

Readopt with amendment He-P 301, effective 6-3-08 (Document # 9172), cited and to read as follows:

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, immunohematological, 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.

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.

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 telephone, facsimile, or electronic transmission 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.

(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:

(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.

(i) Hospitals with emergency departments shall 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.

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.

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.

(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 meningococemia, 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 does 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 typhi 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.

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.

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 will hold negative specimens for 30 days; positive specimens for one year or until the conclusion of the investigation or study if longer.

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.

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 and or disinfecting agents;
- (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.

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.

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

- (1) The name of the physician or facility;
- (2) The provider's number from the department's immunization program;
- (3) The address of the 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) To exercise individualized medical judgment in the administration of state-supplied vaccines;
- (2) To provide the recipient or parent or guardian of each recipient of such vaccine copies of the current vaccine information materials;
- (3) To retain a written immunization record of the vaccine administered for a period of 10 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) To make no charge for vaccines provided by the department excluding usual or customary office or professional fees charged for vaccine administration;

- (5) 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;
- (6) To screen children for eligibility if mandated by state or federal vaccine programs; and
- (7) To minimize vaccine wastage.

(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.

He-P 301.11 HIV/AIDS Drug Assistance 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 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 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) 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.

(4) Have an annual gross household income which is less than 400% of the Federal poverty income guidelines, except if the applicant's annual gross income is greater than 400% of the allowed income in the federal poverty income guidelines, the difference shall be multiplied by 80% in order to determine the amount of out-of-pocket dollars that shall be spent on medical care before the applicant shall be eligible.

(d) The commissioner shall notify applicants in writing as to the amount of medical debt they shall accrue in order to be eligible for financial assistance pursuant to (3) above; and

(e) The program shall be the payor 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.

(f) 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.

(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;

- (2) Documentation of HIV positive status;
- (3) Proof of NH residency;
- (4) 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 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
- (5) 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).
 - (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.

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.

(d) 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.

(e) 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.

(f) 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.

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.

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) No child shall be admitted or enrolled in public or private primary or secondary schools, pre-school, or child care agency without showing documentation, as defined in He-P 301.01 (n), of having received age-appropriate and acceptable immunization in accordance with current department immunization requirements for the following vaccines unless exempted from the requirement pursuant to RSA 141-C:20-c:

(1) Diphtheria, tetanus, pertussis (DTP), or diphtheria, tetanus, acellular pertussis (DTaP) vaccines, if pertussis vaccine is medically contraindicated, then diphtheria-tetanus toxoid shall be substituted for DTaP/Tdap vaccine. Vaccines shall be administered in the following doses:

a. Five doses of the vaccines required in (1) above shall be required unless the fourth dose has been administered on or after the fourth birthday;

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 3-4 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 should receive a single dose of Tdap. If they require additional tetanus and diphtheria toxoid doses, Td should be used. For a child who receives Tdap at age 7 years or older, no further doses are required for 7th grade.

(2) Beginning August 1, 2017 a single dose of Tdap shall be required for students entering seventh (7th) grade;

(3) 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 has been administered on or after the fourth birthday; with the last two doses separated by 6 months, or;

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

(4) One dose of measles, mumps, rubella (MMR) vaccine given on or after 12 months of age;

(5) All students in grades kindergarten through 12th shall have received 2 valid doses of measles, mumps and rubella (MMR) vaccine, with the first dose administered on or after 12 months of age; and

(6) Three doses of hepatitis B vaccine.

(7) For varicella vaccine:.

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

- b. All students entering kindergarten shall have two valid doses of varicella vaccine, with the first dose administered on or after 12 months of age; or
- c. Laboratory evidence of immunity; or
- d. For children enrolled in kindergarten prior to 2009, parental or medical provider verification of disease.

(8) For Haemophilus influenzae Type b (Hib) for child care and pre-school, four doses with the last dose administered on or after 12 months of age or one dose on or after 15 months of age. Hib is not required for children greater than 59 months of age.

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.

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.

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 200% of the Federal poverty income guidelines, except if the applicant's annual gross income is greater than 200% of the allowed income in the Federal poverty income guidelines, the difference shall be multiplied by 80% in order to determine the amount of out-of-pocket dollars that shall be spent on medical care before the applicant is eligible.

(d) The department shall notify applicants in writing as to the amount of medical debt they shall accrue in order to be eligible for financial assistance under (4) above.

(e) 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.

(f) 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.

(g) 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.

(h) A signed authorization to collect medical data necessary to determine eligibility as described in He-P 301.17(c).

(i) The commissioner shall determine whether the applicant meets the eligibility requirements pursuant to paragraph (g) 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 301.17(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.

(k) 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.

(l) 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.

(m) Reimbursement to medical providers for these patient care services shall be at the New Hampshire Medicaid rates on the date of service.

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

APPENDIX A Incorporated by Reference

Reference in the Rule	Title/Availability/Cost of Document
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 Organisms in Healthcare Settings, HICPAC Advisory Committee. October 2006. Available as an on-line document free of charge at www.cdc.gov/hicpac/mdroGuidelines2006 .
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 .

APPENDIX B

Rule	RSA/Federal Regulation
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 RSA 1410-C:4, X., RSA 141-C:15, IV
He-P 301.12	RSA 141-C:11, RSA 141-C:12 RSA 141-C:14, RSA 141-C15
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	RSA 141-C:15, III