

TITLE X

PUBLIC HEALTH

CHAPTER 141-C

COMMUNICABLE DISEASE

Section 141-C:1

141-C:1 Policy. – The outbreak and spread of communicable disease cause unnecessary risks to health and life, interfere with the orderly workings of business, industry, government, and the process of education, and disrupt the day-to-day affairs of communities and citizens. Because the control of communicable disease may be attained by personal actions, the timely intervention of medical practices, and cooperation among health care providers, federal, state, and municipal officials, and other groups and agencies, it is hereby declared to be the policy of this state that communicable diseases be prevented, and that such occurrences be identified, controlled, and, when possible, eradicated at the earliest possible time by application of appropriate public health measures and medical practices.

Source. 1986, 198:21, eff. Aug. 2, 1986.

Section 141-C:2

141-C:2 Definitions. –

In this chapter:

- I. "Agent" means any individual authorized by the commissioner to assist in carrying out the provisions of this chapter.
- II. "Baggage" means the personal belongings of travelers. Such personal belongings need not be in the personal possession of the traveler.
- III. "Care" means the furnishing of necessary services to a person infected with a communicable disease. The term includes provisions for shelter, food, and such other services that the person is unable to provide for himself due to his infection or its physical effects.
- IV-a. "Child" means any person between birth and 18 years of age.
- IV-b. "Child care agency" means "child day care agency" as defined in RSA 170-E:2, IV and "child care agency" as defined in RSA 170-E:25, II.
- V. "Commodity" means any animal or animal product, plant or plant product, or inanimate material intended to be sold or distributed to the public.
- VI. "Communicable disease" means illness due to a microorganism, virus, infectious substance, biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, which may be transmitted directly or indirectly to any person from an infected person, animal or arthropod (including insecta or arachnida) or through the vehicle of an intermediate host, vector, or inanimate environment.
- VII. "Conveyance" means any vessel, aircraft, motor vehicle or other mode of transportation which is engaged in the transport of passengers, baggage, or cargo.
- VIII. "Decontamination" means the act of rendering anything free from the causal agents of communicable disease.
- IX. "Commissioner" means the commissioner of department of health and human services, or his designee.
- X. "Department" means the department of health and human services.
- X-a. "Health care provider" means any person who or entity which provides health care services including, but not limited to, hospitals, medical clinics and offices, clinical laboratories, physicians, naturopaths, chiropractors,

pharmacists, dentists, registered and other nurses, and nurse practitioners, paramedics, and emergency medical technicians.

XI. "Health officer" means any individual appointed under RSA 128:1 or employed under RSA 47:12.

XI-a. "Immunization" means inoculation with a specific antigen to promote antibody formation in the body.

XI-b. "Immunizing agent" means a vaccine, antitoxin, or other substance used to increase a person's immunity to a disease.

XII. "Isolation" means the separation, for the period of communicability, of infected persons from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.

XII-a. "Protected health information" means any information, whether in oral, written, electronic visual, or any other form, that relates to an individual's physical or mental health status, condition, treatment, service, products purchased, or provision of care, and that reveals the identity of the individual whose health care is the subject of the information, or where there is a reasonable basis to believe such information could be utilized (either alone or with other information that is, or should reasonably be known to be, available to predictable recipients of such information) to reveal the identity of that individual.

XIII. "Quarantine" means the restriction of activities of well persons who have been exposed to a case of communicable disease, during its period of communicability, to prevent disease transmission during the incubation period if infection should occur. It also means the detention of a conveyance, commodity, baggage, or cargo in a separate place for such time as may be necessary and during which decontamination may be carried out.

XIII-a. "School" means any facility which provides primary or secondary education.

XIV. "Treatment" means the provision of medical services to prevent, control, or eliminate the infection of a person by a communicable disease.

Source. 1986, 198:21. 1987, 193:1-3. 1990, 257:1. 1994, 208:1. 1995, 310:93, 183. 2002, 258:6-8, eff. July 1, 2002.

Section 141-C:3

141-C:3 Duties of Department. –

The department shall:

I. Identify, investigate, and test for communicable diseases posing a threat to the citizens of the state and its visitors.

II. Educate the general public, persons who provide health services to the public, and those persons responsible for the health and well-being of other persons relative to measures that will prevent the contraction of communicable disease, minimize its effects, and impede its spread.

III. Coordinate such medical, municipal, and other services as may be necessary to control, and, when possible, eradicate communicable diseases when they occur.

Source. 1986, 198:21. 1995, 310:175, eff. Nov. 1, 1995.

Section 141-C:4

141-C:4 Duties of Commissioner. –

The commissioner shall:

I. Identify communicable diseases to be reported to the department under RSA 141-C:8.

II. Investigate outbreaks of communicable diseases under RSA 141-C:9.

III. Establish, maintain, and suspend isolation and quarantine to prevent the spread of communicable diseases under RSA 141-C:11.

IV. Order persons who pose a threat to the life and health of the public to receive such treatment and care as necessary to eliminate the threat under RSA 141-C:15.

V. Purchase and distribute such pharmaceutical agents as may be deemed necessary to prevent the acquisition and spread of communicable disease under RSA 141-C:17.

VI. Provide laboratory services to support the detection and control of communicable disease under RSA 141-

C:19.

VII. Educate the public relative to the cause, prevention and treatment of communicable disease and relative to the provisions of this chapter and its rules regarding reporting, investigations, examinations, treatment and care.

VIII. Regulate, in public places, conveyances, and buildings, the use of a common drinking cup under RSA 141-C:6.

IX. Prohibit, in public places, conveyances, or buildings the use of a common towel.

X. Authorize treatment, under the orders of a licensed physician, as may be necessary to carry out the provisions of this chapter.

Source. 1986, 198:21. 1990, 61:1. 1991, 3:1. 1995, 310:175, 183, eff. Nov. 1, 1995.

Section 141-C:5

141-C:5 Duties of Health Officers. –

Health officers shall:

I. Assist the commissioner, when requested to do so, in the establishment and maintenance of isolation and quarantine in their respective cities and towns, and enforce all rules adopted by the commissioner relative to isolation and quarantine.

II. Attend meetings with the commissioner, when requested, for consultation on matters relating to public health, the restriction and prevention of communicable diseases, or the consideration of other important sanitary matters related to preventing or controlling the spread of communicable diseases.

Source. 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:6

141-C:6 Rulemaking. –

The commissioner shall adopt rules, pursuant to RSA 541-A, relative to:

I. Identifying communicable diseases to be reported under RSA 141-C:8.

II. The design and content of all forms required under this chapter including forms for reporting communicable diseases under RSA 141-C:8.

III. Reporting required under RSA 141-C:7.

IV. The conduct of investigations carried out under RSA 141-C:9, I.

V. The procedure for disclosure of information under RSA 141-C:10.

VI. Establishing, maintaining, and lifting the isolation and quarantine of cases, carriers, or suspected cases or carriers of communicable diseases under RSA 141-C:11.

VII. Decontamination of commodities, conveyances, baggage, and cargo under RSA 141-C:11, IV.

VIII. Issuing and carrying out orders for the treatment and care and for the restriction and control of diseases under RSA 141-C:15.

IX. Distribution of pharmaceutical agents under RSA 141-C:17.

X. Laboratory testing, fee schedules, and the waiving of fees under RSA 141-C:19.

XI. Regulating use of the common cup under RSA 141-C:4, VIII.

XII. The procedure for written orders under RSA 141-C:12.

XIII. Other communicable diseases requiring immunization under RSA 141-C:20-a, I.

XIV. The child's age for administration of a vaccine for immunization.

XV. The number of doses necessary for each vaccine.

XVI. The acceptable level of immunization necessary for a child to be enrolled in a school or child care agency under RSA 141-C:20-a, II(b).

XVII. Procedures for keeping immunization records under RSA 141-C:20-b, II.

XVIII. The immunization registry established under RSA 141-C:20-f.

XIX. Identifying microbial isolates of reportable diseases and patient specimens to be retained or forwarded to the public health laboratories.

XX. Establishing a registry of biological agents present in New Hampshire.

XXI. Procedures relating to information, specimens, and samples as required under RSA 141-C:10, IV.

XXII. Procedures for administration of and disbursement from the mosquito control fund, established in RSA 141-C:25.

Source. 1986, 198:21. 1987, 193:4. 1990, 61:2. 1995, 310:183. 1998, 183:2. 2002, 258:9, 10. 2006, 284:2, eff. July 1, 2006.

Section 141-C:6-a

[RSA 141-C:6-a repealed by 2020, 9:3, effective November 1, 2021.]

141-C:6-a Commission Established. –

- I. There is hereby established a commission to study the use and limitations of serological diagnostic tests to determine the presence or absence of Lyme and other tick-borne diseases and the development of appropriate methods to educate physicians and the public with respect to the inconclusive nature of prevailing test methods.
- II. (a) The members of the commission shall be as follows:
- (1) Two members of the house health, human services and elderly affairs committee, one of whom shall be a physician and one of whom shall be a lay person, appointed by the speaker of the house of representatives.
 - (2) One member of the senate who shall be a member of the health and human services committee, appointed by the president of the senate.
 - (3) A representative of the New Hampshire Medical Society, appointed by the society.
 - (4) A physician licensed under RSA 329 who is certified to treat Lyme disease patients by the International Lyme and Associated Diseases Society (ILADS), appointed by the society.
 - (5) The state epidemiologist, or designee.
 - (6) Two members of the public who have been treated for chronic Lyme and/or other tick-borne diseases, alternatively referred to as Post Treatment Lyme Disease Syndrome (PTLDS), one of whom shall have been a Lyme disease patient for at least 5 years, appointed by the governor.
 - (7) One mental health professional, appointed by the New Hampshire chapter of the National Alliance on Mental Illness (NAMI).
 - (8) A physician specializing in neurology, rheumatology, or later-stage tick-borne infection treatment specialist, appointed by the Infectious Disease Society of America (IDSA).
 - (9) A tick-borne disease expert, appointed by the SOLO Wilderness Medicine School.
 - (10) A nurse practitioner or a representative of the New Hampshire Nurse Practitioner Association, appointed by the association.
- (b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.
- III. The commission shall:
- (a) Consider expert studies and testimony on the role of clinical diagnosis, the limitations of serological diagnostic tests, and the complexities presented by co-infections relating to symptomology, diagnosis, and treatment in determining the presence or absence of Lyme and other tick-borne diseases, including at a minimum testing methods recommended respectively by IDSA, ILADS, the Center for Disease Control and Prevention (CDC), and the Tick-Borne Disease Working Group (TBDWG) established under the 21st Century Cures Act of 2016.
 - (b) Consider and make recommendations relative to appropriate methods to educate the medical profession and the public on the inconclusive nature of currently prevailing methods of diagnosing Lyme and other tick-borne diseases.
 - (c) Consider the newly proposed recommendations on tick-borne illness by the Centers for Disease Control and Prevention.
 - (d) Recommend legislation that the commission deems appropriate to address the rising incidence of chronic Lyme and other tick-borne diseases in New Hampshire.
- IV. The first meeting of the commission shall be called by the first-named house member, who shall serve as chairperson of the commission. The first meeting of the commission shall be held within 45 days of the effective date of this section. The commission shall meet as often as necessary, but no less often than monthly, and shall hear testimony from patients treated for chronic Lyme and other tick-borne diseases, medical practitioners licensed in New Hampshire or other states who diagnose and treat chronic Lyme and other tick-borne diseases,

and academic and professional experts experienced in the diagnosis and treatment of such diseases. Six members of the commission shall constitute a quorum.

V. The commission shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2021.

Source. 2020, 9:2, eff. July 14, 2020.

Section 141-C:7

141-C:7 Reporting of Communicable Disease. –

I. Upon becoming aware of any communicable disease or communicable disease syndrome listed under RSA 141-C:8, any health care provider, clinical laboratory director, the superintendent or other person in charge of any hospital, or other health care facility, or any other person having under his or her care or observation a person afflicted with a communicable disease or communicable disease syndrome, or who has reason to believe that a person was or might have been afflicted with a communicable disease at the time of death, shall report to the commissioner the communicable disease or communicable disease syndrome and shall provide social security numbers, if persons were given the option at the original point of collection to provide social security numbers voluntarily, and such additional information and periodic reports as required under RSA 141-C:9, I.

II. Any veterinarian, livestock owner, veterinary diagnostic laboratory director, or other person engaged in the care of animals shall report animals having or suspected of having any disease that may cause a communicable disease in humans.

III. Any clinical laboratory director shall forward to the department's public health laboratory isolates of reportable infectious microorganisms as specified by the commissioner. In addition, any clinical laboratory director performing any testing for reportable diseases shall retain the original patient specimens for 7 days after issuing a final test result for diseases specified by the commissioner and shall submit such specimens to the public health laboratories upon request.

IV. In addition to the foregoing requirements for health care providers, a pharmacist shall report, if required under rulemaking procedures by the commissioner, any unusual or increased types of prescriptions, or unusual trends in pharmacy visits that may be caused by a communicable disease. Prescription-related events that require a report may include, but are not limited to:

- (a) An unusual increase in the number of prescriptions to treat fever, respiratory, or gastrointestinal complaints.
- (b) An unusual increase in the number of prescriptions for antibiotics.
- (c) An unusual increase in the number of requests for information on over-the-counter pharmaceuticals to treat fever, respiratory, or gastrointestinal complaints.

Source. 1986, 198:21. 1995, 310:183. 2002, 258:11. 2003, 309:6, eff. Sept. 19, 2003.

Section 141-C:8

141-C:8 List of Diseases; Report Forms. – The commissioner shall compile a list of reportable communicable diseases necessary to protect the citizenry. The commissioner shall develop and provide a form for the reporting of communicable diseases under this section. The form shall include, at a minimum, the name, age, address, occupation, and place of occupation of the person. Reportable information shall not include psychiatric, psychological, or other mental health records or information.

Source. 1986, 198:21. 1995, 310:183. 2002, 258:12, eff. July 1, 2002.

Section 141-C:9

141-C:9 Investigations; Examinations. –

I. The commissioner or designee may investigate incidents of communicable diseases. Such investigations shall include, but not be limited to, requiring additional information and periodic reports from the reporting official,

interviews with reporting officials, their patients, and other persons affected by or having information pertaining to the communicable disease, surveys of such individuals, inspections of buildings and conveyances and their contents, and laboratory analysis of samples collected during the course of such inspections. The commissioner shall adopt such rules as are necessary to carry out investigations with due regard for the rights of person and property. The commissioner may call upon health officers, as authorized by RSA 141-C:5, I, to assist in such investigations.

II. Any person having or suspected of having a communicable disease, any person who is a communicable disease carrier or contact or any person who is suspected of being a communicable disease carrier or contact shall, when requested by the commissioner or designee, submit to a physical examination for the purpose of determining the existence of a communicable disease. Such persons shall submit specimens of body secretions, excretions, body fluids, and discharges for laboratory examinations when so requested by the commissioner or designee.

Source. 1986, 198:21. 1994, 208:2. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:10

141-C:10 Disclosure; Confidentiality. –

I. Any protected health information provided to or acquired by the department under this chapter shall be released only with the informed, written consent of the individual or to those authorized persons having a legitimate need to acquire or use the information and then only so much of the information as is necessary for such persons to provide care and treatment to the individual who is the subject of the protected health information, investigate the causes of disease transmission in the particular case, or control the spread of the disease among the public. Any release of information under this section without the informed, written consent of the individual shall be conditioned upon the protected health information remaining confidential.

II. Analyses and compilations of data which do not disclose protected health information shall be available to the public under RSA 91-A.

III. The physician-patient privilege shall not apply to information required to be reported or provided to the commissioner under this chapter.

IV. The department shall acquire and retain only the minimum amount of information, specimens, and samples relating to individuals necessary to carry out its obligations under this chapter. The department shall adopt rules, pursuant to RSA 541-A, relative to the types of information, specimens, and samples to be acquired and the length of time such information, specimens, and samples shall be retained before being destroyed. Any genetic testing of specimens and samples shall be limited to the viruses, bacteria, fungi, or other micro-organisms therein.

Source. 1986, 198:21. 1994, 208:3. 1995, 310:183. 2002, 258:13, eff. July 1, 2002.

Section 141-C:11

141-C:11 Isolation and Quarantine. –

I. Whenever it is necessary to prevent the introduction or spread of communicable diseases within this state or from another state, or to restrict such diseases if introduced, and when such communicable diseases pose a substantial threat to the health and life of the citizenry, the commissioner shall establish isolation or quarantine for persons who are cases or carriers, or suspected cases or carriers of communicable diseases, and establish quarantine for commodities, conveyances, baggage and cargo that are carriers or suspected carriers of the communicable diseases by written order prepared in accordance with RSA 141-C:12. Such isolation or quarantine shall be by the least restrictive means necessary to protect the citizenry which, in the case of an individual, shall be at a place of his or her choosing unless the commissioner determines such place to be impractical or unlikely to adequately protect the public health. The commissioner shall adopt such rules regarding the establishment, maintenance and lifting of isolation and quarantine as the commissioner may deem best for protecting the health of the public.

II. When a conveyance, operator, crew, passenger, baggage, cargo or commodity is placed in isolation or quarantine, the owners, consignees, assignees and operators shall submit to such investigations as authorized by

RSA 141-C:9, I, regarding any circumstance or event concerning the health of the operator, crew, passengers and the sanitary condition of the conveyance, baggage, cargo or commodity. The operator, crew and passengers shall submit to such examinations, as authorized by RSA 141-C:9, II, as the commissioner may determine appropriate. III. The commissioner may, in ordering isolation or quarantine of persons, require that treatment be obtained in accordance with rules adopted under RSA 141-C:15. IV. The order of quarantine for commodities, conveyances, baggage and cargo may require, as a condition for lifting the quarantine, that decontamination be performed. The commissioner shall adopt such rules pursuant to RSA 541-A as are necessary for the performance of decontamination.

Source. 1986, 198:21. 1995, 310:183. 2002, 258:20, eff. July 1, 2002.

Section 141-C:12

141-C:12 Orders. –

I. The commissioner, in imposing isolation and quarantine under RSA 141-C:11, in requiring treatment under RSA 141-C:15, or in excluding children under RSA 141-C:20-d, shall do so by written order. The order shall include, as appropriate, the following information:

- (a) The cause of the quarantine or isolation.
- (b) The location of quarantine or isolation.
- (c) When appropriate, that decontamination be performed on commodities, conveyances, baggage and cargo.
- (d) When treatment is required as part of the order, where such treatment is available and, if applicable, what effect the receipt of treatment may have on the conditions of isolation and quarantine.
- (e) The period of duration of isolation or quarantine.
- (f) The commissioner's signature.
- (g) The reason and length of time for the exclusion of children from schools and child care facilities.

II. Orders issued under this section shall be complied with immediately.

III. When an individual subject to an order for isolation or quarantine refuses to cooperate with such order, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing isolation or quarantine and the place or facility where the individual shall be isolated or quarantined. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the individual is to be isolated or quarantined.

Source. 1986, 198:21. 1987, 193:5, 6. 1995, 310:94, 183. 2002, 258:14, eff. July 1, 2002.

Section 141-C:13

141-C:13 Evading Quarantine; Breaking Quarantine. –

- I. If, after an order is issued under RSA 141-C:12, any commodity, conveyance, cargo or baggage is not removed to the place of quarantine or is not decontaminated or is brought near any dwelling house, facility, or housing providing services to people, or near any place of business or manufacture without the permission of the commissioner or his designee, the commissioner shall petition the superior court to review the order.
- II. If any person ordered to undergo isolation or quarantine leaves such place of quarantine, a place designated by the commissioner for the decontamination of commodities, conveyances, baggage and cargo under quarantine, or a place of treatment and care of persons under isolation or quarantine without the permission of the commissioner or his designee, the commissioner shall petition the superior court for review of the order.
- III. When an individual subject to an order for isolation or quarantine refuses to cooperate with such order, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing isolation or quarantine and the place or facility where the individual shall be isolated or quarantined. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the individual is to be isolated or quarantined.

Source. 1986, 198:21. 1995, 310:183. 2002, 258:15, eff. July 1, 2002.

Section 141-C:14

141-C:14 Invading Isolation; Quarantine. – If any person shall, without permission of the commissioner, his designee, or a health officer acting on the request of the commissioner, enter a place of isolation or quarantine, board a conveyance under quarantine, enter the limits of a place designated for the decontamination of cargo or baggage under quarantine, or enter a place designated for the treatment of persons placed under isolation or quarantine and such person is not an employee or agent of the facility providing such treatment, he shall be considered infected and ordered to undergo isolation or quarantine under RSA 141-C:11. He shall remain there at his own expense until the commissioner determines that there is no threat to the citizenry by virtue of the exposure to the cause of isolation or quarantine.

Source. 1986, 195:21. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:14-a

141-C:14-a Due Process. –

- I. Any person subject to an order for submission of a specimen, or for examination, immunization, treatment, isolation, quarantine, provision of information, inspection of a building or conveyance, or any other order of the commissioner under this chapter or RSA 21-P:53, may request a hearing in the superior court to contest such order. The commissioner shall provide, or cause to be provided, to the person both oral and written notice of the right to contest the order and the form for making the request, which form shall require no more than the person's name, address, and signature and the time and date of the signature.
- II. Submission of the completed form to the law enforcement officer or other individual serving the order shall be considered a filing with the superior court and such officer or other individual shall promptly deliver the form to the superior court.
- III. The superior court shall schedule a hearing and render a decision upon the request within 48 hours of the time the request was made. If the court determines that exigencies related to protection of the health of the public preclude a hearing and decision within the 48-hour period, the hearing and decision may take place within a suitable time as determined by the court, but in no event later than 120 hours after the time the request was made.
- IV. No examination, specimen, immunization, treatment, or other action shall be required against the will of a person who has filed a request for a hearing. A person may be held in isolation or quarantine pending the outcome of the court hearing, but may no longer be held if the court fails to render its decision within the time period required under paragraph III.
- V. At the hearing the burden of proof shall be on the commissioner to prove by clear and convincing evidence that the person poses a threat to public health, or that the information to be produced or inspection of a building or conveyance is necessary to protect against a serious threat to the public health, and the order issued by the

commissioner is thereby warranted to alleviate such threat.

VI. All orders issued under this chapter shall be in writing and a copy shall be provided to the person subject to the order at the time it is served. Every person who contests an order of the commissioner under this chapter shall be given a copy of the executed form contesting such order.

VII. Nothing in this chapter shall be construed to require the medical examination, medical treatment, or immunization of a person who objects, and no criminal penalties shall be imposed as a result. Notwithstanding this paragraph, such a person may be subject to isolation or quarantine for the minimum period necessary to protect the public health, as determined by the court in its decision following the hearing pursuant to this section.

Source. 2002, 258:16. 2008, 271:2, 3, eff. June 26, 2008.

Section 141-C:15

141-C:15 Treatment, Care of Sick; Costs. –

I. Any person infected with a communicable disease, or reasonably suspected of being infected with a communicable disease, and whose continued presence among the citizenry poses a significant threat to health and life, shall be ordered by the commissioner under RSA 141-C:11, to report to a health care provider or health care facility to undergo such treatment and care as the commissioner may deem necessary to eliminate the threat. The commissioner shall adopt rules, pursuant to RSA 541-A, necessary to issue and carry out such orders for treatment and to restrict and control communicable disease through treatment.

II. If the person subject to the order cannot be removed to a health care provider or to a health care facility for treatment without danger to his life or to the citizenry, the commissioner shall impose isolation or quarantine under RSA 141-C:11 and shall arrange for treatment and care as necessary to mitigate the threat.

III. The commissioner shall assist indigent persons who are infected with tuberculosis and supply them with anti-tuberculosis drugs for treatment and preventative therapy, chest x-rays, and such physical examinations as necessary to monitor the course of treatment and therapy.

IV. The cost of treatment and care, except treatment provided under RSA 141-C:15, III, and physical examinations under RSA 141-C:9 and RSA 141-C:18, shall be a cost to the person, or his parent or guardian, or, if such person is indigent, from such public funds available for such purposes. Costs of physical examinations and treatment and care provided to the operator, passengers and crew of conveyances who are, or might have been, infected by means of the conveyance, shall be a cost to the owner, consignee or assignee of the conveyance.

V. The cost for maintenance of quarantine for commodities, conveyances, cargo and baggage, and for the decontamination of commodities, conveyances, cargos and baggage, shall be a cost to the owner, consignee or assignee of the commodity or conveyance.

VI. When an individual subject to an order for treatment by the commissioner refuses to undergo such ordered treatment, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing treatment, the nature of the treatment to be provided, and the place or facility where the treatment shall be provided. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the treatment is to be provided.

Source. 1986, 198:21. 1995, 310:183. 2002, 258:17, eff. July 1, 2002.

Section 141-C:15-a

141-C:15-a Administration of Certain Prescription Medication for Treatment or Prevention of a Communicable Disease. –

I. Notwithstanding the provisions of RSA 326-B:2, I-a, and RSA 329:1-c, a health care professional authorized to prescribe prescription medication for the treatment or prevention of a communicable disease may prescribe, dispense, or distribute directly or by standing order, drugs and testing to a patient he or she did not evaluate and with whom there is no established health care provider-patient relationship to empirically treat for, or provide an agent or prophylaxis to prevent, a communicable disease that poses a threat to public health. Any such prescription shall be regarded as being issued for a legitimate medical purpose and in accordance with

established clinical practice guidelines, when available.

II. Communicable diseases that pose a threat to public health for the purposes of paragraph I shall be limited to the following:

(a) Bordetella pertussis, Chlamydia trachomatis, Neisseria gonorrhea, and Neisseria meningitis; or

(b) Diseases that constitute an immediate threat to public health and for which the commissioner, or designee, declares a public health incident under RSA 508:17-a or issues clinical guidance that requests providers to consider prescribing, dispensing, or distributing immunizing agents or drugs under paragraph I in order to control a disease outbreak.

III. No health care professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an agent or drug and testing for the treatment or prevention of a communicable disease as described in paragraph I, shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by this section or any outcome resulting from an action authorized by this section.

Source. 2017, 42:2, eff. May 9, 2017. 2020, 39:2, eff. July 29, 2020.

Section 141-C:16

141-C:16 Mode of Treatment and Care. – Nothing in this chapter shall be construed to authorize the commissioner to restrict in any manner a person's right to select the mode of treatment of his choice, or to refuse treatment, when treatment is ordered by the commissioner under RSA 141-C:15, I, or to request any physical examination or treatment of a person who in good faith relies upon spiritual means or prayer for healing. Such reliance or treatment or refusal of treatment shall not be considered a danger or menace to others under any provisions of this chapter; provided, however, that there is compliance with the sanitary, isolation and quarantine laws and rules adopted under this chapter. This section shall not be construed to prevent a parent or guardian from exercising his legal responsibilities.

Source. 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:16-a

141-C:16-a Closure; Decontamination. –

I. The commissioner, with the written approval of the governor, may close, direct, and compel the evacuation and decontamination of any building located within the state that is accessible to the public, such as businesses, primary and secondary schools, and universities, regardless of whether publicly or privately owned, when there is reasonable cause to believe the building may present an imminent danger to the public health. The commissioner may also cause any material located within or on the grounds of a building to be decontaminated or destroyed when there is reasonable cause to believe that the material may present imminent danger to the public health. Destruction of any material under this chapter shall be considered a taking of private property and shall be subject to the compensation provisions of RSA 4:46.

II. Notice shall be made by posting notice on all means of ingress or egress of the building and, within 24 hours of posting, mailing the notice, return receipt requested, to the owner of record. The notice shall state the reason for the action and its anticipated duration.

III. Orders issued pursuant to this section shall be effective immediately and shall remain in effect in accordance with this section unless the superior court issues a decision directing otherwise. Any person who is aggrieved by an order pursuant to this section may request a hearing in the superior court to contest that order. The superior court shall schedule and hold a hearing and issue a decision within 5 working days of the court's receipt of the request for a hearing, unless a shorter period is required for review. At the hearing, the burden of proof shall be on the commissioner to prove by clear and convincing evidence that the action taken is reasonably necessary to protect the health of the public.

IV. Orders issued under this section shall be subject to the due process provisions of RSA 141-C:14-a.

Source. 2002, 258:22. 2008, 336:1, eff. July 7, 2008.

Section 141-C:16-b

141-C:16-b Cancellation of Events. – The commissioner, with the written approval of the governor, may order the cancellation of public gatherings and events within the state, or in specific geographic areas of the state, as is deemed necessary to prevent an imminent danger to the public health. Notice of any order canceling a public gathering or event shall be made in writing, shall specify the reason for the cancellation, and shall be delivered to the organizer of the event or owner of the venue where the event was to occur in a manner that will give as much notice prior to the cancellation as is reasonably possible. Notice shall also be given to the public in a manner that is reasonably likely to be available to the members of the public affected by the order. Such order shall be effective immediately and shall remain in effect in accordance with this section unless the superior court issues a decision directing otherwise. Any person who is aggrieved by an order pursuant to this section may request a hearing in the superior court to contest that order. The superior court shall schedule and hold a hearing and issue a decision within 5 working days of the court's receipt of the request for a hearing, unless a shorter period is required for review. At the hearing, the burden of proof shall be on the commissioner to prove by clear and convincing evidence that cancellation of the public gathering or event is reasonably necessary to protect the health of the public.

Source. 2008, 336:2, eff. July 7, 2008.

Section 141-C:17

141-C:17 Purchase; Distribution. – The commissioner may purchase and distribute anti-toxins, serums, vaccines, immunizing agents, antibiotics and other pharmaceutical agents which the commissioner deems advisable to prevent, prepare for, or respond to an outbreak of communicable disease or other serious threat to the public health. Any medications distributed in the event of a public health incident declared pursuant to RSA 508:17-a shall be exempt from labeling in accordance with RSA 318:47-b. State employees and other persons acting under the authority and direction of the commissioner may carry out the activities authorized under this section.

Source. 1986, 198:21. 1990, 61:3. 1994, 208:8. 1995, 310:183. 2008, 271:4, eff. June 26, 2008.

Section 141-C:17-a

141-C:17-a Vaccine Purchase Fund. – There is hereby established a vaccine purchase fund for the purchase of antitoxins, serums, vaccines and immunizing agents, which are to be provided to the public at no cost except for the actual cost of administering such agents, under RSA 141-C:17. Any funds provided to the department for this purpose and deposited in the fund shall not be used for any other purpose. Moneys in the fund shall be continually appropriated to the commissioner of the department of health and human services.

Source. 1991, 280:1. 1995, 310:175, 182, eff. Nov. 1, 1995.

Section 141-C:17-b

141-C:17-b Custody; Rationing. – If there is a statewide or regional shortage or threatened shortage of any anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents, or mechanical equipment, and such shortage poses a serious threat to the public health, the commissioner, with the written approval of the governor, may control, restrict, and ration the use, sale, dispensing, distribution, or transportation of such agents as necessary to best protect the health, safety, and welfare of the people of this state. In making rationing or other supply and distribution decisions, the commissioner may determine the preference and priority for distribution of such agents, such as giving preference to health care providers and emergency response personnel. The commissioner, with the written approval of the governor, shall have the discretion to take custody of all supplies of specific anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents, or mechanical equipment, existing within the state to ensure that such agents are distributed and utilized appropriately. Notice of an order issued pursuant to this section shall be given in writing to the owner of the personal property, or, if the owner cannot be readily determined, to the person in charge of the location where the

personal property is located. The notice shall specify the reason for the action and its expected duration. Such order shall be effectively immediately and shall remain in effect in accordance with this section unless the superior court issues a decision directing otherwise. The owner of any property subject to an order issued pursuant to this section may request a hearing in the superior court to contest that order. The superior court shall schedule and hold a hearing and issue a decision within 5 working days of the court's receipt of the request for a hearing, unless a shorter period is required for review. At the hearing, the burden shall be on the commissioner to prove by clear and convincing evidence that the order is reasonably necessary to protect the health, safety, and welfare of the public. Multiple requests for hearings under this section may be consolidated into one hearing if the underlying facts are similar, the court deems such consolidation to be appropriate, and the court determines that such consolidation will adequately satisfy the due process rights of the persons who requested a hearing.

Source. 2008, 336:3, eff. July 7, 2008.

Section 141-C:17-c

141-C:17-c Compensation and Expenditures. – Items taken by the commissioner pursuant to the provisions of this chapter shall be subject to the compensation provisions of RSA 4:46, but in no event shall the owner thereof be entitled to more than the Medicaid rate for the item that was in effect at the time of the taking. Notwithstanding the provisions of RSA 9:19-9:21, the commissioner may make such expenditures as necessary to carry out the provisions of this chapter; provided, that expenditures are made from funds appropriated to the department that the commissioner determines to be available for this purpose and information regarding the expenditures is promptly submitted to the fiscal committee of the general court and the governor and council.

Source. 2008, 336:3, eff. July 7, 2008.

Section 141-C:18

141-C:18 Sexually Transmitted Disease. –

I. The commissioner may request the examination, and order isolation, quarantine, and treatment of any person reasonably suspected of having been exposed to or of exposing another person or persons to a sexually transmitted disease. Any order of treatment issued under this paragraph shall be in accordance with RSA 141-C:11, RSA 141-C:12, and RSA 141-C:15.

II. Any minor 14 years of age or older may voluntarily submit himself to medical diagnosis and treatment for a sexually transmitted disease and a licensed physician may diagnose, treat or prescribe for the treatment of a sexually transmitted disease in a minor 14 years of age or older, without the knowledge or consent of the parent or legal guardian of such minor.

Source. 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:19

141-C:19 Laboratory Support Services; Rules. –

I. The commissioner shall make available laboratory tests for the early detection and control of communicable diseases such as acquired immune deficiency syndrome, rubella, herpes virus, legionnaire's disease, eastern equine encephalitis, viral hepatitis, chlamydia, rabies, rotavirus, rubeola, influenza, salmonella, pertussis and toxoplasmosis.

II. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to adding to the list of communicable diseases in paragraph I for which testing shall be available and establishing a fee schedule for all tests available under this section. The commissioner may waive such fees when it is in the best interest of the health of the public to do so.

Source. 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:20

141-C:20 Education. – The commissioner or his designee shall prepare and distribute such current public information materials relative to the cause, prevention, and treatment of the various communicable diseases and relative to rules adopted under this chapter as may best instruct health care providers and the public in methods of prevention and control of communicable diseases, including proper treatment methods.

Source. 1986, 198:21. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:20-a

141-C:20-a Immunization. –

I. All parents or legal guardians shall have their children who are residing in this state immunized against certain diseases. These diseases shall include, but not be limited to, diphtheria, mumps, pertussis, poliomyelitis, rubella, rubeola, and tetanus. The commissioner shall adopt rules under RSA 541-A relative to other diseases which require immunization.

II. No child shall be admitted or enrolled in any school or child care agency, public or private, unless the following is demonstrated:

(a) Immunization under paragraph I;

(b) Partial immunization relative to the age of the child as specified in rules adopted by the commissioner; or

(c) Exemption under RSA 141-C:20-c.

III. Nothing in this section shall require an immunization/vaccination requirement for diseases that are noncommunicable. Noncommunicable disease means a disease that is not infectious or transmissible from person-to-person.

Source. 1987, 193:7. 1995, 310:183, eff. Nov. 1, 1995. 2017, 137:1, eff. Aug. 15, 2017.

Section 141-C:20-b

141-C:20-b Records. –

I. Any person who immunizes a child shall complete a form to be supplied by the commissioner and shall give the completed form to the parent or legal guardian.

II. Schools and child care agencies shall keep immunization records for all enrolled children. Such records shall be available for inspection during reasonable hours upon request by the commissioner or his designee.

Source. 1987, 193:7. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:20-c

141-C:20-c Exemptions. –

A child shall be exempt from immunization if:

I. A physician licensed under RSA 329, or a physician exempted under RSA 329:21, III, certifies that immunization against a particular disease may be detrimental to the child's health. The exemption shall exist only for the length of time, in the opinion of the physician, such immunization would be detrimental to the child. An exemption from immunization for one disease shall not affect other required immunizations.

II. A parent or legal guardian objects to immunization because of religious beliefs. The parent or legal guardian shall sign a notarized form stating that the child has not been immunized because of religious beliefs.

Source. 1987, 193:7. 2001, 18:1, eff. Jan. 1, 2002.

Section 141-C:20-d

141-C:20-d Exclusion During Outbreak of Disease. – During an outbreak of a communicable disease for which immunization is required under RSA 141-C:20-a, children exempted under RSA 141-C:20-c shall not attend the school or child care agency threatened by the communicable disease. The commissioner shall prepare a written order as required under RSA 141-C:12, I.

Source. 1987, 193:7. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:20-e

141-C:20-e Immunization Reports. – Schools and child care agencies, whether public or private, shall make an annual report to the commissioner relative to the status of immunization of all enrolled children.

Source. 1987, 193:7. 1995, 310:183, eff. Nov. 1, 1995.

Section 141-C:20-f

See Emergency Order #76 (NH LEGIS E.O. 2020-76-Emerg. (2020, 2076:1.)), issued pursuant to Executive Order 2020-04 (NH LEGIS E.O. 2020-04 (2020, 1004:1.)) as extended by Executive Orders 2020-05 (NH LEGIS E.O. 2020-05 (2020, 1005:1.)); 2020-08 (NH LEGIS E.O. 2020-08 (2020, 1008:1.)); 2020-09 (NH LEGIS E.O. 2020-09 (2020, 1009:1.)); 2020-10 (NH LEGIS E.O. 2020-10 (2020, 1010:1.)); 2020-14 (NH LEGIS E.O. 2020-14 (2020, 1014:1.)); 2020-15 (NH LEGIS E.O. 2020-15 (2020, 1015:1.)); 2020-16 (NH LEGIS E.O. 2020-16 (2020, 1016:1.)); 2020-17 (NH LEGIS E.O. 2020-17 (2020, 1017:1.)); 2020-18 (NH LEGIS E.O. 2020-18 (2020, 1018:1.)); 2020-20 (NH LEGIS E.O. 2020-20 (2020, 1020:1.)); 2020-21 (NH LEGIS E.O. 2020-21 (2020, 1021:1.)); 2020-22 (NH LEGIS E.O. 2020-22 (2020, 1022:1.)); 2020-23 (NH LEGIS E.O. 2020-23 (2020, 1023:1.)); 2020-24 (NH LEGIS E.O. 2020-24 (2020, 1024:1.)); 2020-25 (NH LEGIS E.O. 2020-25 (2020, 1025:1.)); 2021-01 (NH LEGIS E.O. 2021-01 (2021, 1001:1.)), related to the COVID-19 State of Emergency, for potential impact on the terms of this section.

141-C:20-f Immunization Registry. –

- I. The department shall establish and maintain a state immunization registry. The registry shall be a single repository of accurate, complete and current immunization records to aid, coordinate, and promote effective and cost-efficient disease prevention and control efforts.
- II. No patient, or the patient's parent or guardian if the patient is a minor, shall be required to participate in the immunization registry.
- III. Physicians, nurses, and other health care providers may report an immunization to the immunization registry unless the patient, or the patient's parent or guardian if the patient is a minor, refuses to allow reporting of this information.
- IV. Access to the information in the registry shall be limited to primary care physicians, nurses, other appropriate health care providers as determined by the commissioner, schools, child care agencies, and government health agencies or researchers demonstrating a legitimate need for such information as determined by the commissioner.
- V. The information contained in the registry shall be used for the following purposes:
 - (a) To ensure that registrants receive all recommended immunizations in a timely manner by providing access to the registrant's immunization record.
 - (b) To improve immunization rates by facilitating notice to registrants of overdue or upcoming immunizations.
 - (c) To control communicable diseases by assisting in the identification of individuals who require immediate immunization in the event of a disease outbreak.
- VI. The commissioner shall adopt rules under RSA 541-A concerning the following:
 - (a) The establishment and maintenance of the immunization registry.
 - (b) The methods for submitting and content of reports of immunizations.
 - (c) Procedures for the patient, or the patient's parent or guardian if the patient is a minor, to decline to participate in the registry.
 - (d) Procedures for the registrant, or the registrant's parent or guardian if the registrant is a minor, to review and correct information contained in the registry.

- (e) Procedures for the registrant, or the registrant's parent or guardian if the registrant is a minor, to withdraw consent for participation at any time and to remove information from the registry.
 - (f) Limits on and methods of access to the registry by those authorized to gain access under paragraph IV of this section.
 - (g) Procedures for managed care organizations to obtain summary statistics of immunization information on managed care organization members from the immunization registry.
- VII. Any person reporting, receiving, or disclosing information to or from the immunization registry as authorized by this section or by any rule adopted pursuant to this section shall not be liable for civil damages of any kind connected with such submission or disclosure of immunization information.
- VIII. Nothing in this section is intended to affect the obligations of persons under RSA 141-C:20-a to have their children properly immunized.
- IX. Nothing in this section shall preclude the right of the patient, or the patient's parent or guardian if the patient is a minor, to claim exemption from immunization as defined in RSA 141-C:20-c; nor shall anything in this section require such patient to be included in the registry if the patient, or the patient's parent or guardian if the patient is a minor, objects thereto on any grounds, including but not limited to, that such registry conflicts with the religious beliefs of the patient, or the patient's parent or guardian if the patient is a minor.
- X. No health care provider shall discriminate in any way against a person solely because that person elects not to participate in the immunization registry.

Source. 1998, 183:3, eff. Aug. 14, 1998.

Section 141-C:21

141-C:21 Penalty. – Any person who shall violate, disobey, refuse, omit or neglect to comply with any of the provisions of RSA 141-C, or of the rules adopted pursuant to it, shall be guilty of a misdemeanor if a natural person, or guilty of a felony if any other person.

Source. 1986, 198:21, eff. Aug. 2, 1986.

Section 141-C:22

141-C:22 Penalty for Sale or Use for Personal Gain. – Any natural person selling or disposing of any pharmaceutical agents purchased or distributed under RSA 141-C:17 for personal gain shall be guilty of a misdemeanor. Any other person shall be guilty of a felony.

Source. 1986, 198:21. 1990, 61:4, eff. June 5, 1990.

Section 141-C:23

141-C:23 Injunction. – A civil action may be instituted in superior court on behalf of the department for injunctive relief to prevent the violation of the provisions of this chapter or rules adopted under this chapter. The court may proceed in the action in a summary manner or otherwise and may enjoin in all such cases any person in violation of any provisions of this chapter or its rules.

Source. 1994, 208:4. 1995, 310:175, eff. Nov. 1, 1995.

Section 141-C:24

141-C:24 Mosquito Control Districts; Rulemaking. – Contiguous municipalities may establish mosquito control districts for the purposes of applying for moneys from the mosquito control fund established in RSA 141-C:25 and for the purposes of applying for spraying permits. The commissioner, in consultation with the commissioner of the department of agriculture, markets, and food shall adopt rules, pursuant to RSA 541-A, relative to the establishment of such mosquito districts. A mosquito control district established pursuant to RSA

430:13 shall be considered a mosquito control district under this chapter.

Source. 2006, 284:1. 2007, 22:1, eff. July 1, 2007.

Section 141-C:25

141-C:25 Mosquito Control Fund. –

I. There is hereby established a nonlapsing and continually appropriated mosquito control fund to assist cities, towns, and mosquito control districts by providing funding for the purpose of offsetting the cost of mosquito control activities including, but not limited to, the purchase and application of chemical pesticides. The purpose of the fund is to provide financial assistance, when needed, to cities, towns, and mosquito control districts engaging in mosquito control and abatement activities in response to a declared threat to the public health. Any balance remaining in the mosquito control fund at the close of the fiscal year ending June 30, 2009 shall lapse to the general fund.

II. In order to be eligible to receive funding, a city, town, or mosquito control district shall have in place a comprehensive mosquito control plan approved by the commissioner. This plan shall include at a minimum:

(a) A list of the pesticides (active ingredient) and methods by which these pesticides will be applied to ensure that the application is done in a safe and proper manner.

(b) Safeguards that will be taken to protect the health of the public, wildlife, and resources within the state including provisions for the measuring and monitoring of residual pesticides in the water and soil.

(c) A comprehensive public awareness campaign geared toward prevention and designed to educate the public about the health risks associated with mosquitoes.

(d) Appropriate abatement measures.

III. (a) The commissioner, in consultation with the Centers for Disease Control and Prevention, and with the concurrence of the governor, may determine that a threat to the public health exists that warrants expedited mosquito control and abatement activities within a city, town, or mosquito control district. Such determination shall be based on local factors which may include:

(1) Historical and current climatic conditions.

(2) Historical and current mosquito population indices.

(3) Historical and current mosquito, veterinary, and human arboviral disease surveillance.

(b) An expedited approval process shall be established for the implementation of mosquito control and abatement activities, including the application of pesticides. The commissioner of the department of agriculture, markets, and food may authorize expedited mosquito control and abatement activities pursuant to this paragraph.

IV. A city, town, or mosquito control district shall be eligible to receive funds if the commissioner determines that:

(a) The city, town, or mosquito control district has a comprehensive mosquito control plan approved by the commissioner in accordance with paragraph II;

(b) The city, town, or mosquito control district has engaged or plans to engage in mosquito control and abatement activities pursuant to paragraph III;

(c) The commissioner, after consultation with the Centers for Disease Control and Prevention, has determined that mosquito control and abatement activities are appropriate to mitigate the public health threat; and

(d) A threat to public health has been determined in accordance with paragraph III.

IV-a. Following a determination of eligibility under paragraph IV, the city, town, or mosquito control district shall be eligible for funding for mosquito control and abatement activities occurring during the same calendar year prior to or after a determination of a public health threat under paragraph III.

V. A city, town, or mosquito control district's receipt of funds, as well as the amount of funding, shall be at the discretion of the commissioner. In exercising his or her discretion, the commissioner shall consider the following criteria:

(a) The nature and degree of the declared threat to the public health.

(b) The nature and degree of the city, town, or mosquito control district's mosquito control and abatement activities in response to the declared threat to the public health.

(c) The city, town, or mosquito control district shall show cause why funding assistance from the mosquito control fund is necessary.

(d) Funding from the mosquito control fund shall not exceed 25 percent of the cost of mosquito control and

abatement activities pursuant to the declared threat to the public health.

(e) Funding is available.

Source. 2006, 284:1. 2008, 73:1, eff. July 20, 2008.

Section 141-C:26

141-C:26 Acute Care Centers. – The commissioner, with the written approval of the governor, may establish, operate, or authorize the operation of temporary acute care centers for the purpose of the delivery of acute medical services to persons who would normally require admission to an acute care hospital, when there is a public health incident as defined in RSA 508:17-a, II(c) and when the acute care hospitals in the area do not have the physical and human resources necessary to meet the demand or anticipated demand for medical care. Any such facility so established or designated shall be exempt from the provisions of RSA 151. The commissioner shall adopt rules, pursuant to RSA 541-A, regarding the facility and staffing requirements, screening and admission criteria, payment and reimbursements, clinical standards, recordkeeping, and discharge criteria for acute care centers. In adopting such rules, the commissioner shall take into consideration, to the extent feasible, the rights and responsibilities of patients set forth in RSA 151:21. For purposes of immunity, actions taken pursuant to this section shall be considered an emergency management function under RSA 21-P:41, I.

Source. 2008, 271:5. 2012, 282:7, eff. June 30, 2015.

Section 141-C:27

See Emergency Order #69 (NH LEGIS E.O. 2020-69-Emerg. (2020, 2069:1.)) issued pursuant to Executive Order 2020-04 (NH LEGIS E.O. 2020-04 (2020, 1004:1.)) as extended by Executive Orders 2020-05 (NH LEGIS E.O. 2020-05 (2020, 1005:1.)); 2020-08 (NH LEGIS E.O. 2020-08 (2020, 1008:1.)); 2020-09 (NH LEGIS E.O. 2020-09 (2020, 1009:1.)); 2020-010 (NH LEGIS E.O. 2020-010 (2020, 1010:1.)); 2020-014 (NH LEGIS E.O. 2020-014 (2020, 1014:1.)); 2020-015 (NH LEGIS E.O. 2020-015 (2020, 1015:1.)); 2020-016 (NH LEGIS E.O. 2020-016 (2020, 1016:1.)); 2020-017 (NH LEGIS E.O. 2020-017 (2020, 1017:1.)); 2020-018 (NH LEGIS E.O. 2020-018 (2020, 1018:1.)); 2020-020 (NH LEGIS E.O. 2020-020 (2020, 1020:1.)); 2020-021 (NH LEGIS E.O. 2020-021 (2020, 1021:1.)); 2020-022 (NH LEGIS E.O. 2020-022 (2020, 1022:1.)); 2020-023 (NH LEGIS E.O. 2020-023 (2020, 1023:1.)); 2020-024 (NH LEGIS E.O. 2020-024 (2020, 1024:1.)); 2020-025 (NH LEGIS E.O. 2020-025 (2020, 1025:1.)); 2021-01 (NH LEGIS E.O. 2021-01 (2021, 1001:1.)), related to the COVID-19 State of Emergency, for potential impact on the terms of this section.

141-C:27 Ethics Committee. –

I. There is hereby established an ethics committee to offer advice to the commissioner relative to the ethical issues that may be identified in the course of planning for, and responding to, outbreaks of communicable disease that threaten to become epidemic or pandemic.

II. The committee shall consider the ethical implications of any of the powers that may be exercised by the commissioner under the provisions of this chapter including, but not limited to, the confiscation, distribution, and rationing of anti-toxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents, and mechanical equipment; the issuance and enforcement of orders of isolation, quarantine, medical examination, and medical treatment; issues relative to information sharing and confidentiality; and the provisions for due process for orders issued pursuant to this chapter.

III. The members of the committee shall be as follows:

- (a) The director of the division of public health services.
- (b) The state epidemiologist.
- (c) The attorney general, or designee.
- (d) A representative of a public health network, appointed by the commissioner.
- (e) A representative from a college or university public health program, appointed by the commissioner.
- (f) A chief of police or a police officer of a local police department, appointed by the New Hampshire Association of Chiefs of Police.
- (g) A chief of a local fire department, appointed by the New Hampshire Association of Fire Chiefs.

- (h) A physician, licensed under RSA 329, appointed by the New Hampshire Medical Society.
 - (i) The commissioner of the department of safety, or designee.
 - (j) A member of a fire department with a minimum of EMT-B certification, appointed by the Professional Firefighters of New Hampshire.
 - (k) A representative of a hospital, appointed by the New Hampshire Hospital Association.
 - (l) A county representative, appointed by the New Hampshire Association of Counties.
- IV. The commissioner shall appoint a member of the committee to act as chairperson. The committee shall meet initially within 30 days of the effective date of this section and then as regularly as the chairperson shall direct.
- V. The commissioner may at any time direct questions to the committee or request guidance on ethical issues.
- VI. The committee shall be solely advisory in nature and any guidance, guidelines, or protocols issued by the committee shall not be binding on the commissioner.

Source. 2008, 336:4, eff. July 7, 2008.

Section 141-C:28

141-C:28 No Conflict With Emergency Management Powers. – Nothing in this chapter shall be construed to limit or restrict the exercise of the governor's emergency management powers under RSA 4:45-RSA 4:47.

Source. 2008, 336:4, eff. July 7, 2008.