

CHAPTER He-P 300 DISEASES

Statutory Authority: RSA 141-C:6

PART He-P 301 COMMUNICABLE DISEASES

He-P 301.01 Definitions.

(a) "Acceptable immunization" means the immunizations required in RSA 141-C:20-a and the doses and age requirements in He-P 301.14.

(b) "Admitting official" means the principal or his or her designated representative, headmaster or director of the public or non-public school, state agency, or child care agency.

(c) "Applicant" means the person for whom application is made to either the AIDS drug assistance or the tuberculosis patient care financial assistance program, and who becomes a recipient if he or she is determined to be medically and financially eligible.

(d) "Carrier" means a person or animal that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

(e) "Case" means any person afflicted with a communicable disease.

(f) "Chief complaint" means the patient's set of symptoms and illnesses when the patient first presents to the emergency department of a hospital.

(g) "Child care agency" means "child care agency" as defined in RSA 141-C:2, IV-b.

(h) "Commissioner" means "commissioner" as defined in RSA 141-C:2, IX.

(i) "Communicable disease" means "communicable disease" as defined in RSA 141-C:2, VI.

(j) "Common cup" means an open drinking vessel shared by individuals in public places without disinfection between uses.

(k) "Conditional enrollment" means the temporary enrollment of a student who has documentation of at least one dose of each required vaccine and an appointment date(s) for the next scheduled dose(s).

(l) "Congregate setting" means any setting or location where people come together including, but not limited to, schools, childcare centers, healthcare facilities, emergency shelters, workplaces, public events, retail outlets, or other business gathering locations.

(m) "Contact" means a person who has been in association with an infected person or animal or a contaminated environment in a manner that provides an opportunity to acquire the infective agent.

(n) "Date of application" means the date on which the program receives the signed application for AIDS drug assistance or for the tuberculosis patient care financial assistance.

(o) "Department" means "department" as defined in RSA 141-C:2, X.

(p) "Diversion" means the illegal use, tampering, substitution, or theft of drugs intended for patients by healthcare or non-healthcare personnel.

(q) "Documentation" means written authenticated evidence of a laboratory test result or immunization.

(r) "Dose of vaccine" means the amount of vaccine appropriate to develop or confer immunity as specified in the manufacturer's documentation accompanying the vaccine, also known as the package insert.

(s) "Emergency department visit" means an encounter where a person is treated, evaluated or both, in the emergency department of a hospital.

(t) "Exclude" means to prevent a person from being in a public or communal setting, such as preventing an employee from reporting to work and from performing any job responsibilities within the employee's place of employment.

(u) "Health care facility" means facilities required to be licensed pursuant to RSA 151:2, I and those facilities exempt from licensing pursuant to RSA 151:2, II.

(v) "Health care provider" means any physician or other person self-employed or representing or employed by a governmental or private agency, department, institution, clinic, laboratory, hospital, health maintenance organization, pharmacist, association or other entity who assesses or diagnoses the health status of any person or who treats any reportable disease or illness.

(w) "Health care setting" means any governmental or private agency, department, institution, clinic, laboratory, hospital, health maintenance organization, pharmacist, association, or other entity which assesses or diagnoses the health status of, or provides medical care or treatment to any person.

(x) "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, and which is licensed in accordance with RSA 151 and He-P 802. The term "hospital" also includes psychiatric and substance abuse treatment hospitals.

(y) "Household" means one or more adults, with or without children, related by marriage or living together in the same residence.

(z) "Human Immunodeficiency Virus (HIV)" means "human immunodeficiency virus" as defined in RSA 141-F:2, V.

(aa) "Institutional setting" means any group living situation such as in a nursing home, hospital, sheltered care facility, residential treatment and rehabilitation facility, correctional facility, transitional housing, long term care facility, or any group care facility.

(ab) "Invasive" means the organism causing the communicable disease is detected or isolated from a normally sterile site.

(ac) "Isolation" means "isolation" as defined in RSA 141-C:2, XII.

(ad) "Laboratory" means "laboratory" as defined in He-P 808, namely, "any building, place, or mobile laboratory van, for the biological, microbiological, serological, chemical, immuno-hematological, biophysical, cytological, pathological or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of disease."

(ae) "Month" means 28 days, or 4 weeks.

(af) "Outbreak" means cases of illness or disease occurring in a community, region or specific population at a rate clearly in excess of what is normally expected.

(ag) "Quarantine" means "quarantine" as defined in RSA 141-C:2, XIII.

(ah) "Reportable disease" means a communicable disease, as defined in RSA 141-C:2, VI, required to be reported to the commissioner pursuant to RSA 141-C:7 and He-P 301.02.

(ai) "Restrict" means to limit activities of a person in a public or communal setting such as, limiting the activities of an employee such that the employee is able to report to work and perform certain job duties as long as that activity poses no threat to the public's health.

(aj) "Sterile site" means an area of the body where bacteria are not found growing, and which, when found, is indicative of infection. These areas of the body include, but are not limited to, cerebrospinal fluid,

blood, joint fluid, pleural fluid, peritoneal fluid, pericardial fluid, bone, and any other internal body sites and organs in which bacterial are not normally found.

(ak) “Suspect case” means any patient who a health care provider has reason to believe is or might be afflicted with a reportable disease such that diagnostic procedures, treatments, regimens, or preventive and/or control measures appropriate for the reportable disease are then instituted by the physician and/or the commissioner.

Source. #2017, eff 5-10-82; amd by #2339, eff 4-15-83; amd by #2430, eff 6-30-83; amd by 2545, eff 11-29-83; ss by #3172, eff 1-2-86; ss by #4230, eff 2-23-87; amd by #4425, eff 5-27-88; ss by #4946, eff 10-2-90; amd by #6053, eff 6-24-95; ss by #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.02 Reportable Diseases.

(a) Health care providers shall report to the department diagnosis, suspicion of diagnosis, or suspected incident involving the following, in accordance with He-P 301.03, in the following time frames:

(1) Within 24 hours following diagnosis or suspicion of diagnosis or suspected incident of:

- a. Anthrax;
- b. Arboviral infection; including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus, Dengue, Chikungunya virus, Powassan virus, Zika virus and St. Louis Encephalitis;
- c. Botulism;
- d. Brucellosis;
- e. Cholera;
- f. Creutzfeld-Jacob disease
- g. Diphtheria;
- h. Haemophilus influenzae, invasive disease;
- i. Hantavirus Pulmonary Syndrome;
- j. Hepatitis, viral: A;
- k. Measles;
- l. Neisseria meningitidis, invasive disease;
- m. Mumps;
- n. Pertussis;
- o. Psittacosis;
- p. Plague;
- q. Poliomyelitis;
- r. Rabies in Humans or Animals;
- s. Rubella, including Congenital Rubella Syndrome;

- t. Tuberculosis Disease;
- u. Tularemia;
- v. Typhoid Fever;
- w. Typhus;
- x. Vibrio species including V. cholerae; and
- y. Any suspect outbreak, cluster of illness, unusual occurrence of communicable disease, or other incident that may pose a threat to the public's health.

(2) Within 72 hours following diagnosis or suspicion of diagnosis of:

- a. Acquired Immune Deficiency Syndrome (AIDS);
- b. Acute flaccid myelitis;
- c. Anaplasmosis;
- d. Babesiosis;
- e. Campylobacteriosis;
- f. Chlamydia;
- g. Coccidioidomycosis;
- h. Cyclospora infection;
- i. Cryptosporidiosis;
- j. Ehrlichiosis;
- k. Enterobacteriaceae species demonstrating resistance to carbapenem or production of a carbapenemase;
- l. Escherichia coli O157 infection and other shiga toxin producing E. coli;
- m. Giardiasis;
- n. Gonorrhea;
- o. Hepatitis, viral, newly diagnosed infections only: B, C;
- p. Hepatitis, viral: positive B surface antigen in a pregnant woman;
- q.. HIV, including HIV exposure in infants;
- r. Legionellosis;
- s. Leprosy, Hansen's Disease;
- t. Leptospirosis;
- u. Listeriosis;
- v. Lyme Disease;
- w. Malaria;
- x. Pneumococcal disease, invasive;

- y. Psittacosis;
- z. Rocky Mountain Spotted Fever;
- ab. Salmonellosis;
- ac. Shigellosis;
- ad. Syphilis, including Congenital Syphilis Syndrome;
- ae. Tetanus;
- af. Toxic-Shock Syndrome (TSS), Streptococcal or Staphylococcal;
- ag. Trichinosis;
- ah. Varicella; and
- ai. Yersiniosis.

(b) Laboratories shall report to the department any laboratory test indicative of or highly correlated with infection of the following microorganisms in accordance with He-P 301.03(h):

(1) Within 24 hours:

- a. Arboviral infection, including but not limited to West Nile Virus, Eastern Equine Encephalitis Virus, Dengue, Chikungunya virus, Powassan virus, Zika virus and St. Louis Encephalitis;
- b. Bacillus anthracis;
- c. Bordetella pertussis;
- d. Clostridium botulinum;
- e. Corynebacterium diphtheriae;
- f. Francisella tularensis;
- g. Haemophilus influenzae, sterile site;
- h. Hantavirus;
- i. Hepatitis, viral: A, E;
- j. Mumps;
- k. Mycobacterium tuberculosis: isolation of the organism or detection of its DNA;
- l. Neisseria meningitidis, sterile site;
- m. Polio;
- n. Rabies;
- o. Rubella;
- p. Rubeola;
- q. Salmonella typhi;
- r. Vancomycin resistant Staphylococcus aureus (VRSA);

- s. *Vibrio* species including *V. cholerae*; and
- t. *Yersinia pestis*.

(2) Within 72 hours:

- a. *Anaplasmosis phagocytophilum*;
- b. *Babesia microti*;
- c. *Borrelia burgdorferi*;
- d. *Brucella* species;
- e. *Campylobacter* species;
- f. *Chlamidophila psittaci*;
- g. *Chlamydia trachomatis*;
- h. *Clostridium tetani*;
- i. *Coccidioides immitis*;
- j. *Cryptosporidium parvum*;
- k. *Cyclospora cayetanensis*;
- l. *Ehrlichia* species;
- m. Enterobacteriaceae species demonstrating resistance to carbapenem or production of a carbapenemase;
- n. *Escherichia coli* O157 and other shiga toxin producing *E. coli*;
- o. *Giardia* species;
- p. Hepatitis, viral: positive B surface antigen in a pregnant woman;
- q. HIV, including HIV exposure in infants;
- r. *Legionella pneumophila*;
- s. *Leptospira* species;
- t. *Listeria monocytogenes*;
- u. *Mycobacterium leprae*;
- v. *Mycobacterium tuberculosis*: blood assays only;
- w. *Neisseria gonorrhoeae*;
- x. *Plasmodium* species;
- y. *Rickettsia prowazekii*;
- z. *Rickettsia rickettsii*;
- aa. *Salmonella* species other than *Salmonella typhi*;
- ab. *Shigella* species;
- ac. *Streptococcus pneumoniae*, sterile site;

- ad. *Treponema pallidum*;
- ae. *Trichinella spiralis*; and
- af. *Yersinia enterocolitica*.

(c) Laboratories shall report to the department within 72 hours the results of all CD4+ lymphocyte laboratory tests.

(d) Laboratories shall report any tests indicative of HIV infection including antibody, antigen PCR based, and all viral load tests, including those with no virus detectable.

(e) Laboratories that are owned, operated, and located on the licensed premises of a hospital shall electronically report the test results listed in (b)-(d) above.

(f) Each hospital referred to in (d) and (e) above shall establish an electronic submission process and commence routine electronic reporting by December 31, 2018; and

(g) Hospitals referred to in (d) and (e) above shall format electronic submissions in accordance with guidance provided by the Department in the New Hampshire Local Implementation Guide for Electronic Laboratory Reporting using HL7 2.5.1, Version 4.0, 5/23/2016, available as noted in Appendix A.

(h) Laboratories shall submit clinical isolate material as requested by DHHS for the purpose of public health surveillance and investigation.

(i) Laboratories that are owned, operated, and located on the licensed premises of a hospital shall submit annually a hospital antibiogram report if one exists.

(j) The person in charge, or their designee, of any healthcare setting shall report to the department any investigation of suspected or actual incident of diversion of injectable medications in a health care setting within 72 hours of initiation of such investigation.

Source. #3172, eff 1-2-86; ss by #4230, eff 2-23-87; ss by #4946, eff 10-2-90; amd by #6053, eff 6-24-95; ss by #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.03 Reporting of Communicable Diseases.

(a) Any physician or other health care provider who assesses, diagnoses, or treats a person believed to be a case or suspect case of a reportable disease shall immediately make a report to the department by:

- (1) Telephone at one of the following: 1-603-271-4496, from 8:00 a.m. to 4:00 p.m., or after hours and on weekends at: 603-271-5300;
- (2) Facsimile at 603-271-0545; or
- (3) Electronic transmission by requesting from the Department during business hours an account in the NH Electronic Disease Surveillance System (NHEDSS) on forms provided by the commissioner.

(b) Reports provided pursuant to (a) above shall include:

- (1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation, and place of occupation of the patient;
- (2) The name of the disease;
- (3) The date of onset;

- (4) Diagnostic test(s) performed, specimen type(s), date(s), and result(s);
- (5) The name of the person reporting; and
- (6) Treatment information including the name and amount of the medication prescribed.

(c) When no physician or other health care provider is in attendance, the person in charge of any institution, including but not limited to a public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace, hospital, dispensary, pharmacy, or charitable, penal, or other institution or place of detention in which there is a case or suspect case of a reportable disease, shall report the same immediately to the department as provided in paragraph (a) above.

(d) Reports provided pursuant to (c) above shall include:

- (1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation, and place of occupation of the patient;
- (2) The name of the disease or incident;
- (3) The date of onset; and
- (4) The name, affiliation, and contact information of the person reporting.

(e) Local boards of health shall report immediately to the department those cases or suspect cases of reportable diseases of which they have knowledge.

(f) Reports required pursuant to (e) above shall include:

- (1) The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation, and place of occupation of the patient;
- (2) The name of the disease or incident;
- (3) The date of onset;
- (4) The name of the original reporting source; and
- (5) The name, affiliation, and contact information of the person reporting.

(g) The person in charge of any diagnostic laboratory testing human or animal specimens shall report immediately to the department as provided in paragraph (a) above, the following except for laboratories which after December 31, 2018 shall report to the department pursuant to He-P 301.02(f):

- (1) The isolation or identification of causative agents, positive diagnostic acute immunological responses to causative agents, or any other positive diagnostic test results for any of the conditions listed in He-P 301.02(b);
- (2) If the laboratory test was conducted on a human specimen:
 - a. The full name, age, date of birth, sex, race, ethnicity, address, telephone number, occupation, and place of occupation of the person from whom the specimen was taken;
 - b. The date the specimen was received;
 - c. The name of the care provider; and
 - d. The name of the person reporting; and
- (3) If the laboratory test was conducted on an animal specimen:

- a. The full name, address, and telephone number of the owner of the animal from whom the specimen was taken;
- b. The species of animal from which the animal specimen originated;
- c. The date the specimen was received;
- d. The name of the veterinarian; and
- e. The name of the person reporting.

(h) Every physician or other health care provider, or the person in charge of any hospital, institution, dispensary, public or non-public school, child care agency, hotel, restaurant, boarding house, labor camp or other camp, vessel, workplace or charitable, penal, or other institution or place of detention having knowledge of the occurrence of case(s) or suspect case(s) of illness within the workplace or institution believed to have been due to consumption of food or water shall report the same immediately to the department as provided in paragraph (a) above.

(i) Hospitals with emergency departments shall electronically report all emergency department visits data to the department within 24 hours of the patient encounter, for the purpose of early detection of reportable diseases and outbreaks, to describe emerging public health issues, and to identify potential public health threats.

(j) Hospitals shall format electronic submissions in accordance with guidance provided by the Department in the New Hampshire Local Implementation Guide for Syndromic Surveillance Reporting, Version 1.07, 2/15/2015, available as noted in Appendix A.

(k) Hospitals with emergency departments shall commence routine electronic submission of properly formatted data not later than December 31, 2017.

(l) Investigations by the department of emergency department encounter reports shall include obtaining other clinical data necessary for case ascertainment including but not limited to the chief complaint. The findings of the investigation shall be used to identify communicable diseases, other health threats, and to institute control measures to reduce the risk of disease spread or to reduce exposures in a public health emergency.

Source. #3172, eff 1-2-86; ss by #4230, eff 2-23-87; ss by #4946, eff 10-2-90; EXPIRED 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.04 Methods of Isolation. Hospitals and other health care facilities shall institute appropriate precautions consistent with the Healthcare Infection Control Practices Advisory Committee 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007 and the Healthcare Infection Control Practices Advisory Committee, Management of Multi-drug Resistant Organisms in Healthcare Settings, HICPAC Advisory Committee. October, 2006, available as noted in Appendix A.

Source. #2017, eff 5-10-82; amd by #2339, eff. 4-15-83; amd by #2430 eff. 6-30-83; amd by #2545 eff. 11-29-83; ss by #3172, eff. 1-2-86; ss by #4230, eff. 2-23-87; ss by #4946, eff 10-2-90; EXPIRED 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.05 Restriction and Control Measures for Isolation and Quarantine for Specific Diseases.

(a) For a case or suspect case of cutaneous and inhalation anthrax, hospitals and other institutional settings shall institute standard precautions according to He-P 301.04 for the duration of the illness.

(b) For a case or suspect case of diphtheria, isolation precautions shall be instituted as follows:

(1) For a case, suspect case or carrier of pharyngeal or cutaneous diphtheria, hospitals and other institutional settings shall maintain appropriate isolation in accordance with He-P 301.04 until 2 cultures from both throat and nose or skin lesions in cutaneous diphtheria taken not less than 24 hours apart and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli;

(2) Where culture is impractical, isolation may be ended after 14 days of appropriate antibiotic treatment; and

(3) For all close contacts of cases or suspect cases of pharyngeal or cutaneous diphtheria, employers shall exclude close contacts of cases or suspect cases from the following job duties until cultures prove them not to be carriers:

- a. Job duties involving the handling of food;
- b. Child care job duties; and
- c. Direct care of hospitalized and institutionalized patients.

(c) For a case or suspect case of gonococcal ophthalmia neonatorum:

(1) Precautions shall be instituted in accordance with He-P 301.04; and

(2) The health care provider shall institute isolation of the individual for the first 24 hours after administration of effective therapy.

(d) For a case or suspect case of invasive *Haemophilus influenzae* infection, the health care provider shall institute appropriate isolation in accordance with He-P 301.04 for 24 hours after the start of appropriate antibiotic therapy.

(e) For a case or suspect case of hepatitis, isolation precautions shall be as follows:

(1) For persons with hepatitis A:

a. Employers shall exclude cases or suspect cases from the following job duties until one week after onset of jaundice or until hepatitis A has been ruled out:

1. Job duties involving the handling of food;
2. Child care job duties; and
3. Direct care of hospitalized and institutionalized patients; and

b. Cases or suspect cases shall be excluded from attending child care agencies until one week after the onset of jaundice or until hepatitis A has been ruled out; and

(2) For persons with hepatitis B or C, precautions shall be instituted in accordance with He-P 301.04.

(g) For a case or suspect case of measles or rubeola, the following control measures shall be instituted:

(1) The admitting official shall exclude a case or suspect case from the grounds of public and non-public schools and child care agencies for at least 4 days after appearance of the rash;

(2) Hospitals and other institutional settings shall institute appropriate isolation in accordance with He-P 301.04 from recognition of clinical illness through the fourth day of rash; and

(3) If the case or suspect case occurs in a health care facility:

a. The facility shall ensure that the following susceptible personnel receive a dose of measles vaccine:

1. All employees who cannot provide documentation of:

(i) Two doses of measles vaccine on or after their first birthday, the second dose a minimum of 28 days from the first; or

(ii) Serologic evidence of immunity to measles; and

b. The facility shall exclude susceptible personnel who have been exposed from direct patient contact from the 5th to the 21st day after exposure regardless of whether they received vaccine or immune globulin after the exposure.

(h) For a case or suspect case of meningococcemia, or infection with invasive *Neisseria meningitidis*, the health care provider shall institute appropriate isolation in accordance with He-P 301.04 for 24 hours after start of antibiotic therapy.

(i) For a case or suspect case of mumps, the following control methods shall be instituted:

(1) The admitting official shall exclude a case or suspect case from public and non-public schools or child care agencies for 5 days from onset of salivary gland swelling; and

(2) For a case or suspect case in hospitals or other institutional settings:

a. The health care provider shall institute appropriate isolation in accordance with He-P 301.04; and

b. The health care provider shall isolate the confirmed or suspect case in a private room for 5 days from onset of salivary gland swelling; and

(3) For all close contacts of cases or suspect cases of mumps, employers shall exclude susceptible close contacts of cases or suspect cases from the following job duties from days 12-26 post exposure:

a. Job duties involving the handling of food;

b. Child care job duties; and

c. Direct care of hospitalized and institutionalized patients.

(j) For a case or suspect case of pertussis, the following control methods shall be instituted:

(1) Confirmed or suspect cases in hospitals or other institutional settings shall be placed in appropriate isolation in accordance with He-P 301.04 by the health care provider until they have received 5 days of antibiotics;

(2) Admitting officials and employers shall exclude confirmed or suspect cases and symptomatic household contacts from the following places until they have received at least 5 days of appropriate antibiotics:

a. Public and non-public schools;

b. Child care agencies; and

c. Work places; and

(3) Health facilities shall exclude health care workers and other adults with suspect or confirmed pertussis from patient/public contact until they have received 5 days of a course of antibiotics.

(k) For confirmed or suspect cases of poliomyelitis, hospitals shall institute isolation in accordance with He-P 301.04.

(l) For confirmed or suspect cases of rabies, hospitals shall institute appropriate isolation in accordance with He-P 301.04.

(m) For confirmed or suspect rubella, including congenital rubella syndrome, the following control methods shall be instituted:

(1) In hospitals and institutions, patients suspected of having rubella shall be managed under appropriate isolation in accordance with He-P 301.04 and placed in a private room for 7 days after the onset of rash;

(2) Admitting officials and employers shall exclude cases or suspect cases from public and non-public schools, child care agencies and work places for 7 days after onset of rash; and

(3) Hospitals and other health care facilities shall ensure that both male and female health care personnel who may be exposed to patients with rubella are immunized unless there is evidence of previous immunity.

(n) For a case or suspected case of shigellosis, E. coli 0157, and other shiga toxin producing E. coli:

(1) Precautions shall be instituted in accordance with He-P 301.04;

(2) Employers shall exclude cases or suspect cases from the following job duties until stool cultures are free of the microorganism on 2 consecutive specimens collected not less than 24 hours apart and at least 48 hours after the last dose of antibiotics, if prescribed:

a. Job duties involving the handling of food;

b. Child care job duties; and

c. Direct care of hospitalized and institutionalized patients; and

(3) Children who are cases or suspect cases shall be excluded from child care settings until stool cultures are free of the microorganism on 2 consecutive specimens collected not less than 24 hours apart and at least 48 hours after the last dose of antibiotics, if prescribed.

(o) For a case or suspected case of tuberculosis (TB), the following control methods shall be instituted:

(1) Employers and admitting officials shall exclude confirmed or suspect cases of TB from congregate settings, with the exception of patients being cared for in a healthcare facility under appropriate precautions, until TB has been ruled out or the confirmed or suspect case is deemed to be non-infectious by the department; and

(2) Health care providers shall order a drug susceptibility test on all initial M. tuberculosis cultures performed on the initial isolate in order to assure proper prescription of treatment.

(p) For a case or suspected case of typhoid fever:

(1) Precautions shall be instituted in accordance with He-P 301.04;

(2) Employers and admitting officials shall exclude cases or suspect cases with the Salmonella typhii organism from the following job duties until released from supervision by the local health authority:

- a. Job duties involving the handling of food;
- b. Child care job duties; and
- c. Direct care of hospitalized and institutionalized patients;

(3) Children who are cases or suspect cases shall be excluded from child care settings until released from supervision by the local health authority; and

(4) The local health authority shall supervise confirmed or suspect cases until:

- a. Not less than 3 consecutive cultures of feces, each taken at least 24 hours apart and at least 48 hours after last dose of any antibiotic and not earlier than one month after illness onset are negative; and
- b. If any one of the cultures in a. above is positive, the culture series shall be repeated at intervals of one month during the 12-month period following illness onset until at least 3 consecutive negative cultures are obtained.

(q) For a case or suspect case of varicella disease:

(1) Admitting officials and employers shall exclude a case, suspect case, or an individual with vesicular eruption related to varicella disease, from the following places for 5 days after eruption first appears until vesicles become dry, or in immunized people without crusts, until no new lesions appear within a 24 hour period:

- a. Public and non-public schools;
- b. Child care agencies; and
- c. Work places; and

(2) Hospitals shall maintain appropriate isolation in accordance with He-P 301.04 for 5 days after eruption first appears or until vesicles become dry or until no new onset of lesions appear within 24 hours if the lesions do not crust, i.e. form macules or papules only instead of vesicles.

(r) For any communicable disease that poses a threat to the public's health and not already described in He-P 301.05, all cases, suspect cases, and close contacts of cases or suspect cases of a communicable disease who work in sensitive occupations, such as healthcare, food service, and child care, or who are otherwise located in a congregate setting, shall be excluded or restricted from certain activities until they are no longer infectious in accordance with RSA 141-C:4 if necessary to protect the health and safety of the public from a communicable disease, and based on the best available guidance and recommendations from the Centers for Disease Control and Prevention or other established sources.

(s) Individuals described in (r) above with symptoms of acute gastrointestinal illness shall be excluded from duties involving direct patient care, childcare, or serving of food or the handling of clean dishware, utensils, or equipment until 48 hours after the resolution of symptoms or until such time the employee can provide certification from a physician that the illness is from a non-infectious cause.

Source. #2017, eff 5-10-82; ss by #3172, eff 1-2-86; ss by #4230, eff 2-23-87; ss by #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.06 Prevention of Gonococcal Ophthalmia Neonatorum and Perinatal Hepatitis B Infection.

(a) All hospitals and healthcare facilities at which births are attended shall administer neonatal prophylaxis against gonococcal ophthalmia.

(b) All hospitals and healthcare facilities at which births are attended shall administer hepatitis B immune globulin (HBIG) and the first hepatitis B vaccine dose within 12 hours of birth to all infants born to hepatitis B surface antigen positive women.

(c) For infants born to women of unknown hepatitis B surface antigen status, the hospital or healthcare facility at which the birth was attended shall:

(1) Administer the first hepatitis B vaccine dose within 12 hours of birth; and

(2) If the mother tests positive for hepatitis B surface antigen, the hospital or healthcare facility at which the birth was attended or the health care provider shall administer HBIG to the infant within 7 days of birth.

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90;
EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by
#9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.07 Procedures for Conduct of Investigation.

(a) In accordance with RSA 141-C:3 the department shall investigate the incidence of communicable diseases or potential transmission of communicable diseases posing a threat to the citizens of the state.

(b) Methods for conducting such investigations shall include the following:

(1) Surveying pertinent populations, health care providers and others by use of questionnaires;

(2) Telephone interviews with cases and suspect cases, contacts, health care providers, employees, and employers of the suspect source of the disease;

(3) Personal interviews with cases and suspect cases, contacts, health care providers, employees, and employers of the suspect source of the disease;

(4) Collection and analysis of samples of food, body fluids or other clinical specimens of cases, suspect cases and suspect sources or any other items and individuals suspected in a disease incident; and

(5) Review of individual case medical records, business records, reports and x-rays of cases, suspect cases and contacts in an incident.

(c) All tests of biological specimens taken from New Hampshire residents for the diagnosis of reportable diseases shall be performed in a laboratory certified under 42 CFR 493. If more extensive laboratory tests will aid in better awareness of the disease causing agent, the commissioner shall order tests performed by the New Hampshire public health laboratories (PHL).

(d) Whenever a laboratory submits a specimen, portion of a specimen, or culture to the PHL for testing, laboratory reporting requirements shall be deemed to have been fulfilled, provided that the minimum information specified in RSA 141-C:7 and He-P 301.03 accompanies the specimen or culture.

(e) The PHL shall hold negative specimens for 30 days and positive specimens for one year or until the conclusion of the investigation or study if longer.

Source. #4230, eff 2-23-87; ss by #4271, eff 6-25-87; ss by
#4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.08 Procedures for Disclosure of Information.

(a) Requests for release of information under RSA 141-C:10, shall be made to the commissioner or his or her designee and shall describe the type, the purpose, and the ultimate disposition of the requested information.

(b) In the case where the department receives a report that a person, who works outside from his or her primary residence, or who provides child care in his or her primary residence, or who prepares food in his or her primary residence for sale to the public, is diagnosed with a reportable disease, or with a condition that can pose a threat to the public health, the following steps shall be taken:

(1) The department shall disclose to the manager of the place of employment:

- a. The name of the individual employee so diagnosed;
- b. The name of the reportable disease;
- c. The laboratory test results associated with the reportable disease; and
- d. What steps the manager shall take to assure protection of the health of the public from exposure to the risks associated with the reportable disease; and

(2) The personal identity of the employee shall be kept confidential by the manager to whom a disclosure is made as described in (1) above in accordance with RSA 141-C:10, I.

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90;
EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.09 Procedures for Decontamination.

(a) The method of decontamination of a commodity, conveyance, baggage, or cargo shall include one or more of the following:

- (1) Washing and rinsing;
- (2) Application of pesticides disinfecting agents or both;
- (3) Incineration;
- (4) Chemical treatment; and
- (5) Other methods proposed by the decontaminator which the commissioner determines will achieve decontamination equivalent or superior to that achieved in (1) - (4) above.

(b) The owner or owners of such commodities, conveyance, baggage, or cargo shall ensure that decontamination is conducted according to the order of the commissioner. No commodity, conveyance, baggage, or cargo shall be removed until decontamination is completed and release has been ordered by the commissioner's designee.

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90;
EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by
#9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.10 Distribution of Pharmaceutical Agents.

(a) Health care providers requesting pharmaceutical agents from the department shall make such requests via the online Vaccine Ordering Management System (VOMS) provided by the department at least 7 days prior to the desired delivery date. The department shall provide VOMS enrollment information upon request.

(b) Requestors pursuant to (a) above shall provide the following information via VOMS:

- (1) The name of the physician, practice, or facility;
- (2) The provider's number provided by the department's immunization program;
- (3) The address of the practice or provider;
- (4) The person responsible for ordering pharmaceutical agents;
- (5) The phone number of the person named in (4) above; and
- (6) The type and number of doses of pharmaceutical agents being ordered.

(c) Health care providers obtaining pharmaceutical agents from the department shall ensure proper storage and handling to prevent deterioration, in compliance with the requirements of RSA 318. All pharmaceutical agents shall be stored in accordance with the manufacturer's instructions that accompany each shipment of pharmaceutical agents. Providers shall be responsible for replacement of pharmaceutical agents if loss occurs due to the facility's negligent storage or handling procedures.

(d) Health care providers receiving vaccines from the department shall inform the recipients of such vaccines of their benefits and risks, in accordance with 42 CFR 110, vaccine information materials.

(e) Health care providers who wish to order state-supplied vaccines shall complete, on an annual basis, the vaccine provider's immunization certification form on which the provider certifies annually that he or she will comply with the following requirements:

- (1) Exercise individualized medical judgment in the administration of state-supplied vaccines;
- (2) Provide the recipient or parent or guardian of each recipient of such vaccine copies of the current vaccine information materials;
- (3) Retain a written immunization record of the vaccine administered for a period of at least 3 years following the end of the calendar year in which the immunization was given and, upon request, furnish copies of the record to the department or the federal Centers for Disease Control and Prevention;
- (4) Make no charge for vaccines provided by the department excluding usual or customary office or professional fees charged for vaccine administration;
- (5) For medicaid federal vaccine eligible children to accept the reimbursement for immunization administration set by the state medicaid agency or the contracted medicaid health plans.
- (6) Provide state-supplied vaccine to individuals regardless of their inability to pay vaccine administration fees, and prominently display a sign that vaccines will be so provided;

- (7) To screen children for eligibility if mandated by state or federal vaccine programs; and
- (8) To minimize vaccine wastage;
- (9) To manage ordering, storage, and disposal of vaccine, including:
 - a. Ordering vaccine and maintaining appropriate inventories;
 - b. Not storing vaccine in dormitory-style units at any time;
 - c. Storing vaccine under proper storage conditions at all times, including using:
 - 1. Refrigerator and freezer vaccine storage units; and
 - 2. Temperature monitoring equipment and practices that meet NH Immunization Program (NHIP) storage and handling requirements as provided by the department; and
 - d. By returning all spoiled or expired public vaccines to the Center for Disease Control's (CDC) centralized vaccine distributor within 6 months of spoilage or expiration date;
- (10) Develop policies to avoid fraud and abuse as defined in 42 CFR 455.2;
- (11) Participate in vaccine for children (VFC) compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements;
- (12) All healthcare providers and medical director's or equivalent responsible representative shall certify the following:
 - a. That all healthcare provider staff, medical director, or equivalent responsible representative having access to the VOMS shall comply with all CDC regulations and guidelines and other applicable federal law related to accessing a CDC system and ordering publically funded vaccines;
 - b. That all healthcare providers or medical director, or equivalent responsible representative shall identify any individual staff, or representative of the healthcare provider who is authorized to order vaccines for the healthcare provider;
 - c. That a record will kept of any changes in staff or additions of new healthcare provider staff or representatives, and will maintain an accurate list of who is authorized to order vaccines;
 - d. That the name of anyone no longer authorized in (12)c. above shall be provided shall be provided to NH Division of Public Health Services within 24 hours; and
 - e. That the identity of the medical director or responsible representative has been accurately included on the provider enrollment form;
- (13) Provide a statement that the healthcare provider medical director or the equivalent shall replace any vaccine purchased with state and federal funds that are deemed non-viable due to provider negligence on a dose-for-dose basis;
- (14) Provide a statement that the healthcare provider medical director or the equivalent understands that healthcare provider or New Hampshire Immunization Program (NHIP) may terminate the agreement at any time; and
- (15) Provide a statement that if the healthcare provider terminates the agreement, the unused federal vaccine shall be returned to NHIP as directed by NHIP.

(f) Vaccine providers shall document the following minimum information on the vaccine recipient's medical record:

- (1) Type of vaccine;
- (2) Date of vaccine administration;
- (3) Manufacturer of vaccine administered;
- (4) Lot number of vaccine;
- (5) Route and site of vaccine administration;
- (6) Name and title of the person administering the vaccine;
- (7) Address where the vaccine was administered; and
- (8) Results of eligibility screening of the child for federal vaccine assistance programs.

(g) When ordering vaccines, health care providers shall provide the following vaccine utilization information via the online VOMS provided by the department:

- (1) Type, numerical sequence, and number of doses of vaccine administered for each specified age group;
- (2) Current inventory with lot numbers;
- (3) Expiration dates;
- (4) Wastage in doses;
- (5) Number of doses ordered;
- (6) Physician or facility's vaccine provider number;
- (7) Both mailing and street addresses;
- (8) Name of provider or facility using vaccine;
- (9) Person responsible for ordering vaccine; and
- (10) Physician or facility's phone and fax numbers.

(h) In the case of an individual experiencing a vaccine-associated adverse medical event from a state-supplied vaccine, the health care provider shall immediately report to the national Vaccine Adverse Event Reporting System at www.vaers.org or 1-800-822-7967 and notify the department of the report.

Source. #4946, eff 10-2-90; EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.11 HIV/AIDS NH Comprehensive Aids Resource Emergency (CARE) Program.

(a) HIV/AIDS financial assistance shall be provided to applicants meeting the eligibility requirements set forth in this section. Applications for financial assistance shall be considered in chronological order among all eligible applicants. However, assistance to which these rules apply shall be subject to the availability of funds and shall not be financially open-ended.

(b) Qualified applicants shall be eligible to receive financial assistance for outpatient health services, insurance services, and drugs that receive Food and Drug Administration approval for use as therapy for individuals infected with HIV and infants perinatally exposed to HIV and are authorized for payment through the program's current formulary.

(c) Financial assistance for outpatient health services, insurance services, and approved drug therapies shall be provided to applicants who meet the following eligibility requirements:

- (1) Are residents of the state of New Hampshire;
- (2) Are infected with HIV or infants perinatally exposed to HIV and have a physician's prescription for one or more of the drugs covered under this program;
- (3) For drug services only, currently be prescribed antiretroviral drugs for the treatment of HIV/AIDS or meet one or more criteria under the US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents available as noted in Appendix A; and
- (4) Have an annual gross household income which is less than 500% of the Federal poverty income guidelines. The program shall maintain flexibility in implementation of the income limit, up to 10% above or below the 500% FPL threshold. The flexibility shall be utilized if changes occur in the federal funding environment or if access to health insurance and medications becomes limited.

(d) The program shall be the payer of last resort and nothing contained in these rules shall authorize or require the program to provide payment for drugs, diagnostics, or monitoring services which would otherwise be paid for by medicaid, medicare, or any other medical insurance program or policy.

(e) Each recipient of financial assistance shall notify the program in writing within 30 days of any change in the recipient's medical insurance coverage which results in coverage for drugs which are currently being paid for by the program.

(f) An application for financial assistance shall be submitted to the program before the program provides financial assistance.

(g) The application referred to in (f) above shall include:

- (1) Information about the applicant including:
 - a. The name and address of the applicant;
 - b. The first three letters of the applicant's mother's first name;
 - c. The status of the applicant's housing and the applicant's contact information and mailing address; and
 - d. Information relating to contacting the applicant by answering machine, email or mail;
 - e. Information relating to contacting the applicant by telephone, voicemail, email, or mail;
- (2) Proof of NH residency;
- (3) Documentation of HIV positive status;
- (4) The name and contact information for the applicant's primary and specialty care physician and pharmacy contact information;
- (5) A statement of financial resources, including any of the following:
 - a. The current income tax form of those persons whose income is considered in determining family income;
 - b. Recent pay stubs for the individuals referred to in (4)a. above;
 - c. A letter from the employer(s) of those individuals referred to in a. above attesting to present wages; and

- d. In the case of zero income, a letter from the case manager attesting to means of financial support; and
- (6) A signed authorization to collect medical data and prescription coverage information through medicaid, medicare, or any medical insurance or policy necessary to determine eligibility as described in He-P 301.11 (c)(2);
- (7) A certification that the applicant understands that the department of health and human services shall not discriminate against people because of their age, sex race, creed, color, marital or familial status, physical or mental disability, national origin, sexual orientation or political affiliation or belief, and shall follow all federal and state laws and rules prohibiting such discrimination, and including information about filing a report of any perceived such discrimination;
- (8) An acknowledgement by the applicant that he or she understands and agrees with a client certification, authorizing releases for a period of one year, and certifies the truthfulness and completeness of the financial information provided, as follows:
 - a. That the applicant declares all financial statements are correct and true to the best of his or her knowledge;
 - b. That any intentional misrepresentation shall result in potential legal action on the basis of state or federal laws;
 - c. That participation in NH CARE program shall be denied if the applicant withholds information, provides inaccurate or refuse to provide all necessary information;
 - d. That the applicant agrees to notify the NH CARE program within 30days of any change in the applicant's name, address, eligibility, financial, or insurance status, or household size, and agrees to provide evidence of income and medical expenses, medicaid or medicare status, or health insurance policy, and agrees to send any refunds to the program which were sent to the applicant but owed to NH CARE program;
 - f. That in order to be considered for participation in the NH CARE program, the applicant authorizes his or her physician to release information requested by NH CARE program relative to the content of the applicant's medical record;
 - g. That the applicant understands that the information relative to the medical record shall be maintained under strict conditions of confidentiality and that the applicant's identity shall not be revealed to any person outside of the department (DHHS);
 - h. The understanding that all information given to the NH CARE program is strictly confidential and shall not be released to any other parties unless allowed by law;
 - i. That the applicant authorizes the staff of the NH CARE program to communicate with and release information, to administer and ensure the best possible planning and delivery of services on the applicant's behalf, and to authorize NH CARE program to speak with the applicant's employer or insurance or consolidated omnibus budget reconciliation act (COBRA) provider to ensure coverage and resolve billing issues;
 - j. That the applicant authorizes the department and the "City of Boston/Trustees of Health and Hospitals" to access the applicant records for monitoring purposes and shall not copy, record or remove anything from the record for a period of two years, notwithstanding the general release provided in (h)(7) above, and
 - k. That authorization in (h)(7) and paragraph (h)(7)j. may be revoked by the applicant at any time in writing; and

(9) A certification by the applicant authorizing the applicant's physician as follows: "I hereby authorize my physician or physician's representative, to release information requested by the NH CARE program, relative to the content of my medical record. I understand that this information will be maintained under strict confidentiality, will not be revealed to persons outside the NH department of health and human services, and will be used solely for my benefit. This release is valid for one (1) year from date of signature unless revoked by me in writing."

(i) The commissioner shall determine whether the applicant meets the eligibility requirements pursuant to paragraph (c) above.

(j) The commissioner shall authorize the commencement, duration, redetermination of eligibility, and reapplication according to the following:

(1) When the commissioner determines that an applicant is eligible for financial assistance in accordance with He-P 301.11(c), the applicant shall remain eligible for 6 months commencing with the date of eligibility;

(2) The commissioner shall not reimburse the applicant or any other person for any payment that was made or debt that was incurred before the eligibility commencement or after its termination;

(3) The commissioner shall evaluate eligibility for financial assistance prior to the expiration of the 6 month period described in (1) above; and

(4) A household or individual who has applied for financial assistance and has been determined to be ineligible may reapply when and if the financial, insurance, or medical status changes.

(k) Notice of determination or other action shall be as follows:

(1) The commissioner shall notify the applicant within 10 days from the date of receipt of their application that the commissioner has determined the applicant's eligibility for assistance; and

(2) The commissioner shall notify a recipient in writing at least 30 days in advance of any action which affects the recipient's eligibility including termination of eligibility.

(l) An applicant may appeal an eligibility determination as follows:

(1) If an applicant is dissatisfied with any eligibility determination, the applicant may request, within 30 days of the date of the commissioner's notification letter, an informal case review conference;

(2) The commissioner shall notify the applicant within 14 days after the case review conference whether the commissioner concurs, modifies, or revokes the determination; and

(3) If the applicant or applicant's guardian is dissatisfied with the result of the case review conference, the applicant or guardian may request within 30 days of notification of the results of the case review conference, an adjudicative proceeding held in accordance with RSA 541-A.

(m) The applicant may contact the office of the ombudsman at any point in the process for a neutral resolution of the applicant's complaint.

(n) The applicant shall contact the NH CARE Program manager if eligibility is denied; and may contact the NH section director if dissatisfied with the response from the NH CARE program manager.

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90; amd by #5587, eff 2-22-93; ss by #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16; amd by #12586, eff 7-24-18

He-P 301.12 Procedures for Written Orders.

(a) Upon receiving a report that a person has a communicable disease, is suspected of having a communicable disease or has been exposed to a communicable disease, the department shall promptly commence an investigation into the matter in order to confirm the report.

(b) Upon confirming the report, the department shall make a determination, based on the best available guidance and recommendations from the Centers for Disease Control and Prevention or other established sources, as to whether the circumstances of the case require that the affected person be maintained in isolation or quarantine, undergo a medical examination, or receive medical treatment.

(c) All orders of isolation, quarantine or treatment shall be issued in accordance with RSA 141-C:11 and 12, except that written orders for treatment shall include the reason for and nature of the medical treatment, where that treatment will be provided, and the duration of time for which the person will need to undergo the treatment.

(d) If the person subject to an order of treatment 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.

(e) The cost of treatment and care, except treatment provided under RSA 141-C:15, III, shall be in accordance with RSA 141-C:15, IV.

(f) Action taken to enforce an order of isolation, quarantine or treatment shall be consistent with the provision of RSA 141- C:13, 14 and 15.

(g) All persons who are subject to orders of isolation, quarantine or treatment shall be entitled to the due process rights set for in RSA 141-C:14-a.

Source. #4425, eff 5-27-88; ss by #4946, eff 10-2-90;
EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by
#9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.13 Documentation of Immunization.

(a) Every parent or guardian of a child to be admitted or enrolled in any New Hampshire public or non-public school, pre-school or child care agency shall, prior to the child's admittance, provide documentation, as defined in He-P 301.01(n), to the admitting official of acceptable immunization of the child as specified in He-P 301.14.

(b) The admitting official may enroll a child under conditional enrollment when the parent or guardian provides the following:

(1) Documentation of at least one dose of each required vaccine; and

(2) The appointment date for the next due dose(s) of required vaccine.

(c) The appointment date referred to in (b)(2) above shall serve as the exclusion date if the child fails to keep the scheduled appointment.

(d) Conditional enrollment shall not be extended to the next school year for the same dose of vaccine.

(e) In accordance with RSA 141-C:20-c, the admitting official shall exempt a child from immunization requirements only if the parent or guardian provides a notarized religious exemption or a licensed health care provider provides a letter, on letterhead, certifying that immunization against a particular disease may be detrimental to the child's health.

(f) The admitting official shall require the following documentation of immunization:

- (1) For measles, mumps, rubella, and hepatitis B:
 - a. The month, day, and year of immunization; or
 - b. Documentation of immunity by confirming laboratory test results;
- (2) For diphtheria, tetanus, pertussis (DTP/DTaP/DT/Td/Tdap), the month, day, and year of immunization;
- (3) For poliomyelitis vaccine, the month, day, and year of immunization;
- (4) For Haemophilus influenzae type b, (Hib) the month, day, and year of administration; and
- (5) For varicella, one of the following:
 - a. The month, day, and year of immunization;
 - b. Documentation of immunity by confirming laboratory test results; or
 - c. For students enrolled in kindergarten prior to 2009, parental or medical provider verification of history of disease.

Source. #4425, eff 5-27-88; ss by #4946, eff 10-2-90;
EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #7605, eff 12-4-01; ss by
#8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff
11-3-16

He-P 301.14 Immunization Requirements.

(a) The number of immunization doses, dosage, route of administration, spacing, and age requirements shall be defined by the Recommended Immunization Schedules for Persons Aged 0-18 years – United States, 2016, as published by the Centers for Disease Control and Prevention (CDC) and as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), available as noted in Appendix A.

(b) Unless the child has received an exemption from the vaccination requirement pursuant to RSA 141-C:20-c, public or private primary or secondary schools, pre-schools and child care agencies shall not admit a child without first receiving documentation, as defined in He-P 301.01(n), showing that the child has received the following age-appropriate and acceptable immunizations:

- (1) With regard to diphtheria, tetanus, pertussis (DPT) or diphtheria, tetanus, acellular pertussis (DTaP) or tetanus, diphtheria, acellular pertussis (Tdap), or if pertussis vaccine is medically contraindicated, then diphtheria-tetanus toxoid (DT/Td), the following doses:
 - a. Unless the 4th dose was administered on or after the fourth birthday, five doses;
 - b. For children 6 years and under, 4 or 5 doses, with the last dose administered on or after the 4th birthday;
 - c. For children 7 years of age and older, a minimum of 3 doses with the last dose administered on or after the 4th birthday;
 - d. Children between 7 and 10 years of age who have not completed their primary immunization schedule or have an unknown vaccine history, a single dose of Tdap, except

that if after receiving the dose of Tdap, they require additional tetanus and diphtheria toxoid doses, a dose of Td; and

e. Beginning August 1, 2017 a single dose of Tdap prior to entering 7th grade, unless that child received Tdap at age 7 years or older, in which case no further doses are required;

(2) Four doses of trivalent polio vaccine, with the fourth dose administered on or after the 4th birthday and separated by 6 months from the 3rd dose, unless:

a. The third dose of an all oral polio vaccine (OPV) or all inactivated polio vaccine (IPV) series was administered on or after the 4th birthday; with the last two doses separated by 6 months, or;

b. If the child was enrolled prior to 2011, 3 doses of all oral polio vaccine (OPV) or all inactivated polio vaccine (IPV) series, with the last dose given on or after the 4th birthday;

(3) With regard to measles, mumps, rubella (MMR) vaccine:

a. One dose given on or after 12 months of age; and

b. For all students in grades kindergarten through 12th grade 2 valid doses, with the first dose administered on or after 12 months of age;

(4) Three doses of hepatitis B vaccine;

(5) For varicella vaccines unless laboratory evidence of immunity for the specific child is provided:

a. One dose given on or after 12 months of age;

b. For all students entering kindergarten after 2009, 2 valid doses of varicella vaccine, with the first dose administered on or after 12 months of age; and

c. For children enrolled in kindergarten prior to 2009, parental or medical provider verification that those children have had varicella disease; and

(6) For Haemophilus influenza Type b (Hib), with regard to children under the age of 59 months who are enrolled in child care and pre-school;

a. 4 doses, with the last dose administered on or after 12 months of age; or

b. One dose on or after 15 months of age.

Source. #4425, eff 5-27-88; ss by #4946, eff 10-2-90;
EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #7605, eff 12-4-01; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.15 Procedures for Record Keeping.

(a) Every public or non-public primary and secondary school, pre-school, and child care agency shall maintain an immunization record for children enrolled at their public or non-public school, pre-school, or child care agency. This record shall include the date of each immunization and shall be separated from the child's other medical records and educational records for the purpose of immunization record audit.

(b) Each admitting official or his or her designee of all public and non-public primary and secondary schools, pre-school, and child care agencies shall review the immunization records of every newly admitted or

enrolled child at their public or non-public school or child care agency.

(c) All record reviews shall determine into which one of the following categories to place each child:

- (1) Children whose immunizations are documented and acceptable in accordance with He-P 301.13 and He-P 301.14;
- (2) Children who are conditionally enrolled;
- (3) Children who are exempt from immunization under RSA 141-C:20-c; and
- (4) The total number of children enrolled in the school.

(d) Each admitting official or his or her designee shall report the results of this record review to the commissioner by November 15 of each year.

(e) If the admitting official finds during the record review that the child's immunizations are insufficiently documented or unacceptable, he or she shall notify the child's parent or guardian stating:

- (1) That the child does not have documentary proof of acceptable immunization; and
- (2) That the child shall not be lawfully admitted or enrolled at the public or non-public school, pre-school, or child care agency unless:
 - a. Documentary proof of acceptable immunization is provided to the admitting official;
 - b. The parent or guardian submits a certificate of medical or religious exemption, as provided under RSA 141-C:20-c; or
 - c. The child is admitted or enrolled conditionally if the child qualifies.

(f) During the conditional enrollment period, the admitting official or his or her designee shall monitor the records of any conditionally enrolled child to ensure that the conditionally enrolled child receives the vaccinations necessary in order to make the child acceptably immunized. The conditional enrollment period shall allow for the routine immunization schedule to be followed, observing appropriate intervals between doses of vaccine(s), and shall not allow for extension into the following school year for the same dose of vaccine.

(g) The admitting official of a school, pre-school, or child care agency shall, at the end of the conditional enrollment period, exclude from attendance any conditionally enrolled child who does not have documentary proof of acceptable immunization or immunity as required in these rules and who has not been exempted under RSA 141-C:20-c.

(h) The admitting official shall readmit or re-enroll the child exempted as described in (g) above only when the parent or guardian provides:

- (1) Documentary proof of acceptable immunization;
- (2) Documentation of immunity by confirming laboratory test results; or
- (3) A certificate of medical or religious exemption, as provided under RSA 141-C:20-c.

(i) When a transfer of immunization records is necessary, the admitting official of the child's previous school shall provide to the parent or guardian the child's immunization record or a copy thereof to present to the admitting official at the new school on arrival.

(j) Admitting officials or their designees shall furnish immunization records or copies thereof to each parent or guardian of a child upon his graduation or final attendance at a secondary school.

Source. #4230, eff 2-23-87; ss by #4946, eff 10-2-90;
EXPIRED: 10-2-96

New. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.16 The Use of the Common Cup.

- (a) A common cup used for the purpose of drinking shall not be utilized in public places.
- (b) Paragraph (a) above shall not restrict the use of a common chalice or similar article during the performance of a religious ceremony.

Source. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16

He-P 301.17 Tuberculosis Patient Care Financial Assistance Program.

(a) Tuberculosis (TB) patient care financial assistance shall be provided for tuberculosis related treatment and services to applicants meeting the eligibility requirements set forth in this section. Applications for financial assistance shall be considered in chronological order among all eligible applicants. However, assistance to which these rules apply shall be subject to the availability of funds and shall not be financially open-ended.

(b) Qualified applicants shall be eligible to receive financial assistance for the following patient care:

- (1) Medications approved by the Federal Food and Drug Administration for the treatment of tuberculosis, latent tuberculosis infection, or any medical condition caused by tuberculosis or tuberculosis medications;
- (2) Licensed healthcare provider visits for active tuberculosis and high risk latent tuberculosis diagnosis, treatment and follow-up, when indicated;
- (3) Diagnostic procedures to diagnose or monitor the disease;
- (4) Laboratory tests related to the diagnosis of tuberculosis or its treatment; and
- (5) Home health agency visits to provide directly observed therapy.

(c) Financial assistance for approved TB patient care shall be provided for applicants who meet the following eligibility requirements:

- (1) Are residents of the state of New Hampshire;
- (2) Are infected with active tuberculosis or high-risk Latent Tuberculosis Infection, or those undergoing diagnostic procedures because of suspected TB;
- (3) Are under a physician's care for TB; and
- (4) Have an annual gross household income which is less than 300% of the Federal poverty income guidelines.

(d) As the payor of last resort, nothing contained in these rules shall authorize or require the program to provide payment for drugs, diagnostics or monitoring services which would otherwise be paid for by medicaid, medicare or any other medical insurance program or policy.

(e) Each recipient shall notify the program in writing within 30 days of any change in the recipient's medical insurance coverage which results in coverage for patient care costs which are being paid for by the program.

(f) An application for financial assistance shall be submitted to the program before the program provides financial assistance. The application shall include:

- (1) The name and address of the applicant;
 - (2) Documentation of active tuberculosis or high-risk latent tuberculosis infection diagnosis, or a statement that the applicant is undergoing diagnostic procedures because of suspected TB;
 - (3) Proof of New Hampshire residency;
 - (4) A statement of financial resources signed by the applicant, including any of the following:
 - a. The most recent income tax form of those persons whose income is considered in determining family income;
 - b. A recent pay stub for each individual in (g)(4)a. above;
 - c. A letter from the employer(s) of those individuals in a. above attesting to present wages; and
 - d. In the case of zero income, a letter from the healthcare provider or public health nurse case manager attesting to means of financial support.
- (g) An application for financial assistance shall be submitted to the program before the program provides financial assistance.
- (h) The application referred to in (g) above shall include:
- (1) The name and address of the applicant; and additional information about the applicant including:
 - a. Place of birth, social security number, race, sexual orientation, and ethnicity;
 - b. The first three letters of the applicant's mother's first name;
 - c. The status of the applicant's housing and the applicant's contact information and mailing address; and
 - d. Information relating to contacting the applicant by answering machine, email or mail;
 - (2) Proof of NH residency;
 - (3) Documentation of active tuberculosis or high-risk latent tuberculosis infection;
 - (4) The name and contact information for the applicant's primary and specialty care physician and pharmacy contact information;
 - (5) A statement of financial resources, including any of the following:
 - a. The current income tax form of those persons whose income is considered in determining family income;
 - b. Recent pay stubs for the individuals referred to in (4)a. above;
 - c. A letter from the employer(s) of those individuals referred to in a. above attesting to present wages; and
 - d. In the case of zero income, a letter from the case manager attesting to means of financial support; and
 - e. Copy of insurance card or proof of insurance, if applicable;
- (i) A signed authorization that:

(1) The applicant understands that DHHS:

- a. Shall not discriminate against people because of their age, sex race, creed, color, marital or familial status, physical or mental disability, national origin, sexual orientation or political affiliation or belief;
- b. Shall follow all federal and state laws and rules prohibiting such discrimination; and
- c. Shall provide the applicant with access to information about filing a report of any perceived such discrimination;

(2) That financial statements made as part of the application and eligibility determination are true and correct to the best of the applicant's knowledge,

(3) The applicant understands that:

- a. Intentional misrepresentations may result in legal action on the basis of state or federal laws; and
- b. That participation and eligibility shall be denied if information is intentionally withheld, misrepresented or omitted;

(5) The applicant shall notify NH TB Financial Assistance Program within 30 days of any change in name, address, eligibility, financial, insurance status or household size, income or medical expenses and to provide evidence thereof;

(6) The applicant authorizes his or physician, or physician's representative to release information relative to the content of the applicant's medical record to NH TB Financial Assistance Program and the department for the purpose of determining eligibility as described in He-P 301.17(c);

(7) The information from the medical record including the applicant's identity shall be maintained in strict confidence and not revealed to any person outside of the department;

(8) The applicant authorizes the staff at NH TB Financial Assistance Program to communicate with and release information including the applicant's diagnosis to physicians and other health care professionals including the applicant's pharmacist, case manager and other treatment providers to ensure planning and delivery of services to the applicant; and

(9) The releases in (6) and (8) above are valid for one year from the date of signature unless revoked by the applicant in writing.

(j) The commissioner shall determine whether the applicant meets the eligibility requirements pursuant to paragraph (g) above.

(k) The commissioner shall authorize the commencement, duration, redetermination of eligibility and reapplication according to the following:

(1) When the commissioner determines that an applicant is eligible for financial assistance in accordance with He-P 301.17(c), the applicant shall remain eligible for 12 months commencing with the date of eligibility;

(2) The commissioner shall not reimburse the applicant or any other person for any payment that was made before the eligibility commencement;

(3) The commissioner shall evaluate eligibility for financial assistance prior to the expiration of the 12 month period described in (1) above; and

(4) A household or individual who has applied for financial assistance and has been determined to be ineligible can reapply when and if the financial or medical status changes.

(l) Notice of determination and notice of other action shall be as follows:

- (1) The commissioner shall notify the applicant within 10 days from the date of receipt of application that the commissioner has determined that the applicant is eligible or ineligible for assistance; and
- (2) The commissioner shall notify a recipient in writing at least 30 days in advance of any other action which the commissioner has decided to take which affects the recipient's eligibility including termination of eligibility.

(m) An applicant may appeal an adverse eligibility determination as follows:

- (1) If an applicant is dissatisfied with any determination, the applicant may request, within 30 days of the date of the commissioner's notification letter, an informal case review conference;
- (2) The commissioner shall notify the applicant in writing after the case review conference whether he or she concurs, modifies or revokes the determination; and
- (3) If the applicant is dissatisfied with the result of the case review conference, he or she may request, within 30 days of notification of the results of the case review conference, an adjudicative proceeding held in accordance with RSA 541-A.

(n) The applicant may contact the office of the ombudsman at any point in the process for a neutral resolution of the applicant's complaint.

(p) The applicant shall contact the NH CARE program manager if eligibility is denied; and may contact the NH section director if dissatisfied with the response from the NH CARE program manager.

(o) The applicant shall contact the ID Care Services manager if eligibility is denied, and may contact the NH section director if dissatisfied with the response from the ID Care Services manager.

(p) Reimbursement shall be made directly to the provider of the service or to the pharmacy and not directly to the applicant.

Source. #6634, eff 11-25-97; ss by #8242, eff 12-30-04; ss by #9172, eff 6-6-08; ss by #12033, eff 11-3-16; amd by #12586, eff 7-24-18

PART He-P 302 CRITICAL HEALTH PROBLEMS - EXPIRED

Source. #3172, eff 1-2-86; ss by #4270, eff 2-23-87, EXPIRED: 2-23-93

PART He-P 303 OCCUPATIONAL DISEASE REPORTING - EXPIRED

Source. #3172, eff 1-2-86, EXPIRED: 1-2-92

PART He-P 304 CANCER REGISTRY RULES

He-P 304.01 Definitions.

(a) "Clinic" means a health care facility licensed by the state of New Hampshire, where a physician, nurse practitioner, or other health care professional provides cancer diagnosis and treatment or both, and that is not an operational entity of and not affiliated with a hospital. Such facilities include urology clinics, dermatology clinics, out-patient surgical centers, ambulatory oncology treatment centers, ambulatory radiation treatment centers, and physician group practices devoted to oncology.

(b) "Commissioner" means the commissioner of the department of health and human services.

(c) “Confidence interval” means an estimated range of values, which is likely to include an unknown population parameter, the estimated range being calculated from a given set of sample data.

(d) “Courier service” means a mail delivery service that provides guaranteed delivery of documents or packages by using a reliable tracking system.

(e) “Definitive report” means information or data in the format of an electronic or paper document, or report, describing a reportable cancer, including the information described in He-P 304.02(e), that is submitted to the state cancer registry (SCR) as follows:

(1) No sooner than 90 days and no later than 180 days of an initial diagnosis or treatment; or

(2) In cases where the patient has died, or is transferred to hospice care, within 90 days of death and transfer.

(f) “Department” means the New Hampshire department of health and human services.

(g) “Facility” means “facility” as defined in RSA 141-B:3, VI, namely, “a governmental or private agency, department, institution, clinic, laboratory, hospital, health maintenance organization, association, physician, or other similar unit diagnosing or providing treatment for cancer.”

(h) “Medical laboratory” means a facility performing tests or analyses of human samples from patients suspected to have cancer.

(i) “Mutual agreement” means an understanding, arrangement, or stipulation which establishes the responsible reporter to the SCR as made between 2 facilities, clinics, or physicians, which can be confirmed in writing, but for which written documentation is not required.

(j) “Pathology report” means electronic or paper report(s) prepared by a pathologist providing a description of laboratory test results, and an evaluation of cells, tissues, and organs based on evidence from a sample of body tissue, which is used to diagnose and characterize disease.

(k) “Protected health information” means protected health information as defined in 45 CFR 160.103.

(l) “Rapid report” means information or data in an electronic or paper document or report, describing a reportable cancer, including the information described in He-P 304.02(d), that is submitted to the SCR within 45 days of diagnosis.

(m) “Reportable cancer” means any syndrome, condition, or disease listed in “Table 2 “NAACCR Layout Version 15: Comparison of Reportable Cancers” (Thornton ML, (ed.)) “Standards and Registry Operations/Volume II/Data Standards and Data Dictionary,” Version 15, 19th ed. (Posted October 2014, Revised February 27, 2015)/Chapter III, “Standards for Tumor Inclusion and Reportability” “Table 2 NPCR Requirements”, Springfield, Ill., North American Association of Central Cancer Registries. As listed in Appendix A and available as a free electronic document at <http://www.naacccr.org>.

(n) “State cancer registry (SCR)” means the department or, if the department meets its statutory obligations by contract, an organization, system, or individual contracted by the department to collect, manage and store information on cases of reportable cancer pursuant to RSA 141-B:5 and RSA 141-B:10.

Source. #4055, eff 5-27-86; amd by #4869, eff 7-24-90; ss by #5601, eff 3-24-93; amd by #6075, eff 8-5-95; ss by #7406, eff 11-21-00; ss by #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.02 Reporting Requirements.

(a) In accordance with RSA 141-B:7, all facilities shall report diagnosis or treatment of a reportable cancer to the SCR in accordance with the rules specified below, and using the means described in He-P 304.02(f), (g) and (h). SCR may be contacted through <http://geiselmed.dartmouth.edu/nhscr/contact>.

(b) Pursuant to (a) above, all facilities shall include information and data in each report describing cancer diagnosis or treatment according to one of the following standards, as applicable:

(1) The North American Association of Central Cancer Registries (NAACCR), “Standards for Cancer Registries, Volume II/Data Standards and Data Dictionary, 19th Edition, Record Layout Version 15,” (January 1, 2015) Edited by Monica Thornton, Revised (February, 27, 2015.), as listed in Appendix A and available as a free document at www.naaccr.org;

(2) The North American Association of Central Cancer Registries (NAACCR), “Standards for Cancer Registries/Volume V: “Pathology Laboratory Electronic Reporting, Version 4.0.” Klein Wt., Havener L (eds.), Springfield (IL); North American Association of Central Cancer Registries, Inc., April, 2011, as listed in Appendix A and available as a free electronic document at www.naaccr.org; or

(3) The National Center for Chronic Disease Prevention and Health Promotion Division of Cancer Prevention and Control, “Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries HL7 Clinical Document Architecture (CDA) Release 1.1” (March, 2014), as listed in Appendix A and available as a free electronic document in PDF format at <http://cdc.gov/cancer/npcr/ehrmeaningfuluse/cancer.htm>.

(c) Each report shall contain information or data required by the appropriate standard in (b) above, as listed in elements (1)-(10) below, and include any supporting information, as follows:

- (1) Item numbers defining demographics;
- (2) Item numbers defining cancer identification;
- (3) Item numbers defining hospital-specific information;
- (4) Item numbers defining stage prognostic factors;
- (5) Item numbers defining the first course of treatment;
- (6) Item numbers defining follow-up, recurrence, and death;
- (7) Item numbers defining confidential patient information;
- (8) Item numbers defining confidential hospital information;
- (9) Item numbers defining other confidential information; and
- (10) Item numbers defining diagnosis.

(d) Of the item numbers specified in (b) and (c) above, the following shall require rapid reporting as defined in He-P 304.01(l) and described in He-P 304.03(b) and (c):

- (1) Item numbers defining demographics;
- (2) Item numbers defining cancer identification;
- (3) Item numbers defining hospital-specific information;
- (4) Item numbers defining confidential patient information; and
- (5) Item numbers defining other confidential information.

(e) The items listed in (c) above shall require definitive reporting as defined in He-P 304.01(e), and described in He-P 304.03(a), He-P 304.03(d), He-P 304.04(a), and He-P 304.06(a) and (b).

(f) All facilities making an electronic report to the SCR in accordance with (a) above, shall submit through a secure internet-based encrypted mechanism, such as a direct file transfer, or a web-based reporting form supported by the SCR.

(g) All facilities reporting electronically shall format reports as specified by one of the following standards, as applicable:

(1) The North American Association of Central Cancer Registries (NAACCR), “Standards for Cancer Registries, Volume II/Data Standards and Data Dictionary, 19th Edition, Record Layout Version 15.” (January 1, 2015) Edited by Monica Thornton, Revised (February, 27, 2015), as listed in Appendix A and available as a free document at <http://www.naacccr.org>;

(2) The North American Association of Central Cancer Registries (NAACCR), “Standards for Cancer Registries/Volume V: Pathology Laboratory Electronic Reporting, Version 4.0.” Klein Wt., Havener L. (eds.) Springfield (IL); North American Association of Central Cancer Registries, Inc., (April, 2011), as listed in Appendix a and available as a free electronic document at <http://www.naacccr.org>; or

(3) The National Center for Chronic Disease Prevention and Health Promotion Division of Cancer Prevention and Control, “Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries HL7 Clinical Document Architecture (CDA) Release 1.1” (March, 2014), as listed in Appendix A and available as a free electronic document in PDF format at <http://cdc.gov/cancer/npcr/ehrmmeaningfuluse/cancer.htm>.

(h) Where electronic reporting is not feasible, facilities shall complete and file the New Hampshire State Cancer Registry (NHSCR) “Cancer Report Form” (July, 2015) provided by the SCR and faxed or mailed by the facilities to the SCR, via regular mail or a courier service.

Source. #4055, eff 5-27-86, EXPIRED: 5-27-92

New. #5601, eff 3-24-93; amd by #6075, eff 8-5-95; ss by #7406, eff 11-21-00; ss by #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.03 Reporting of Information by Hospitals Licensed by the State of New Hampshire.

(a) Hospitals licensed by the state of New Hampshire that diagnose or treat at least 105 new reportable cancer cases per year shall employ a cancer registrar to abstract the definitive report.

(b) Hospitals licensed by the state of New Hampshire that diagnose or treat at least 105 new reportable cancer cases per year shall provide a rapid report to SCR in accordance with He-P 304.01(l) and a definitive report in accordance with He-P 304.01(e).

(c) Hospitals licensed by the state of New Hampshire that diagnose or treat fewer than 105 reportable cancer cases per year shall provide a rapid report to SCR in accordance with He-P 304.01(l), and a paper or electronic report to SCR in accordance with He-P 304.02.

(d) Hospitals licensed by the state of New Hampshire that diagnose or treat fewer than 105 reportable cancer cases per year shall make available to SCR the medical records of all patients with a reportable cancer for the creation of the definitive report in accordance with He-P 304.01(e).

(e) Facilities owned by a hospital licensed by the state of New Hampshire shall have met the reporting requirements of this rule if reports are submitted to SCR on their behalf by the hospital.

Source. #4055, eff 5-27-86, EXPIRED: 5-27-92

New. #5601, eff 3-24-93, EXPIRED: 3-24-99

New. #7406, eff 11-21-00; ss by #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.04 Reporting of Information by a Physician Licensed by the State of New Hampshire.

(a) A physician, surgeon, or other licensed health care practitioner who diagnoses or treats cancer patients shall complete and provide a definitive report in accordance with He-P 304.01(d) for each newly diagnosed cancer case when that patient will not be immediately referred to a hospital or other treatment center for additional diagnosis or treatment.

(b) A physician, surgeon, or other licensed health care practitioner shall provide additional information to SCR regarding a patient as is considered necessary for abstraction of required cancer incidence data in accordance with He-P 304.07(a).

(c) A physician, surgeon, or other licensed health care practitioner may fulfill his or her responsibility for cancer reporting for a cancer patient through a mutual agreement allowing cases to be reported by a hospice or other facility that provided medical or nursing care to that cancer patient.

(d) A physician, surgeon or other licensed health care practitioner shall make available to the SCR the medical records of all patients with a reportable cancer for creation of the definitive report in accordance with He-P 304.01(e).

Source. #4055, eff 5-27-86, EXPIRED: 5-27-92

New. #5601, eff 3-24-93, EXPIRED: 3-24-99

New. #7406, eff 11-21-00; ss by #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.05 Reporting of Information by a Medical Laboratory Licensed by the State of New Hampshire.

(a) A medical laboratory licensed by the state of New Hampshire that obtains a specimen of human tissue which, upon examination, shows evidence of cancer, shall:

(1) Within 180 days after that pathology report is complete, provide information concerning its findings to the SCR; and

(2) Fax, mail, or electronically transmit a copy of the pathology report using procedures described in this section.

(b) A medical laboratory may fulfill its responsibility for cancer reporting through a mutual agreement allowing cases to be submitted by the cancer registrar at an affiliated hospital or other facility.

(c) The SCR shall be granted access to pathology reports used to confirm or rule out a diagnosis of cancer by medical laboratories for the purpose of case finding and quality assurance.

(d) The SCR shall be authorized to identify cancer cases from the pathology reports and request information about missing cancer reports from the reporting facility.

Source. #4055, eff 5-27-86; amd by #4869, eff 7-24-90; ss by #5601, eff 3-24-93, EXPIRED: 3-24-99

New. #7406, eff 11-21-00; ss by #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.06 Reporting of Information by Clinics that Diagnose or Treat Patients With Cancer.

(a) A clinic shall provide a definitive report for each case in accordance with He-P 304.01(e).

(b) A clinic licensed by the state of New Hampshire shall:

- (1) Be responsible for the submission of all definitive reports to the SCR; or
- (2) Develop a mutual agreement with a cancer registrar at a hospital or other affiliated facility for the submission of a definitive report to the SCR.

(c) A clinic shall provide additional information to SCR regarding a cancer patient as necessary for abstraction of required cancer incidence data in accordance with He-P 304.07(a).

Source. #4055, eff 5-27-86; ss by #4377, eff 3-1-88; ss by #5601, eff 3-24-93, EXPIRED: 3-24-99

New. #7406, eff 11-21-00; ss by #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.07 Quality Assurance, Verification, and Confidentiality.

(a) All facilities shall respond to SCR requests for case information pursuant to He-P 304.02(b) and (c) within 14 working days of receipt of such requests.

(b) All facilities shall respond to SCR requests to perform a site visit.

(c) SCR shall perform a site visit at each facility in order to:

- (1) Audit pathology reports and other information to ensure that no cancer cases are overlooked in reporting; and
- (2) Monitor the completeness and accuracy of the cancer reports.

(d) Each facility shall make available for reviewing and copying all paper or electronically stored information including the following:

- (1) Laboratory analyses including tissue, cytology, and pathology reports;
- (2) Records regarding radiological examinations, in relation to cancer diagnoses or treatment;
- (3) Reports of diagnoses of malignant disease, and notations of the reasons for such diagnoses, including both primary clinicians' reports and consultants' reports;
- (4) Pharmacy records;
- (5) Reports regarding any operations or an autopsy;
- (6) Discharge plans and abstracts regarding cancer diagnoses;and
- (7) A list of the applicable discharge diagnoses or treatment as identified in the "Casefinding Lists, Current Lists/Code List," (October 1, 2015-September 30, 2016), as listed in Appendix A and available as a free electronic document at <http://seer.cancer.gov/tools/casefinding/case2016-icd10cm.html>.

(e) Pursuant to 42 USC 280e(c)(2)(D)(viii), individuals complying with the law shall not be held liable in any civil action with respect to a report of cancer provided to the SCR, or with respect to access to data or information provided to the SCR.

Source. #4377, eff 3-1-88; ss by #5601, eff 3-24-93, EXPIRED: 3-24-99

New. #7406, eff 11-21-00; ss by #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.08 Procedures for Disclosure of Protected Health Information.

(a) The SCR shall use and disclose protected health information in accordance with RSA 141-B:9 and the provisions of 45 CFR 164 generally, and specifically, 45 CFR 164.502, 164.506 and 164.512.

(b) The department shall maintain the confidentiality of reports submitted to the SCR pursuant to RSA 141-B:9 except in accordance with (c) below.

(c) A report submitted to the SCR concerning an individual, and any other information maintained by the SCR, which, because of a personal identifier, can be readily associated with an individual, shall only be released:

(1) To the individual upon:

- a. Receipt of a written request which shall be signed by the individual; and
- b. Presentation of identification, such as a driver's license, by the individual;

(2) If the individual is a minor, to a parent of the individual upon:

- a. Receipt of a written request, which shall be signed by the parent;
- b. Receipt of a certified copy of the birth certificate of the individual; and
- c. Receipt of a copy of the parent's identification, such as a driver's license of the parent;

(3) If the individual has a court-appointed guardian or if the individual is deceased, to the court-appointed guardian or to the executor or administrator of the individual's estate upon:

- a. Receipt of a written request, which shall be signed by the court-appointed guardian, executor, or administrator of the estate;
- b. Receipt of a certified copy of the order or decree which appoints the guardian, executor, or administrator; and
- c. Receipt of a copy of identification, such as a driver's license, by the guardian, executor, or administrator;

(4) To an attorney or other person designated by the individual upon receipt of a written medical release request which shall be signed by the individual;

(5) To persons conducting health related research, upon receipt and approval pursuant to He-P 304.09 of a written application to the department, which shall be signed by the applicant and includes:

a. The following information about the principal investigator:

- 1. Name, address, and phone number;
- 2. Organizational affiliation;
- 3. Professional qualification; and
- 4. Name and phone number of principal investigator's contact person, if any;

b. The following information about the data or record copies being requested:

- 1. Type of event or record copies;
- 2. Time period of the data or record copies;

3. Specific data items required, if applicable;
 4. Medium in which the data or record copies are to be supplied by the bureau; and
 5. Any special format or layout of data required by the principal investigator;
- c. A research protocol which shall contain:
1. A summary of background and origin of the research;
 2. A statement of the health-related problem or issue to be addressed by the research;
 3. The primary research hypothesis to be tested;
 4. The research design, which shall include:
 - (i) Case definition;
 - (ii) Method of case selection; and
 - (iii) Method of data analysis;
 5. The research methodology, which shall include:
 - (i) The way in which the requested data will be used; and
 - (ii) The procedures for follow-back to any persons or facilities named in records, if applicable;
 6. Procedures to obtain informed consent from the research participants, if applicable;
 7. The procedures that shall be followed to maintain the confidentiality of any data or copies of records provided to the requester; and
 8. The intended completion date;
- d. A statement signed by the principal investigator agreeing to the following:
1. The investigator shall acknowledge the department as the source of the data in any and all public reports, publications, or presentations generated by the requester from these data;
 2. The investigator shall specify that the analyses, conclusions, and recommendations drawn from such data are solely those of the requester and are not necessarily those of the department;
 3. Any data or record copies provided shall not be used for any purpose other than that described in the application;
 4. The principal investigator and the research staff shall not disclose the identity of individuals revealed in the data or record copies to any persons except as is necessary to perform the research described in the application;
 5. The data record shall not be further released to any other person or organization without the written consent of the commissioner or his designee; and
 6. No form of information derived from the data or record copies that identify any individuals shall be made public;
- e. A written statement ensuring that the investigator shall hold all information confidential; and

f. When contact with patients will occur, submission of an Institutional Review Board (IRB) approval for the study by an IRB formed in accordance with the requirements of the U.S. Department of Health and Human Services Code of Federal Regulations for Protection of Human Subjects, 45 CFR 46, June 23, 2005; or

(6) In association with an audit as required under Title III of Public Health Services Act, 42 U.S.C. 241 et seq.

(d) Persons fraudulently requesting data or information shall be subject to penalty for unsworn falsification pursuant to RSA 641:3.

[Source.](#) #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.09 Approval Criteria for Release of Confidential Data for Research Purposes.

(a) The commissioner shall review applications for the use of confidential SCR data, based on the following criteria:

(1) Completeness of application, pursuant to He-P 304.08(b)(5);

(2) Documentation of adequate measures to insure confidentiality of patients, pursuant to He-P 304.08(b)(5);

(3) Determination of whether the study, if carried out according to the application submitted pursuant to He-P 304.08(b)(5), will be able to answer the research hypothesis as stated in this application; and

(4) Qualifications of investigator(s) and research staff, as indicated by:

a. Documentation of training and previous research, such as peer reviewed publications, in the proposed or related area; and

b. Affiliation with a university, medical center or other institution, which will provide sufficient research resources.

(b) The commissioner shall deny an application in accordance with RSA 541-A: 29, II (a) when it has been determined that one or more of the requirements of He-P 304.08(b)(5) or He-P 304.09(a) have not been met.

[Source.](#) #9046, eff 12-5-07; ss by #11054, eff 3-15-16

He-P 304.10 Aggregate Data. The number of cancer cases shall not be released in any document where the numbers of cancer cases are between 1 and 4.

[Source.](#) #9046, eff 12-5-07; ss by #11054, eff 3-15-16

PART He-P 305 HIV

He-P 305.01 Definitions.

(a) "Anatomical parts" mean "anatomical parts" as defined in RSA 291-A.I.V.

(b) "Autologous donor" means an individual who provides a blood product or anatomical part for self-use.

(c) "Blood transfusion centers" mean those facilities referenced in RSA 141-F:5, I which receive for distribution or use, donated whole blood or blood components.

(d) "Blood components" mean whole blood constituents or derivatives.

(e) "Clinical laboratory improvement amendments of 1988 (CLIA)" means the revision of Section 353 of the Public Health Service Act (42 U.S.C. 263(a)), compliance with which certifies that laboratories may accept human specimens for the purposes of performing laboratory examinations or procedures.

(f) "Confirmatory test" means a test that utilizes a different methodology than the screening test and has equal or greater specificity than the screening test.

(g) "Human immunodeficiency virus" or HIV means "human immunodeficiency virus" as defined in RSA 141-F:2, V.

(h) "Indeterminate" test result means that a test result does not meet the criteria for either a reactive or nonreactive test. The term includes "equivocal".

(i) "Initial test" means the first HIV test performed on the specimen.

(j) "Laboratory" means any building or place for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body.

(k) "Proficiency testing" means a form of external quality control in which specimens are received from outside the laboratory, analyzed as routine specimens, and the results returned to a central location for comparison with other participating laboratories.

(l) "Reactive" means that a component of the patient's specimen has formed detectable complexes with the HIV antigen or antibody supplied by the laboratory scientist during the analysis as defined by the procedure used.

(m) "Researcher" means an individual who conducts HIV tests, for the purpose of increasing the scientific knowledge of HIV, in accordance with RSA 141-F:5, III.

(n) "Screening test" means any test which requires further testing by a different methodology in order to definitively report the presence of a condition.

(o) "Specimen" means a portion of tissue or body fluid material from a human body.

(p) "Test kit" means all components of a test procedure that are packaged together by the manufacturer.

(q) "Tissue procurer" means a physician licensed or registered to practice in New Hampshire, or person authorized by such physician, who obtains, processes, distributes, or uses anatomical parts.

Source. #4637, eff 6-19-89; EXPIRED 6-19-95

New. #6563, eff 8-21-97; ss by #8355, eff 5-24-05, EXPIRED: 24-13

He-P 305.02 Licensing and Certification Requirements. The following shall apply:

(a) Any laboratory, business or other organization either testing or collecting specimens shall be licensed in accordance with RSA 151; and

(b) Any laboratory, business or other organization either testing or collecting specimens shall be in compliance with the Clinical Laboratory Improvement Act (CLIA) as implemented in 42CFR 493.

Source. #4637, eff 6-19-89; EXPIRED: 6-19-95

New. #6563, eff 8-21-97; ss by #8355, eff 5-24-05, EXPIRED: 24-13

He-P 305.03 Procedures for HIV Testing of Whole Blood or Blood Components by Blood Transfusion Centers and of Donors of Anatomical Parts by Tissue Procurers.

(a) Pursuant to RSA 141-F:5, I, and II, any New Hampshire blood transfusion center which receives, for distribution or use, whole blood or a blood component not previously tested for the presence of an antibody to, or antigen of, HIV, or New Hampshire tissue procurer who obtains, for distribution or use, anatomical parts, the donors of which were not previously tested for the presence of an antibody to, or antigen of, HIV, shall:

(1) Have the whole blood, blood component, or the donor of anatomical parts tested by the New Hampshire department of health and human services, public health laboratories or other laboratories, businesses or organizations which test human blood, tissue or other samples as part of their operations;

(2) Maintain for at least 4 years a record of the number of tests performed on specimens collected; and

(3) Maintain for at least 4 years a record on the number of tests described in He-P 305.02 (b) that were positive or indeterminate for each type of test performed;

(b) Notwithstanding He-P 305.02 (a), HIV testing for autologous donors shall be pursuant to 21 CFR 610.45.

Source. #4637, eff 6-19-89; EXPIRED: 6-19-95

New. #6563, eff 8-21-97; ss and moved by #8355, eff 5-24-05 (from He-P 305.02), EXPIRED: 5-24-13

He-P 305.04 Procedures for Confidentially Testing HIV Specimens for Medical Research.

(a) Any New Hampshire facility engaged in medical research which tests specimens for the presence of an antibody to, or antigen of, HIV pursuant to RSA 141-F:5, III shall assign a principal investigator.

(b) The principal investigator shall:

(1) Be a licensed physician;

(2) Be responsible for ensuring that the specimen being tested is free of any personal identifiers prior to its release to a researcher;

(3) Be responsible for ensuring that any personal identifiers can not be retrieved;

(4) Be responsible for ensuring that an alphanumeric identifier is assigned to the specimen which shall be used in all future reference to the specimen; and

(5) Be responsible for review of all completed research data and reports to ensure that no personal identifiers can be recognized by anyone reading the completed data or report.

Source. #4637, eff 6-19-89; EXPIRED: 6-19-95

New. #6563, eff 8-21-97; ss and moved by #8355, eff 5-24-05 (from He-P 305.03), EXPIRED: 5-24-13

He-P 305.05 Procedures for Conducting HIV Tests in Correctional Facilities and the New Hampshire Hospital. Tests of individuals convicted and confined to a New Hampshire correctional facility or committed to New Hampshire hospital, pursuant to RSA 141-F:5 IV, shall be conducted in accordance with the written policies and procedures of the facility and the following:

(a) The facility shall maintain a confidential record kept in accordance with RSA 141-F:8 for the collection of specimens;

(b) The confidential record shall include the following:

- (1) The name of the person from whom the specimen was taken;
- (2) The name and address of the licensed physician, or person authorized by the physician who collected the specimen; and
- (3) The date the specimen was collected;

(c) All specimens shall be tested by the New Hampshire department of health and human services, public health laboratories or other laboratories, businesses or organizations which test human blood, tissue, or other samples as part of their operations;

(d) A record of the number of tests performed on specimens received shall be maintained for at least 4 years; and

(e) A record of the number of tests that were positive or indeterminate shall be maintained for at least 4 years.

Source. #4637, eff 6-19-89; EXPIRED: 6-19-95

New. #6563, eff 8-21-97; ss and moved by #8355; eff 5-24-05
(from He-P 305.04), EXPIRED: 5-24-13

He-P 305.06 Standards for Performing HIV Testing.

(a) This section shall apply to any New Hampshire laboratory or other such business or organization which offers, or engages in, the performance of tests to detect or quantify antibody to, or antigen of, HIV in human body fluids or tissues.

(b) A laboratory or other such business or organization which offers to test, or engages in testing, to detect or quantify antibody to, or antigen of, HIV shall comply with the provisions for consent in RSA 141-F:5 and the exceptions thereunder.

(c) Any purposeful violation of the requirements set forth in these rules shall be subject to enforcement under RSA 141-F:11.

(d) All laboratories, public or private, or other such businesses or organizations shall use only analytic procedures that are FDA approved and in compliance with CLIA, as found in 42CFR Part 493, and which include but are not limited to the following:

- (1) The manufacturer's testing insert kit for all initial and confirmatory testing; and
- (2) The performance of external controls.

(e) No laboratories or other such businesses or organizations shall report any reactive or indeterminate screening test result prior to the performance of a confirmatory test as defined by the manufacturer's testing kit package insert, except:

- (1) When the test is being conducted by a blood transfusion center or tissue procurer for the purpose of determining the medical acceptability of a blood, organ or tissue donor;
- (2) When the physician who ordered the test specifically attests that he/she needs the initial test result to provide optimal emergency diagnosis and/or emergency treatment to the individual; or
- (3) When the reactive or indeterminate screening test result is obtained using a FDA-approved rapid testing technology and such test result is reported as a screening test result that must be subjected to a confirmatory test.

(f) Reports of tests on all HIV specimens shall be kept confidential in accordance with RSA 141-F: 7 and RSA 141-F: 8;

(g) Laboratories or other such businesses or organizations shall use the following record protocol:

- (1) A record of the number of tests performed on specimens received shall be maintained for at least 4 years;
- (2) A record of the number of tests that were positive or indeterminate shall be maintained for at least 4 years; and
- (3) Records of tests on all HIV specimens shall be kept confidential in accordance with RSA 141-F:7 and RSA 141-F:8.

[Source.](#) #8355; eff 5-24-05 (from He-P 305.05), EXPIRED: 5-24-13

PART He-P 306 NOTIFICATION OF FIREFIGHTERS, EMERGENCY CARE PROVIDERS AND POLICE OFFICERS AFTER EXPOSURE TO INFECTIOUS DISEASE - EXPIRED

[Source.](#) #4742, eff 1-23-90, EXPIRED: 1-23-96

PART He-P 307 IMMUNIZATION/VACCINATION REGISTRY

He-P 307.01 Purpose. These rules implement the procedures of the department pursuant to RSA 141-C:20-f relative to the establishment and maintenance of a New Hampshire immunization/vaccination registry (registry) for children and adults to aid, coordinate, and promote effective and cost-efficient disease prevention and control efforts. The information contained in the registry shall be used for the following purposes:

- (a) To remind registrants to receive all required immunizations/vaccinations in a timely manner by providing access to the registrant's immunization/vaccination record and to provide registrants with information about recommended immunizations/vaccinations;
- (b) To ensure appropriate management and use of vaccines distributed by the department; and
- (c) To control communicable diseases by assisting in the identification of individuals who require immediate immunization/vaccination in the event of a disease outbreak.

[Source.](#) #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

[New.](#) #6941, eff 1-30-99, EXPIRED: 1-30-07

[New.](#) #12163, eff 5-1-17

He-P 307.02 Definitions.

- (a) "Administering health care provider" means a health care provider whose medical focus is limited to completing a screening checklist for contraindications and administering a vaccination.
- (b) "Authorized user" means a person or entity which is authorized to enter information into or access certain information contained in the registry, including:

- (1) Administering, current, and former health care providers;
- (2) Health care providers;
- (3) Schools;
- (4) Licensed child care agencies;
- (5) The department's division of public health services; and
- (6) Designated individuals of (1)-(5) above.

(c) “Commissioner” means the commissioner of the New Hampshire department of health and human services, or his or her designee.

(d) “Current health care provider” means a health care provider who the patient has chosen for ongoing health care and who maintains a complete medical history of the patient.

(e) “Department” means the New Hampshire department of health and human services.

(f) “Former health care provider” means a health care provider that is no longer a patient’s current health care provider.

(g) “Health care provider” means the following persons who or entities which provide health care services: hospitals, medical clinics and offices, physicians, naturopaths, pharmacists, dentists, registered or other nurses and nurse practitioners, medical assistants, paramedics, and emergency medical technicians.

(h) “Immunization” means “immunization” as defined in RSA 141-C:2, XI-a, namely, “inoculation with a specific antigen to promote antibody formation in the body.”

(i) “Managed care organization” means an entity which offers a managed care plan, as defined in RSA 420-J:3, XXV, namely, “a health benefit plan that either requires a covered person to use, or creates incentives, including financial incentives, for a covered person to use health care providers managed, owned, under contract with, or employed by the health carrier.”

(j) “New Hampshire immunization/vaccination registry (registry)” means a single repository of accurate, complete, and current immunization records to aid, coordinate, and promote effective and cost-efficient disease prevention and control efforts for New Hampshire residents.

(k) “Opt out” means the process an individual follows to elect not to participate in the registry and, after which, one’s immunization/vaccination record will not be provided to the registry.

(l) “Patient” means an individual who receives an immunization/vaccination or other health care services.

(m) “Public health purpose” means a population-based activity or individual effort primarily aimed at the prevention of injury, disease, or premature mortality, or the promotion of health in the community.

(n) “Read-only rights” means the ability of the data to be accessed but not entered or modified.

(o) “Read/write rights” means the ability of the data to be accessed, entered, or modified.

(p) “Refusal” means the act of not receiving a vaccination on a particular day or at a particular medical appointment, for such reasons as, wanting to delay the vaccination to another time, not wanting a particular vaccination at that time, behavioral or medical issues at the time of vaccination, or a religious exemption from a particular vaccination. This term does not include refusal to participate in the registry.

(q) “Registrant” means the patient whose immunization record is contained in the registry.

(r) “Vaccination event” means an immunization/immunoglobulin administration, exemption, refusal as defined in (p) above, adverse reaction.

Source. #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

New. #6941, eff 1-30-99, EXPIRED: 1-30-07

New. #12163, eff 5-1-17

He-P 307.03 Establishment and Maintenance of the Immunization/Vaccination Registry.

(a) The department shall implement and maintain a computerized immunization/vaccination registry as established in RSA 141-C:20-f in compliance with other applicable state statutes.

(b) Information in the registry may be transferred to or from the registry through a health information organization, as defined in RSA 332-I:1, II(c), provided that no such information shall be retained by the health information organization.

Source. #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

New. #6941, eff 1-30-99, EXPIRED: 1-30-07

New. #12163, eff 5-1-17

He-P 307.04 Authorized User Access to the Registry.

(a) The following authorized users, and their designated individuals, shall have read/write rights to the registry:

- (1) Administering, current, and former health care providers; and
- (2) The department's division of public health services.

(b) The following authorized users, and their designated individuals, shall have read-only rights to the registry:

- (1) Health care providers who are not listed in (a)(1) above;
- (2) Schools, only for named individuals in their care;
- (3) Licensed child care agencies, only for named individuals in their care; and
- (4) Local public health entities, which are administered by the cities of Manchester and Nashua, New Hampshire.

(c) Access to the registry for all entities in (a) and (b) above, except (a)(2) and (b)(4), shall be limited to patients in their care.

Source. #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

New. #6941, eff 1-30-99, EXPIRED: 1-30-07

New. #12163, eff 5-1-17

He-P 307.05 Content and Submission of Vaccination Event Reports.

(a) For each patient who, after being given the opportunity to opt out of participating in the registry in accordance with He-C 307.06, does not exercise the option to opt out, an administering or current health care provider who is participating in the registry shall report vaccination events to the registry within 7 business days of the event through an electronic web-based interface at www.vaxnh.org.

(b) For each vaccination event, administering or current health care providers who are participating in the registry shall report to the registry such data listed in the Centers for Disease Control (CDC) Core Data Elements for Immunization Information Systems, listed as Appendix B in HL7 Version 2.5.1: Implementation Guide for Immunization Messaging Release 1.5 (October 1, 2014) found at <http://www.cdc.gov/vaccines/programs/iis/technical-guidance/downloads/hl7guide-1-5-2014-11.pdf>, available as noted in Appendix A.

(c) For each vaccination event, administering or current health care providers who are participating in the registry shall also report to the registry the following types of registrant information:

- (1) The registrant's insurer information as held by the administering or current health care provider; and

(2) Date of death, if applicable and if known.

Source. #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

New. #6941, eff 1-30-99, EXPIRED: 1-30-07

New. #12163, eff 5-1-17

He-P 307.06 Procedures for Patients to Opt Out of the Registry.

(a) No patient, or the patient's parent or guardian if the patient is a minor, shall be required to participate in the immunization/vaccination registry.

(b) No patient's immunization/vaccination information shall be entered into the registry without that patient, or the patient's parent or guardian if the patient is a minor, being given the opportunity to opt out of the registry.

(c) No health care provider shall provide to the department or to the registry the name of, or any immunization/vaccination information relating to, any patient who opts out of participating in the registry, except as required by RSA 141-C:9.

(d) A health care provider shall not provide information relating to immunizations/vaccinations contained in a former patient's medical record without that patient, or the patient's parent or guardian if the patient is a minor, first requesting that such information be reported to the registry.

(e) A patient, or the patient's parent or guardian if the patient is a minor, shall be provided an opportunity to opt out of the registry as follows:

(1) At the time of immunization/vaccination by an administering health care provider who is participating in the registry; and

(2) Prior to or at a face-to-face encounter with a current health care provider by the current health care provider who is participating in the registry.

(f) In all cases described in (e) above, the opportunity to opt out of the registry shall be provided in writing in a clear, succinct, and conspicuous manner, in simple language, and in a form, style, and size easily readable by the average adult, and by providing the patient, or the patient's parent or guardian if the patient is a minor, the "Choose not to Participate in the New Hampshire Immunization/Vaccination Registry" form (3/16 edition).

(g) If the opportunity to opt out of the registry is provided by a current health care provider prior to a face-to-face encounter with the current health care provider, as described in (e)(2) above, that provider shall send a written communication to the patient, or the patient's parent or guardian if the patient is a minor, which meets the requirements in (f) above in form and substance, which is individually directed, and in which opting out is the sole subject of the communication.

(h) The option to opt out of the registry shall be exercised by the patient, or the patient's parent or guardian if the patient is a minor, by dating and signing the "Choose not to Participate in the New Hampshire Immunization/Vaccination Registry" form (3/16 edition) and providing that form to each of the patient's administering and current health care providers who are participating in the registry.

(i) The "Choose not to Participate in the New Hampshire Immunization/Vaccination Registry" form in (h) above shall be maintained and documented by the administering or current health care provider within the patient's medical records.

(j) An administering or current health care provider who is participating in the registry, including the physicians and nurses in the administering or current health care provider's professional practice or medical

group, shall not be required to provide notice of the opportunity to opt out of the registry to the same patient, or the patient's parent or guardian if the patient is a minor, more than once.

(k) Nothing in this rule shall relieve the patient, or the patient's parent or guardian if the patient is a minor, who chooses to opt out of participation in the registry, from the obligation to comply with current immunization/vaccination requirements set forth in RSA 141-C:20-a or He-P 301.14.

Source. #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

New. #6941, eff 1-30-99, EXPIRED: 1-30-07

New. #12163, eff 5-1-17

He-P 307.07 Procedures for Patients to Withdraw from Participation in the Registry.

(a) A patient, or the patient's parent or guardian if the patient is a minor, may withdraw from participation in the registry at any time, including the removal of information contained in the registry, as follows:

(1) The patient, or the patient's parent or guardian if the patient is a minor, shall complete the patient information section of "Withdraw and Remove Information from the New Hampshire Immunization/Vaccination Registry" (3/16 edition);

(2) The current health care provider who is participating in the registry shall complete the provider information section of "Withdraw and Remove Information from the New Hampshire Immunization/Vaccination Registry" (3/16 edition);

(3) The current health care provider in (2) above shall fax the completed "Withdraw and Remove Information from the New Hampshire Immunization/Vaccination Registry" (3/16 edition) to the department; and

(4) The department shall remove all patient information from the registry.

(b) If the patient does not have a current health care provider, a former health care provider who is participating in the registry may complete and submit "Withdraw and Remove Information from the New Hampshire Immunization/Vaccination Registry" (3/16 edition) in accordance with (a) above.

(c) If a patient, or the patient's parent or guardian if the patient is a minor, requests withdrawal from participation in accordance with (a) or (b) above, then no information relating to the patient shall remain in the registry, and no record of the transaction, including the request itself, shall be kept by either the department or the health care provider.

(d) It shall be the responsibility of the patient, or the patient's parent or guardian if the patient is a minor, to inform his or her other health care providers of his or her decision to withdraw from participation in the registry. In order to ensure that no future immunization/vaccination information is reported to the registry, such patient, or the patient's parent or guardian if the patient is a minor, shall complete a "Choose not to Participate in the New Hampshire Immunization/Vaccination Registry" form (3/16 edition) with each of the patient's current and administering health care providers who are participating in the registry.

(e) Nothing in this rule shall relieve the patient, or the patient's parent or guardian if the patient is a minor, who chooses to remove his or her information from the registry, from the obligation to comply with current immunization/vaccination requirements set forth in RSA 141-C:20-a or He-P 301.14.

Source. #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

New. #6941, eff 1-30-99, EXPIRED: 1-30-07

New. #12163, eff 5-1-17

He-P 307.08 Procedures for Patients to Review and Correct Information Contained in the Registry.

(a) A patient, or the patient's parent or guardian if the patient is a minor, may review and correct information contained in the registry by making a request through their health care provider who is participating in the registry or through the department in accordance with this section.

(b) A request under (a) above for a registry record review to the department shall be via the completion and submission of a "Request for Immunization/Vaccination Record" (3/16 edition), including a notarized signature of the patient or the patient's parent or guardian if the patient is a minor.

(c) Upon receipt of a complete request in (b) above, the department shall provide the patient, or the patient's parent or guardian if the patient is a minor, a copy of the requested record by mail.

(d) A request under (a) above for a registry record review to a health care provider who is participating in the registry shall be by a method to be determined by the health care provider, but shall not require a notarized signature of the patient or the patient's parent or guardian if the patient is a minor.

(e) No record of the transaction described in (b) and (d) above, including the request itself, shall be maintained by the department or the health care provider in any way.

(f) A request to correct information contained in the registry shall be as follows:

(1) A patient, or a patient's parent or guardian if the patient is a minor, shall:

a. Complete the "Correction to Immunization/Vaccination Record" form (3/16 edition), available on the department's web site and at the office of the current health care provider who is participating in the registry;

b. Return the completed form to the current health care provider who is participating in the registry; and

c. Provide the current health care provider who is participating in the registry with authenticated evidence of a laboratory test result or immunization.

(2) Upon receipt of the materials in (1) above, and upon verification from the patient's health care provider of the correct information, the current health care provider who is participating in the registry shall make any such corrections or updates to the patient's record within 7 business days;

(3) Only the corrected information shall remain in the registry; and

(4) No record of the transaction in described in (1) and (2) above, including the request itself, shall be maintained in any way by the current health care provider who is participating in the registry.

Source. #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

New. #6941, eff 1-30-99, EXPIRED: 1-30-07

New. #12163, eff 5-1-17

He-P 307.09 Procedures for Patients to Reverse Decision to Opt Out of the Registry.

(a) A patient, or the patient's parent or guardian if the patient is a minor, may reverse the decision to opt out of participation in the registry at any time by completing and submitting the "Reverse Previous Decision not to Participate in the New Hampshire Immunization/Vaccination Registry" form (3/16 edition) to the patient's current or administering health care provider who is participating in the registry.

(b) It shall be the responsibility of the patient, or the patient's parent or guardian if the patient is a minor, to inform his or her other health care providers who are participating in the registry of his or her decision to reverse his or her decision to opt out of participation in the registry. In order to ensure that past, current, and future immunization/vaccination information is reported to the registry, such patient, or the patient's parent or

guardian if the patient is a minor, shall complete “Reverse Previous Decision not to Participate in the New Hampshire Immunization/Vaccination Registry” forms (3/16 edition) and submit them with each of the patient’s current and administering health care providers.

(c) The “Reverse Previous Decision not to Participate in the New Hampshire Immunization/Vaccination Registry” form in (a) above shall be maintained and documented by the current and administering health care provider who is participating in the registry within the patient’s medical records.

[Source.](#) #6830, INTERIM, eff 8-14-98, EXPIRED: 12-12-98

- [New.](#) #6941, eff 1-30-99, EXPIRED: 1-30-07

- [New.](#) #12163, eff 5-1-17

He-P 307.10 Requests for Registry Data for Research or Other Purposes.

(a) Only de-identified data from the registry shall be released by the department for research purposes.

(b) Release of aggregated statistical data shall not include data that would allow constructive identification of individuals.

(c) A “New Hampshire Immunization Program Request for Data” form (July 2015) shall be completed by the researcher, submitted to the division’s immunization section, and approved before any data shall be released.

(d) The completed “New Hampshire Immunization Program Request for Data” form shall be mailed to:

Department of Health and Human Services
Division of Public Health Services
Immunization Section – Data Request
29 Hazen Drive
Concord, NH 03301-6504

(e) If the request is not complete, the department shall notify the applicant in writing within 10 business days specifying any information or supporting documentation required to be submitted before the request can be processed.

(f) If after written notice in (e) above the applicant fails to provide the missing information or supporting documentation, within 30 days of such notice, the application shall be considered incomplete and shall not be processed.

(g) Persons fraudulently requesting data shall be subject to penalty for unsworn falsifications in accordance with RSA 641:3.

(h) The department shall approve applications for the use of registry data if:

(1) The application is complete; and

(2) It is determined that the study, if carried out according to the request submitted, will serve a public health purpose as defined in He-P 307.02(m).

(i) The department shall deny an application when it has been determined that one or more of the requirements of (h) above have not been met.

[Source.](#) #12163, eff 5-1-17

He-P 307.11 Procedures for Managed Care Organizations to Obtain Summary Statistics of Immunization Information on Members. The department shall provide annual summary statistics of immunization information to managed care organizations.

[Source.](#) #12163, eff 5-1-17

PART He-P 308 FINANCIAL ASSISTANCE TO PARTIALLY FUND TOWNS OR CITIES FOR MOSQUITO CONTROL ACTIVITIES

Statutory Authority: RSA 141-C:6, XXII, RSA 141-C:24

He-P 308.01 Purpose. The purpose of this part is to set forth the procedures for administration and distribution of funds directed toward mosquito control activities as established in RSA 141-C:25 and establishment of mosquito control districts.

[Source.](#) #8683, EMERGENCY RULE, eff 7-17-06, EXPIRED: 1-13-07

[New.](#) #8799, eff 1-19-07; ss by #9173, eff 6-7-08, EXPIRED: 6-7-16

He-P 308.02 Definitions.

(a) “Commissioner” means the commissioner of the New Hampshire department of health and human services, or his or her designee.

(b) “Department” means the New Hampshire department of health and human services.

(c) “Eligible costs” means costs incurred by a town, city, or mosquito control district:

(1) During the same calendar year, prior to or following the declaration of a public health threat; and

(2) For mosquito control activities aimed at reducing the public health threat.

(d) “Mosquito control” means activities targeting the abatement of mosquitoes through the application of pesticides aimed at mosquito larvae (larvicide) and adult mosquitoes (adulticide).

(e) “Mosquito control district (MCD)” means contiguous municipalities that work together for the purpose of applying for a special permit and/or partial funding pursuant to RSA 141-C:24.

(f) “Mosquito control fund” means a fund, established pursuant to RSA 141-C:25, to assist cities, towns, and MCDs by providing funding for the purpose of offsetting the costs of mosquito control activities including, but not limited to, the purchase and application of chemical pesticides.

(g) “Mosquito control plan” means a written document prepared by a town, city, or MCD that describes preventive and response actions for reducing human mosquito-borne disease.

(h) “Special permit” means a special permit obtained in accordance with Pes 505, Pes 506, and/or Pes 604.

(i) “Public health threat” means a condition declared by the commissioner, in consultation with the Centers for Disease Control and Prevention and with concurrence of the governor, that warrants expedited mosquito control activities within a city, town, or MCD, and which is based on local factors per RSA 141-C:25, III(a).

[Source.](#) #8683, EMERGENCY RULE, eff 7-17-06, EXPIRED: 1-13-07

[New.](#) #8799, eff 1-19-07; ss by #9173, eff 6-7-08; amd by #9303, eff 10-25-08, EXPIRED: 6-7-16

He-P 308.03 Mosquito Control Districts: Contiguous municipalities that establish mosquito control districts for the purposes of applying for moneys from the mosquito control fund shall be eligible for financial assistance if the district is established pursuant to RSA 430:13 and meets the requirements set forth in He-P 308.05.

Source. #8683, EMERGENCY RULE, eff 7-17-06, EXPIRED: 1-13-07

New. #8799, eff 1-19-07; ss by #9173, eff 6-7-08, EXPIRED: 6-7-16

He-P 308.04 Application for Financial Assistance to Partially Fund Towns, Cities, or MCD's Mosquito Control Activities.

(a) A town, city, or MCD desiring to apply for financial assistance for mosquito control activities shall submit the following documents to the department:

(1) The completed application form, "Application for Financial Assistance to Partially Fund Towns, Cities, or MCD's Activities"; and

(2) A copy of the town, city, or MCD's mosquito control plan, which shall include at a minimum:

a. A list of pesticides, including their active ingredient(s), to be applied and methods by which these pesticides will be applied to ensure the application is performed in a safe and proper manner, if the town is requesting financial assistance for the treatment of mosquitoes with pesticides;

b. A description of the safeguards in place to protect the health of the public, wildlife, and resources within the state;

c. A description of a comprehensive public awareness campaign geared toward prevention and designed to educate the public about the health risks associated with mosquitoes;

d. A description of surveillance activities employed to detect a mosquito-borne public health threat; and

e. A description of appropriate mosquito control methods.

(b) The public awareness campaign described in (a)(2)c. above shall address, at a minimum:

(1) The potential severe human illness associated with bites from infected mosquitoes;

(2) Measures the public can take to reduce mosquito-breeding locations on their property and in their community; and

(3) Measures to prevent mosquito bites through the use of effective repellent, types of clothing, and altered activity schedules during times of peak mosquito biting.

(c) The "Application for Financial Assistance to Partially Fund Towns, Cities, or MCD's Activities" shall be signed by the individual filing the application, or, for MCDs, by a representative from each incorporated town or city belonging to that particular MCD.

(d) The "Application for Financial Assistance to Partially Fund Towns, Cities, or MCD's Activities" may be obtained by contacting:

The Arboviral Surveillance Program
The Department of Health and Human Services
Division of Public Health Services
(603) 271-4496

- (e) The applicant shall mail or hand-deliver the above-listed documents to:

Arboviral Surveillance Coordinator
The Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301-6504

Source. #8683, EMERGENCY RULE, eff 7-17-06, EXPIRED:
1-13-07

New. #8799, eff 1-19-07; ss by #9173, eff 6-7-08 (from He-P
308.03), EXPIRED: 6-7-16

He-P 308.05 Eligibility.

- (a) The town, city, or MCD shall be eligible to receive funds for mosquito control activities if the following criteria have been met:

(1) The commissioner, in consultation with the Centers for Disease Control and Prevention and with concurrence of the governor, has declared a public health threat within a given city, town, or MCD based on local factors per RSA 141-C:25, III(a);

(2) The commissioner, after consultation with the Centers for Disease Control and Prevention, has determined mosquito control activities are appropriate to mitigate the public health threat based on local factors per RSA 141-C:25, III(a); and

(3) The town, city, or MCD that is requesting financial assistance:

a. Holds a current special permit, approved in accordance with Pes 505, Pes 506, and/or Pes 604;

b. Completes and submits an application no later than December 1st of the calendar year in which expenses were incurred, along with other required documentation, to the department, as described in He-P 308.04; and

c. Requests funding for mosquito control activities aimed to address a public health threat of a mosquito-borne disease and not for nuisance mosquito control activities.

(b) “Nuisance mosquito control” means mosquito control activities which are not aimed at a declared public health threat.

(c) The amount of funding requested through the application shall be no more than 25% of the total eligible costs of mosquito control activities directed at a public threat.

Source. #8683, EMERGENCY RULE, eff 7-17-06, EXPIRED:
1-13-07

New. #8799, eff 1-19-07; ss by #9173, eff 6-7-08 (from He-P
308.04), EXPIRED: 6-7-16

He-P 308.06 Approval for Towns, Cities, or MCDs to Receive Funds for Mosquito Control Activities.

(a) The commissioner shall base the decision as to whether to grant the funding request, and, if the request is granted, the amount of funding to be provided, on the following criteria:

- (1) The nature and degree of the declared threat to the public health;
- (2) The mosquito control activities proposed by the city, town, or MCD;
- (3) Funding from the mosquito control fund shall not exceed 25% of the total eligible costs of mosquito control activities; and
- (4) Funding is available through the appropriation under RSA 141-C:25.

(b) If an application is approved, the department shall notify the applicant in writing of the approval, and the amount of funding approved, within 30 working days of December 1st.

(c) If an application is denied, the department shall notify the applicant in writing of the reason for the denial within 30 working days of December 1st.

(d) Applications shall be received by the department by December 1st of the calendar year for which expenses were incurred.

[Source.](#) #9173, eff 6-7-08 (from He-P 308.05), EXPIRED: 6-7-16

PART He-P 309 HEALTHCARE ASSOCIATED INFECTIONS REPORTING

He-P 309.01 Definitions.

(a) “Ambulatory surgical center” means “ambulatory surgical center” as defined in He-P 812.03(i) and licensed in accordance with RSA 151 and He-P 812. The term “ambulatory surgical center” includes “ambulatory surgical facility” as used in RSA 151:33.

(b) “Catheter-associated urinary tract infections (CAUTI)” means urinary tract infections that are associated with having a catheter as defined by NHSN in the material incorporated by reference in He-P 309.03(a).

(c) “Central line insertion practices (CLIP)” means the practices used while inserting a central line as defined by NHSN in He-P 309.05(a).

(d) “Centers for Medicare and Medicaid Services (CMS)” means the federal agency within the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs.

(e) “Central line related bloodstream infections (CLABSI)” means central line-associated blood stream infections, or a bloodstream infection that is associated with having a central line as defined by NHSN in He-P 309.04(a).

(f) “Department” means the New Hampshire department of health and human services.

(g) “Healthcare associated infection (HAI)” means an infection that a patient acquires during the course of receiving treatment for another condition within a healthcare setting.

(h) “Hospital” means “hospital” as defined in RSA 151-C:2, XX, and licensed in accordance with RSA 151 and He-P 802.

(i) “Influenza vaccination rates” means the proportion of persons that received influenza vaccine.

(j) “Inpatient census” means the average number of inpatients per year for each hospital, which shall be determined by the total number of admissions per year.

(k) “National Healthcare Safety Network (NHSN)” means the web-based surveillance system for healthcare-associated infection surveillance maintained by the Centers for Disease Control and Prevention.

(l) “Specialty hospital” means a psychiatric or rehabilitation hospital as defined in He-P 802.

(m) “Measure” means any infection or process measure reported by a hospital pursuant to RSA 151:33, II and III and as described in He-P 309.02(a) and (b), and any infection or process measure reported by an ambulatory surgical center pursuant to RSA 151:33, II-a and III and as described in He-P 309.02(c) and (d).

(n) “Surgical antimicrobial prophylaxis” means administration of antibiotics in relation to a surgical procedure as defined by CMS in He-P 309.07(a).

(o) “Surgical wound infections” means surgical site infections (SSI), or an infection that is associated with a surgical procedure, as defined by NHSN in He-P 309.06(a).

Source. #9851, eff 1-14-11; ss by #10079, eff 1-26-12; amd by #10344, eff 5-22-13

He-P 309.02 Reporting Requirements.

(a) In accordance with RSA 151:33, II, all hospitals shall identify, track, and report infections, including:

- (1) Catheter-associated urinary tract infections;
- (2) Central line related bloodstream infections; and
- (3) Surgical wound infections.

(b) Hospitals shall also identify, track, and report process measures including:

- (1) Adherence rates of central line insertion practices;
- (2) Surgical antimicrobial prophylaxis; and
- (3) Coverage rates of influenza vaccination for health care personnel and patients/residents.

(c) In accordance with RSA 151:33, II-a, all ambulatory surgical centers shall identify, track, and report surgical wound infections.

(d) Ambulatory surgical centers shall also identify, track, and report on the following:

- (1) Surgical antimicrobial prophylaxis administered intravenously; and
- (2) Coverage rates of influenza vaccination for health care personnel.

Source. #9851, eff 1-14-11; ss by #10079, eff 1-26-12

He-P 309.03 Catheter-Associated Urinary Tract Infections (CAUTI).

(a) Hospitals shall comply with the United States Centers for Disease Control and Prevention, National Healthcare Safety Network, “Catheter-Associated Urinary Tract Infection (CAUTI) Event” (August 2011 edition), available at <http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTICurrent.pdf>, when submitting CAUTI data, except that:

- (1) Hospitals shall monitor CAUTI in all adult and pediatric intensive care units; and
- (2) Hospitals shall monitor CAUTI all 12 calendar months and report data quarterly via NHSN.

(b) Hospitals shall provide data within 60 days of the close of each quarter to NHSN, as follows:

- (1) Quarter 1 data, from January 1st to March 31st, shall be reported on or before May 30th;

- (2) Quarter 2 data, from April 1st to June 30th, shall be reported on or before August 29th;
 - (3) Quarter 3 data, from July 1st to September 30th, shall be reported on or before November 29th;
and
 - (4) Quarter 4 data, from October 1st to December 31st, shall be reported on or before March 1st of the following calendar year.
- (c) Specialty hospitals shall not be required to report CAUTI.

Source. #10079, eff 1-26-12

He-P 309.04 Central Line-Associated Blood Stream Infections (CLABSI).

- (a) Hospitals shall follow NHSN protocols and definitions when submitting CLABSI data as outlined on its website at: http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf.
- (b) Hospitals shall monitor CLABSI in all adult, pediatric, and neonatal intensive care units.
- (c) Hospitals shall monitor CLABSI all 12 calendar months and report data quarterly via NHSN.
- (d) Hospitals shall provide data within 60 days of the close of each quarter to NHSN, as follows:
- (1) Quarter 1 data, from January 1st to March 31st, shall be reported on or before May 30th;
 - (2) Quarter 2 data, from April 1st to June 30th, shall be reported on or before August 29th;
 - (3) Quarter 3 data, from July 1st to September 30th, shall be reported on or before November 29th;
and
 - (4) Quarter 4 data, from October 1st to December 31st, shall be reported on or before March 1st of the following calendar year.
- (e) Specialty hospitals shall not be required to report CLABSI.

Source. #9851, eff 1-14-11; amd by #10079, eff 1-26-12 (from He-P 309.03)

He-P 309.05 Central Line Insertion Practices (CLIP).

- (a) Hospitals shall follow NHSN protocols and definitions when submitting CLIP data as outlined on its website at: http://www.cdc.gov/nhsn/PDFs/pscManual/5psc_CLIPcurrent.pdf.
- (b) Hospitals shall monitor CLIP for central lines placed in all adult, pediatric, and neonatal intensive care units.
- (c) Hospitals shall monitor CLIP all 12 calendar months and report quarterly via NHSN.
- (d) Hospitals shall provide data within 60 days of the close of each quarter to NHSN, as follows:
- (1) Quarter 1 data, from January 1st to March 31st, shall be reported on or before May 30th;
 - (2) Quarter 2 data, from April 1st to June 30th, shall be reported on or before August 29th;
 - (3) Quarter 3 data, from July 1st to September 30th, shall be reported on or before November 29th;
and
 - (4) Quarter 4 data, from October 1st to December 31st, shall be reported on or before March 1st of the following calendar year.
- (e) Specialty hospitals shall not be required to report CLIP data.

Source. #9851, eff 1-14-11; amd by #10079, eff 1-26-12 (from He-P 309.04)

He-P 309.06 Surgical Site Infections (SSI).

(a) Hospitals and ambulatory surgical centers shall comply with the United States Centers for Disease Control and Prevention, National Healthcare Safety Network, “Surgical Site Infection (SSI) Event” (August 2011 edition), available at <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf>, when submitting SSI data, except that:

- (1) Hospitals shall report on the following NHSN operative procedures:
 - a. Abdominal hysterectomy;
 - b. Coronary artery bypass graft surgery for chest incision and donor site;
 - c. Colon surgery for incision, resection, or anastomosis of the large intestine; and
 - d. Knee arthroplasty;
- (2) Ambulatory surgical centers shall report on the following NHSN operative procedures:
 - a. Breast surgery;
 - b. Hernia repair surgery; and
 - c. Open reduction of fracture surgery; and

(3) Hospitals and ambulatory surgical centers shall monitor for SSI all 12 calendar months and report quarterly via NHSN.

(b) Hospitals and ambulatory surgical centers shall provide data within 60 days of the close of each quarter to NHSN, as follows:

- (1) Quarter 1 data, from January 1st to March 31st, shall be reported on or before May 30th;
- (2) Quarter 2 data, from April 1st to June 30th, shall be reported on or before August 29th;
- (3) Quarter 3 data, from July 1st to September 30th, shall be reported on or before November 29th; and
- (4) Quarter 4 data, from October 1st to December 31st, shall be reported on or before March 1st of the following calendar year.

Source. #9851, eff 1-14-11; ss by #10079, eff 1-26-12 (from He-P 309.05)

He-P 309.07 Surgical Antimicrobial Prophylaxis.

(a) Hospitals shall follow the CMS specification manual appropriate to the date of discharge found at: <http://qualitynet.org/dcs/ContentServer?cid=1141662756099&pagename=QnetPublic%2FPage%2FQnetTier2&c=Page>.

(b) Hospitals shall report the following measures to CMS:

- (1) Number and percentage of patients that received prophylactic antibiotic within one hour prior to surgery;
- (2) Number and percentage of patients that received the appropriate prophylactic antibiotic; and

(3) Number and percentage of patients whose prophylactic antibiotic was discontinued within 24 hours after surgery.

(c) Specialty hospitals shall not be required to report surgical antimicrobial prophylaxis data.

(d) Ambulatory surgical centers shall report the list of procedures during which the patient received intravenous prophylactic antibiotic to the department on the "Intravenous Antibiotic Reporting Form" (July, 2011) within 60 days of the close of each quarter, as follows:

- (1) Quarter 1 data, from January 1st to March 31st, shall be reported on or before May 30th;
- (2) Quarter 2 data, from April 1st to June 30th, shall be reported on or before August 29th;
- (3) Quarter 3 data, from July 1st to September 30th, shall be reported on or before November 29th; and
- (4) Quarter 4 data, from October 1st to December 31st, shall be reported on or before March 1st of the following calendar year.

Source. #9851, eff 1-14-11; amd by #10079, eff 1-26-12 (from He-P 309.06)

He-P 309.08 Influenza Vaccination Rates.

(a) The Department shall post online the Healthcare Influenza Vaccination Survey each year on April 1st or earlier.

(b) Hospitals shall report staff and resident or patient vaccination rates annually on April 31st or earlier for the previous influenza season via the Healthcare Influenza Vaccination Survey, including the following information:

- (1) Hospital contact information;
- (2) Number of patients admitted to the hospital;
- (3) Which individuals are offered seasonal influenza vaccine;
- (4) Number of patients immunized against seasonal influenza;
- (5) Number of patients not immunized against seasonal influenza and the reasons therefor;
- (6) Number of patients immunized against pneumococcal disease;
- (7) Number of hospital staff;
- (8) Number of staff immunized against seasonal influenza; and
- (9) Number of staff not immunized against seasonal influenza and the reasons therefor.

(c) Ambulatory surgical centers shall report staff vaccination rates annually on April 31st or earlier for the previous influenza season via the "Healthcare Influenza Vaccination Survey" (01-05-2012 edition), including the following information:

- (1) Ambulatory surgical center contact information;
- (2) Number of ambulatory surgical center staff;
- (3) Number of staff immunized against seasonal influenza; and
- (4) Number of staff not immunized against seasonal influenza and the aggregate reasons therefor.

(d) Submission of the data required under this section shall meet the requirements of both the hospital infections law RSA 151:32-35 and the healthcare immunization law RSA 151:9-b.

Source. #9851, eff 1-14-11; amd by #10079, eff 1-26-12 (from He-P 309.07)

He-P 309.09 Fees. Pursuant to RSA 151:36, the department shall assess a fee to hospitals and ambulatory surgical centers that are required to report under RSA 151:33 to support the program's approved annual operating budget and which shall be proportional to the total number of measures reported by all hospitals and ambulatory surgical centers, as follows:

(a) The base amount for the hospitals' portion of the annual operating budget shall be proportional to the total number of measures reported, as described by the reporting categories in He-P 309.02(a) and (b), by all hospitals in the state;

(b) Of that base amount stated in (a) above, each hospital shall pay a fee based on the appropriate fee category for that hospital;

(c) There shall be 5 proportional fee categories based on the hospital's number of beds, which shall total the base amount of payment that is required by hospitals;

(d) The fee categories and the proportional rates of the budgeted amounts for hospitals shall be as follows:

- (1) Specialty hospitals at 0.900%;
- (2) Less than 25 beds at 2.500%;
- (3) 25-199 beds at 4.500%;
- (4) 200-299 beds at 5.240%; and
- (5) 300 beds or more at 5.880%;

(e) The number of beds attributed to each hospital shall be the number of beds for which the hospital is licensed by the department's bureau of health facilities administration, in accordance with He-P 802, at the time the fees are assessed;

(f) All ambulatory surgical centers shall report the number of procedures for the previous calendar year to the department by email to HAIPprogram@dhhs.state.nh.us on or before March 1st of the following year;

(g) The base amount for the ambulatory surgical centers' portion of the annual operating budget shall be proportional to the total number of measures reported, as described by the reporting categories in He-P 309.02(c) and (d), by all ambulatory surgical centers in the state;

(h) Of that base amount stated in (g) above, each ambulatory surgical center shall pay a fee based on the appropriate category for that ambulatory surgical center;

(i) There shall be 3 proportional fee categories based on the range of procedures performed annually at an ambulatory surgical center, which shall total the base amount of payment that is required by ambulatory surgical centers;

(j) The proportional fee categories and the total percentage of the budget for that category shall be:

- (1) No operative procedures at 20%;
- (2) 1-1,499 operative procedures annually at 35%; and
- (3) More than 1,500 operative procedures annually at 45%;

(k) The total proportion of the budget for that procedure fee category will be split equally among all facilities that fall within that category;

(l) The department shall notify hospitals and ambulatory surgical centers the fee assessed to them upon passage of the program's operating budget and then annually each year of the biennium;

(m) A hospital or ambulatory surgical center that is not licensed during the entire base year but is licensed at the time the fees are assessed shall pay the lowest fee category for that year; and

(n) Hospitals and ambulatory surgical centers shall send the fee for the annual amount to the department within 30 days after notification.

Source. #9851, eff 1-14-11; ss by #10344, eff 5-22-13

Appendix A

Documents Incorporated by Reference

Rule	Title	Publisher, How to Obtain, Cost
He-P 301.02(e) (2)	NH Local Implementation Guide for Electronic Laboratory Reporting using HL7, 2.5.1, 7/31/2014.	Available as an on-line document free of charge at www.dhhs.nh.gov/dphs/bphsi/documents/elrguide
He-P 301.03(i) (1)	NH Local Implementation Guide for Syndromic Surveillance Reporting, Version 1.07, 2/15/15.	Available as an on-line document free of charge at www.nh.gov/dphs .
He-P 301.04	Healthcare Infection Control Practices Advisory Committee 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007.	Available as an on-line document free of charge at www.cdc.gov/hicpac .
He-P 301.04	Healthcare Infection Control Practices Advisory Committee, Management of Multi-drug Resistant	Available as an on-line document free of charge at www.cdc.gov/hicpac/mdroGuidelines2006 .

	Organisms in Healthcare Settings, HICPAC Advisory Committee. October 2006.	
He-P 301.11(c) (5)	US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents.	Available free of charge at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf .
He-P 301.14	Recommended Immunization Schedules for Persons Aged 0-18 years- US 2016 by Centers for Disease Control and Prevention (CDC) and as approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).	Available on line free of charge at www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html .
He-P 304.01(m)	“Chapter III, Standards for Tumor Inclusion and Reportability” Table 2. “NAACCR Layout Version 15: “Comparison of Reportable Cancers” “NPCR Requirements.” (Thornton ML, (ed)). “Standards for Cancer Registry Operations”/Volume II: “Data Standards and Data Dictionary, Record Layout” Version 15,	Available online at no cost at www.naaccr.org .

	19 th ed. (Posted October 2014, Revised February 27, 2015), Springfield, Ill.: North American Association of Central Cancer Registries, (NAACCR).	
He-M 304.02(b) and (g)	North American Association of Central Cancer Registries (NAACCR), “Standard for Cancer Registries, Volume II”/“Data Standard and Data Dictionary”, 19 th (ed.), “Record Layout Version 15”, Implementation: January 1, 2015, Edited by Monica Thornton, Revised February 2015.	Available online at no cost at www.naaccr.org .
He-M 304.02(b) and (g)	“Standards for Cancer Registries” Volume V: “Pathology Laboratory Electronic Reporting, Version 4.0.” Klein Wt., Havener L. (eds.) Springfield (IL); North American Association of Central Cancer Registries, Inc., April, 2011.	Available online at no cost at www.naaccr.org .
He-M 304.02(b) and (g)	National Center for Chronic Disease Prevention and Health Promotion Division of Cancer Prevention and Control, “Implementation Guide for Ambulatory	Available online at no cost at http://cdc.gov/cancer/npcr/meaningful_use.htm .

	Healthcare Provider Reporting to Central Cancer Registries” HL7 Clinical Document Architecture (CDA) Release 1.1 (March, 2014).	
He-M 304.07(d) (7)	Surveillance, Epidemiology and End Results Program (SEER) “Case Finding List, Current List”, ICD-10-CM-(FY 2015-October 1, 2015-September 30, 2016.	Available online at no cost at http://seer.cancer.gov/tools/casefinding .
He-P 307.05(b)	Core Data Elements for Immunization Information Systems, listed as Appendix B in HL7 Version 2.5.1: Implementation Guide for Immunization Messaging Release 1.5 (October 1, 2014).	Available free of charge at the US Department of Health and Human Services, Centers for Disease Control and Prevention website: http://www.cdc.gov/vaccines/programs/iis/technical-guidance/downloads/hl7guide-1-5-2014-11.pdf

APPENDIX B

RULE	RSA/FEDERAL CITATION
He-P 301.01	RSA 141-C:2
He-P 301.02	RSA 141-C:6, I, RSA 141-C:7, RSA 141-C:8
He-P 301.03	RSA 141-C:6, I; RSA 141-C:7
He-P 301.04	RSA 141-C:11-15
He-P 301.05	RSA 141-C:11-15
He-P 301.06	RSA 132:6; RSA 132:10-b
He-P 301.07	RSA 141-C:3, RSA 141-C:9
He-P 301.08	RSA 141-C:10
He-P 301.09	RSA 141-C:16-a
He-P 301.10	RSA 141-C:17, RSA 141-C:17-a
He-P 301.11	RSA 141-C:2, IV, RSA 141-C:3, III
He-P 301.11(b), (c) intro., (c)(3), (c)(4), (g) intro., (g)(1) intro., and (g)(1)d.	RSA 141-C:2, VI, RSA 141-C:3, III, RSA 141-C:4, X., RSA 141-C:15, IV
He-P 301.12	RSA 141-C:11, RSA 141-C:12
He-P 301.13	RSA 141C:20-a thru e
He-P 301.14	RSA 141C:20-a thru e
He-P 301.15	RSA 141C:20-a thru e

He-P 301.16	RSA 141-C:6, XI
He-P 301.17(c) intro., (c)(4), (e), (h) intro., (h)(3), (h)(5) intro., (h)(5)e., and (o)	RSA 141-C:15, III
He-P 304.01	RSA 141-B:2
He-P 304.02	RSA 141-B:7; RSA 141-B:8, II; RSA 141-B:10
He-P 304.03	RSA 141-B:7; RSA 141-B:8, II; RSA 141-B:10
He-P 304.04	RSA 141-B:7; RSA 141-B:8, II; RSA 141-B:10
He-P 304.05	RSA 141-B:7; RSA 141-B:8, II; RSA 141-B:10
He-P 304.06	RSA 141-B:7; RSA 141-B:8, II; RSA 141-B:10
He-P 304.07	RSA 141-B:8, III; RSA 141-B:8, IV; RSA 141-B:9 42 USC 280e(c)(2)(D)(viii)
He-P 304.08	RSA 141-B:8, III; RSA 141-B:9; 45 CFR 164 45 CFR 164.502; 45 CFR 164.506; 45 CFR 164.512
He-P 304.09	RSA 141-B:8, III; RSA 141-B:9
He-P 304.10	RSA 141-B:8, III; RSA 141-B:9
He-P-305.01	RSA 541-A:7
He-P 305.02	RSA 151:2
He-P 305.03	RSA 141-F:6
He-P 305.04	RSA 141-F:5 through F:7
He-P 305.05	RSA 141-F:5, IV
He-P 305.06	RSA 141-F:7
He-P 307.01 – 307.11	RSA 141-C:20-f
He-P 308.01	RSA 141-C:25, I; RSA 430:13
He-P 308.02	RSA 141-C:24, RSA 141-C:25, IV, as amended by Chapter Law 73 of the 2008 Session
He-P 308.03	RSA 141-C:24, RSA 430:13
He-P 308.04	RSA 141-C:25, III, RSA 141-C:25, IV
He-P 308.05	RSA 141-C:25, III, RSA 141-C:25, IV; RSA 141-C:25, V
He-P 308.06	RSA 141-C:25, III, (b)
He-P 309.01	RSA 151:32
He-P 309.02	RSA 151:33; RSA 151:35
He-P 309.03	RSA 151:33: I, III, IV, V; RSA 151:35
He-P 309.04	RSA 151:33: I, II(a)(1), IV, V; RSA 151:35
He-P 309.05	RSA 151:33: I, II(b)(1), IV, V; RSA 151:35
He-P 309.06	RSA 151:33: I, II(a)(3), II-a(a), IV, V; RSA 151:35
He-P 309.07	RSA 151:33: I, II-a(b), IV, V; RSA 151:35
He-P 309.08	RSA 151:33:I, II-a(c), IV, V; RSA 151:35
He-P 309.09	RSA 151:36