

APPENDIX II-C

RULEMAKING NOTICE FORM

Notice Number _____

Rule Number He-P 301.13 and He-P 307.07

1. Agency Name & Address:

**Department of Health & Human Services
Division of Public Health Services
Bureau of Infectious Disease Control
29 Hazen Drive
Concord, NH 03301**

2. RSA Authority: RSA 141-C:6, II and XVIII;
and RSA 141-C:20-f, VI(e)

3. Federal Authority: _____

4. Type of Action:

Adoption _____

Repeal _____

Readoption X

Readoption w/amendment _____

5. Short Title: **Immunization Registry Rules**

6. (a) Summary of what the rule says and of any proposed amendments:

He-P 300 sets forth the rules for communicable diseases pursuant to RSA 141-C.

He-P 301.13 specifies the requirements for documentation of immunization. He-P 307.07 specifies the procedures for patients to withdraw from participation in the registry.

He-P 301.13(e) and He-P 307.07 are currently interim rules, scheduled to expire on April 10, 2023, that were put into place to conform to:

- **HB 1035 from the 2022 legislative session (Chapter 55 of the Laws of 2022, effective 7-19-22) which removes the requirement set forth in RSA 141-C:20-c, II that a parent’s request for a religious exemption to immunizations required for school attendance be notarized; and**
- **HB 1487 from the 2022 legislative session (Chapter 307 of the Laws of 2022, effective 8-30-22) provides in RSA 141-C:20-f, III-a that an individual’s request to withdraw from the state immunization registry shall be signed by a current or former health care provider or be notarized by an authorized government official.**

The Department of Health and Human Services (Department) is proposing to readopt He-P 301.13 and He-P 307.07 with no changes being made from the existing interim rule.

6. (b) Brief description of the groups affected:

The proposed rules affect immunization/vaccination providers, patients who receive immunizations/vaccinations or wish to be exempt from immunizations/vaccinations, authorized users of the immunization registry, and any individual or entity who requests data from the immunization/vaccination registry.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

RULE	Specific State Statute which the Rule Implements
He-P 301.13	RSA 141-C:20-a through RSA 141-C:20-e
He-P 307.07	RSA 141-C:20-f, III; RSA 141-C:20-f, III-a

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Allyson Raadmae** Title: **Administrator- Administrative Rules Unit**
Address: **Dept. of Health and Human Services** Phone #: **(603) 271-9604**
Administrative Rules Unit Fax#: **(603) 271-5590**
129 Pleasant Street, 2nd Floor E-mail: Allyson.E.Raadmae@dhhs.nh.gov
Concord, NH 03301

TTY/TDD Access: Relay NH 1-800-735-2964 or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:

<https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/administrative-rules/nh-administrative-rules-public-comment>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Thursday, January 19, 2023**

Fax E-mail Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Wednesday, January 11, 2023 at 2:00pm**

Place: [**DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH**](#)

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 22:224, dated November 28, 2022

- 1. Comparison of the costs of the proposed rule(s) to the existing rule(s):**
There is no difference in cost between the proposed rules and the existing interim rules.
- 2. Cite the Federal mandate. Identify the impact on state funds:**
No federal mandate, no impact on state funds.
- 3. Cost and benefits of the proposed rule(s):**
 - A. To State general or State special funds:**
None.
 - B. To State citizens and political subdivisions:**
None.

- C. **To independently owned businesses:**
None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposed rules do not modify an existing program or responsibility, and do not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore do not violate Part I, Article 28-a of the N.H. Constitution.

CHAPTER He-P 300 DISEASES

PART He-P 301 COMMUNICABLE DISEASES

Readopt He-P 301.13, effective 11-3-16 (Document #12033), and amended in paragraph (e), effective 10-12-22 (Document #13460, Interim), to read as follows:

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:

- (1) The parent or guardian provides a completed "New Hampshire Childcare/School Immunization Religious Exemption Form" (October 2022) that states:

"The administration of immunizing agents conflict with the religious beliefs of the parent or legal guardian of the student listed above. Pursuant to NH Statute RSA 141-C:20-d, I understand, in the event of an outbreak of vaccine-preventable disease, for which immunization is required, an exempt student shall be excluded from school attendance";
or

- (2) 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

PART He-P 307 IMMUNIZATION/VACCINATION REGISTRY

Readopt He-P 307.07, effective 10-12-22 (Document #13460, Interim), to read as follows:

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 vaccine recipient information section of the "New Hampshire Immunization Information System (NHIIS) Withdrawal Form" (October 2022) and acknowledge that:

"I understand that this withdrawal from participation in the registry will not prevent me or my child from receiving immunizations/vaccinations.

I understand withdrawing will delete all existing vaccine information within the NHIIS for myself or for my child. This is a permanent deletion that cannot be undone.

I understand that I may reverse my decision by completing a "Reverse Previous Decision not to Participate in the New Hampshire Immunization/Vaccination Registry" (3/2016) form with my current healthcare provider.

I understand that it is my responsibility to inform my other health care providers of my decision to withdraw from the registry so that no future immunization/vaccination information is reported to the NHIIS.

Patients who choose to withdraw from participation in the registry are not relieved from the obligation to comply with current immunization requirements set forth in RSA 141-C:20-a and He-P 301.14." ;

- (2) The patient, or the patient's parent or guardian if the patient is a minor, shall obtain signature of a health care provider or a public notary on the "New Hampshire Immunization Information System (NHIIS) Withdrawal Form" (October 2022) ;
- (3) The patient, or the patient's parent or guardian if the patient is a minor, or health care provider in (2) above shall fax or mail the completed "New Hampshire Immunization Information System (NHIIS) Withdrawal Form" (October 2022) to the department; and
- (4) The department shall remove all patient information from the registry.

(b) 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.

(c) 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.

(d) 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.

APPENDIX

RULE	Specific State Statute which the Rule Implements
He-P 301.13	RSA 141-C:20-a through RSA 141-C:20-e
He-P 307.07	RSA 141-C:20-f, III; RSA 141-C:20-f, III-a



New Hampshire Childcare/School Immunization Religious Exemption Form

Instructions:

Parent/ legal guardian or student (if the student is 18 years of age or older):

- Complete form, sign, and date.
- Maintain a copy of this form for your records.
- Submit this completed form to each childcare/school your child attends.

NOTE: Parent/legal guardian or student (if the student is 18 years of age or older) is responsible for providing a copy of this form to each childcare agency or school attended as the form does not automatically transfer to an additional childcare agency or school

Student's Name	Date of Birth	Grade/Level	
Street Address	City	Zip Code	Phone

The administration of immunizing agents conflict with the religious beliefs of the parent or legal guardian of the student listed above. Pursuant to NH Statute RSA 141-C:20-d, I understand, in the event of an outbreak of vaccine-preventable disease, for which an immunization is required , an exempt student shall be excluded from school attendance.

Please specify vaccine(s) for which this exemption applies (optional):

(This information is voluntary and if you choose not to provide the requested information, it will not impact your request for a religious exemption.)

- DTaP/Tdap/Td
 Polio
 Hepatitis B
 Hib
 MMR
 Varicella

Printed name of Signature of Parent/Guardian or Student (if student is 18+)

Signature of Parent/Guardian or Student (if student is 18+)

Date



New Hampshire Immunization Information System (NHIIS) Withdrawal Form

**Fax or mail this form to: New Hampshire Immunization Program, 29 Hazen Drive, Concord, NH 03301
Attn: Registry Administrator, fax: 603-696-3266**

Vaccine Recipient Information (AS IT APPEARS IN NHIIS)- To be completed by the participant or parents/Legal guardian

Name of the Vaccine Recipient/Participant (Print)		Date of Birth (MM/DD/YYYY)		NHIIS Patient ID (If known)	
Street Address	City	State	Zip code	Phone number or Email address	

Acknowledgement:

- ❖ I understand that this withdrawal from participation in the registry will not prevent me or my child from receiving immunizations/vaccinations.
- ❖ I understand withdrawing will delete all existing vaccine information within the NHIIS for myself or for my child. This is a permanent deletion that cannot be undone.
- ❖ I understand that I may reverse my decision by completing a "Reverse Previous Decision not to Participate in the New Hampshire Immunization/Vaccination Registry" form with my current health care provider.
- ❖ I understand that it is my responsibility to inform my other health care providers of my decision to withdraw from the registry so that no future immunization/vaccination information is reported to the NHIIS.
- ❖ Patients who choose to withdraw from participation in the registry are not relieved from the obligation to comply with current immunization requirements set forth in RSA 141-C:20-a and He-P 301.14.

_____ (initials Here) **I withdraw my/my child's participation and seek removal of all my/my child's information from the NH vaccination registry, known as the NH Immunization Information System (NHIIS).**

Name of Parent or Legal Guardian (if participant <18 years old) (Print)	Relationship to participant	Signature of Participant, Parent or Legal guardian (sign in presence of Notary)	Date of Request
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Healthcare Provider
<i>Name of the Facility or Clinic and Clinic ID</i>
<i>Name of Healthcare Provider</i>
<i>Signature of Healthcare Provider</i>
<i>Date: _____</i>

OR

Public Notary
<i>Subscribed and sworn before me this</i> _____ Day of _____ (Month), _____ (Year)
<i>Notary's Signature and Seal</i>
<i>Date My Commission Expires: _____</i>

Note: In the event that the NH Department of Public Health was the medical provider (i.e. State run COVID-19 clinic), a copy of vaccination(s) provided by the Department/Department's authorized agent will be retained in a separate HIPPA compliant system for a period of 7 years for adults and 7 years or until the minor reaches age 19 for minors in order to comply with Med (501.02(f) (8) and He-P 802.06 (h).