

**Fisher, Alexander**

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**From:** Alexander.C.Fisher@oplcnh.gov

----- Forwarded message -----

**From:** Wheeler, Chantell <[chantell.b.wheeler@oplcnh.gov](mailto:chantell.b.wheeler@oplcnh.gov)>

**Date:** Mon, Nov 4, 2024 at 11:01

**Subject:** RE: Med 600 Status

[Redacted content]

Good morning and thank you for reaching out regarding the Med 600 interim proposal. I appreciate the opportunity to provide the following information:

The proposed change to Med 601.02 defining “approved program” was removed from the interim proposal at the request of the Office of Legislative Services (OLS). OLS did not accept this proposed change as an interim rule. Interim rules are governed by RSA 541-A:19, I(a) which allows the Board to adopt an interim rule to conform with new or amended codified law. The changes proposed to the definition of “approved program” in Med 601.02 must be made through the regular rulemaking process.

Proposed rule Med 602.03(a) addresses the waiver requirement in RSA 328-D:3-b, I(b), for PAs with more than 8,000 post graduate hours, pursuant to 2024, 264:5, effective July 26, 2024, until January 1, 2027. I believe this is accurately reflected in

[2024-7 INT Rule Med 600 various](#) available on the General Court website and attached for reference.

Best regards,

**Chantell B. Wheeler**

**Rules Administrator**

**Administrative Rules Unit**

[REDACTED]



[REDACTED]

[REDACTED]

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Dr. Eddinger and Chantell-

The NH Society of Physician Associates (NHSPA) was expecting Med 600 rule revisions on the Board agenda for next week, based on the public discussion in the October meeting. We noticed they are now before JLCAR. In reviewing the pertinent document on the JLCAR website, NHSPA has some questions and concerns. We know it can be confusing reading the JLCAR forms without seeing the actual text of what was submitted. But it appears the changes agreed to by the Board in September are not entirely reflected in what was submitted. Specifically, we are concerned that the waiver process, which goes

away on January 1, 2027, per statute, appears to be set to become effective on that date. Also, the accrediting entity named in law and agreed to in September by the Board appears to be omitted from the JLCAR submission. Below is our understanding of how the proposed rules should read, versus what appears to have been submitted to JLCAR.

Here are the sections that were amended in the September meeting:

Med 601.02

Med 601.03

Med 601.05

Med 601.06

Med 602 - section renamed

Med 602.01

Med 602.02

Med 602.03 - the amended version the board voted on says "Until Jan 1, 2027" as required by statute

Med 613 - new CME section

The JLCAR document has:

Med 601.03

Med 601.05

Med 601.06

Med 602

Med 602.01

Med 602.02

Med 602.03 - but says it wont take effect till Jan 1 2027, which is when it should sunset, per statute

Med 613

Missing is section Med 601.02 which is the approved program, per the September meeting. The current Med 600 language does not reflect the statute. The statute says ARC-PA. The Board agreed to the ARC-PA during the September meeting and it is unclear why that seems to be omitted. Not only is ARC-PA in statute, the program in the current Me 600 hasn't been in place for almost 30 years.

Can we have a call early next week to clear up any confusion and/or discuss how to correct any discrepancies? Thanks and have a good weekend.

-Dave

**David Cuzzi, President**

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