementia Training for Direct Care Staff in Residential Facilities

Section 151:47

151:47 Definitions. –
In this subdivision:
I. "Ancillary staff member" means a staff member who neither has incidental contact on a recurring basis with residents or program participants nor has supervisory responsibility over staff members who have such contact.
II. "Contracted staff member" includes independent consultants, and staff of contractors and subcontractors.
III. "Covered administrative staff member" means the senior manager of the facility or program, including administrators, as well as managerial staff members that directly supervise covered direct service staff members.
IV. "Covered direct service staff member" means a staff member whose work involves extensive contact with residents or program participants in facilities or programs serving an adult population. Such staff members may include: licensed nursing assistants, nurse aides, personal care assistants, home health or personal care aides, licensed practical nurses, licensed vocational nurses, registered nurses, social workers, activity directors, and dietary staff. Covered direct service staff members shall not include those employees who provide care solely to pediatric clients or young adults who are not at risk for Alzheimer's or related dementias.
V. "Department" means the department of health and human services.
VI. "Employed staff member" includes full and part-time employees.
VII. "Facilities or programs" means residential facilities or home and community-based programs, serving an adult population, licensed as appropriate under this chapter, that provide supportive services including, but not limited to, skilled care facilities, intermediate care facilities, assisted living facilities, residential care for the elderly, adult day programs, home health, in-home services, or adult family care homes or programs that advertise specialty memory care that have residents or program participants with Alzheimer's disease or other dementias.
VIII. "Other covered staff member" means a staff member who has incidental contact on a recurring basis with residents or program participants, which may include housekeeping staff, front desk staff, maintenance staff, other administrative staff, and other individuals who have such incidental contact.
IX. "Staff member" includes full and part-time employees, independent consultants, and staff of contractors and subcontractors.

Source. 2019, 346:366, eff. Jan. 1, 2020. 2020, 2:1, eff. Feb. 6, 2020.

Section 151:48

151:48 Initial and Continuing Training in Dementia Required. –
I. Facilities and programs shall provide initial training to:
(a) All covered employed staff members hired on or after February 1, 2020, who shall complete initial training

within 90 days of the commencement of employment.
(b) All covered employed staff members who were employed prior to the date under subparagraph (a) and who have not received equivalent training; such training shall be completed within 6 months of that date.
(c) Contracted staff members, at the expense of the consultant, contractor, or subcontractor, unless the consultant, contractor, or subcontractor provides documentation of successful completion of an evaluation equivalent to that required of employed staff members in paragraph V.
II. Each facility or program shall establish a system for ongoing onsite support, supervision, and mentoring for its staff with regard to the treatment and care of persons with dementia.
III. For covered direct service staff members and covered administrative staff members, at a minimum, the curriculum used for the initial training shall be consistent with recommendations from the Center for Medicare and Medicaid Services, the National Institute for Health's National Institute on Aging or the latest nationwide Alzheimer's Association Dementia Care Practice Recommendations and, at a minimum, cover the following topics:
(a) Alzheimer's disease and dementia;
(b) Person-centered care;
(c) Assessment and care planning;
(d) Activities of daily living; and
(e) Dementia related behaviors and communication.
IV. For other covered staff members, training shall include, at a minimum, communication issues related to dementia.
V. Initial dementia training shall be considered complete only after the staff member has demonstrated related competency.
VI. No training shall be required for ancillary staff members.

Source. 2019, 346:366, eff. Jan. 1, 2020. 2020, 2:2, eff. Feb. 6, 2020.

Section 151:49

151:49 Portability. –
I. The facility or staff shall issue a certificate to covered staff members upon completion of initial training, which shall be portable between settings. Provided that the covered staff member does not have a lapse of dementia related direct service or administration employment for 24 consecutive months or more, the covered staff member shall not be required to repeat the initial dementia training.
II. Covered staff members shall be responsible for maintaining records of certificates received.

Source. 2019, 346:366, eff. Jan. 1, 2020.

Section 151:50

151:50 Continuing Education. – The commissioner shall adopt rules to require at least 6 hours of initial continuing education for covered administrative staff members and covered direct service staff members and shall require at least 4 hours of ongoing training each calendar year. Such continuing education shall include new information on best practices in the treatment and care of persons with dementia.

Source. 2019, 346:366, eff. Jan. 1, 2020. 2020, 2:3, eff. Feb. 6, 2020.

Section 151:51

151:51 Requirements for Trainers; Training Costs. – Persons responsible for conducting in-person dementia trainings shall meet minimum criteria including: 2 years of work experience related to Alzheimer's disease or other dementias or in health care, gerontology, or other related field; and have completed training equivalent to the requirements provided herein. Covered staff members shall not be required to bear any of the

cost of training or to attend trainings and shall receive their normal compensation when attending required trainings.

Source. 2019, 346:366, eff. Jan. 1, 2020.

Section 151:52

151:52 Departmental Oversight. –

I. The department shall exercise oversight of a facility's or program's dementia training program as part of its comprehensive regulatory responsibilities. Such oversight shall:

(a) Ensure that the facility or program provides continuing education opportunities.

(b) Ensure that the facility or program uses online training programs or facility-based training that meets the requirements for dementia training in the state.

(c) Ensure compliance with any other requirements specified in this subdivision.

(d) Ensure compliance with federal regulations including 42 C.F.R. section 483.95.

(e) Permit the commissioner to grant, on a case-by-case basis, an extension for compliance with any specific provision of RSA 151:48, 151:49, or 151:50, if in the opinion of the commissioner, such an extension would be in the public interest. The commissioner of the department may adopt rules pursuant to RSA 541-A relative to procedures for such extensions.

II. The department may use all of its enforcement tools to ensure that facilities and programs comply with paragraph I.

Source. 2019, 346:366, eff. Jan. 1, 2020. 2020, 2:4, eff. Feb. 6, 2020.