APPENDIX II-C

RULEMAKING NOTICE FORM

Notice Number _____ Rule Number **He-P 900**

1. Agency Name & Address:	2. RSA Authority: **RSA 128:10**
Dept. of Health & Human Services **Division of Public Health Services** **29 Hazen Drive** **Concord, NH 03301**	3. Federal Authority: _____ 4. Type of Action: Adoption **X** Repeal _____ Readoption _____ Readoption w/amendment _____

5. Short Title: **Town Health Officers**

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

He-P 900 establishes the process and procedure for the appointment, duties, training, and qualifications for town health officers in the State of New Hampshire.

The Department of Health and Human Services (Department) is proposing to adopt He-P 900 pursuant to the rulemaking authority described in RSA 128:10. This proposed rule includes:

- **He-P 901.01 which describes the purpose of the rule for town health officers;**
- **He-P 901.02 which describes the definitions used within the rule;**
- **He-P 902.01 which describes the appointment process for a health officer for a town, of for several towns, and incorporates by reference the form for this purpose;**
- **He-P 902.02 which identifies the term of appointment for a health officer, including the process for managing the expiration of a health officer's term, the renewal process, the resignation, and/or death of a health officer;**
- **He-P 902.03 which describes the process for appointment and term of a deputy health officer;**
- **He-P 903.01 which identifies the duties of an appointed health officer; and**
- **He-P 904.01 which describes the training requirements of an appointed health officer.**

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

He-P 900 affects towns who are appointing a health officer and the individuals being appointed as a health officer.

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 the Rule Implements
He-P 901	RSA 128:10
He-P 902	RSA 128:1, RSA 128:2, RSA 128:4, RSA 128:5-b, RSA 128:6, RSA 126:6-a, RSA 128:10
He-P 903	RSA 128:3, RSA 128:5, RSA 128:10, RSA 128:11
He-P 904	RSA 128: 8, RSA 128:10

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

Name: **Allyson Zinno**

Address: **Dept. of Health and Human Services**
Administrative Rules Unit
129 Pleasant Street, 2nd Floor
Concord, NH 03301

Title: **Administrator- Administrative Rules Unit**

Phone #: **(603) 271-9604**

Fax#: **(603) 271-5590**

E-mail: **Allyson.E.Zinno@dhhs.nh.gov**

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: **Tuesday, August 9, 2022**

☒ Fax ☒ E-mail ☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Tuesday, August 2, 2022 at 1:00pm**

Place: **DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH**

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

FIS # **22-113** , dated **June 13, 2022**

1. **Comparison of the costs of the proposed rule(s) to the existing rule(s):**
   Not applicable, as this is a new rule.

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):**
   Any costs are attributable to RSA 128, which directs the Commissioner of the Department of Health and Human Services to appoint town health officers as recommended by local boards of selectman.

   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 rule modifies an existing program or responsibility, but does not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.

Adopt He-P 900 to read as follows:

CHAPTER He-P 900 TOWN HEALTH OFFICERS

Statutory Authority: RSA 128:10

PART He-P 901 GENERAL INFORMATION

He-P 901.01 Purpose. The purpose of this rule is to establish requirements for appointment, duties, and training of town health officers in the state of New Hampshire. This chapter does not apply to cities pursuant to RSA 128:7.

He-P 901.02 Definitions.

(a) "Certificate of appointment" means the documentation of an official assignation of a person as a health officer or deputy health officer for a town or unorganized locality.

(b) "Commissioner" means the commissioner of the department of health and human services, or his or her designee.

(c) "Confidentiality agreement" means a contract between two or more parties where the subject of the agreement is a promise that information conveyed will be maintained in secrecy.

(d) "Department means" the department of health and human services.

(e) "Health officer" means the person appointed by the Commissioner to enforce health laws in a town or unorganized locality. It includes the term "deputy health officer."

(f) "New Hampshire health officers association (NHHOA)" means the professional organization established to assist and support local health officials in meeting their responsibilities to the public through programs of education, technical assistance, representation, and resource development.

(g) "Town" means a political unit of the state. It includes the term "municipality."

(h) "Unorganized localities" means a region of the state with no local incorporated government.

PART He-P 902 HEALTH OFFICER APPOINTMENT

He-P 902.01 Appointment Process of a Health Officer for a Town, Several Towns.

(a) The selectmen of a town shall recommend to the commissioner a person for nomination as a health officer or deputy health officer by submitting to the department a completed "Health Officer and/or Deputy Health Officer Nomination Form" (XXXX 2022).

(b) The selectmen of several towns shall recommend to the commissioner a person for nomination as a health office or deputy health officer by each of the several towns submitting to the department a completed "Health Officer and/or Deputy Health Officer Nomination Form" (XXXX 2022).

(c) Upon receipt of a nomination in (a) – (b) above, the commissioner shall notify the appointee and issue a certificate of appointment to the health officer within 30 business days.

(d) Upon appointment, the health officer shall provide contact information to the department, specifically:

(1) Full name;

(2) Mailing address;

(3) Telephone number; and

(4) Email address.

He-P 902.02 Term of Appointment.

(a) Pursuant to RSA 128:3, a health officer shall hold office for:

(1) A total of 3 years; or

(2) Until a successor is appointed.

(b) Upon the expiration of the health officer's term, or upon his or her removal, death or resignation, or the occurrence of a vacancy in the office for any reason, the selectmen shall:

(1) Notify the commissioner; and

(2) Make a recommendation for a replacement within 30 business days of notice.

(c) If no recommendation is made within the 30 business day notice of (b)(2) above, the commissioner shall appoint the chair of the board of selectman for that town until a recommendation is received.

He-P 902.03 Deputy Health Officer Appointment and Term.

(a) The appointed health officer shall nominate a person to serve as a deputy health officer as needed, upon approval of the selectmen and the commissioner pursuant to He-P 902.01.

(b) The term of the deputy health officer shall expire with that of the health officer.

(c) The term of the deputy health officer shall be extended for 30 business days in the event of a vacancy of a health officer.

PART He-P 903 DUTIES

He-P 903.01 Duties of a Health Officer.

(a) Health officers shall have the authority to:

(1) Enforce public health laws and rules; or

(2) Make investigations as directed by:

a. The local board of health;

b. The department; or

c. Other state agencies.

(b) Deputy health officers shall be empowered to:

(1) Enforce public health laws and regulations; and

(2) Make investigations as directed by:

a. The health officer;

b. The department; or

c. Other state agencies.

(c) Pursuant to RSA 128:3, the health officer shall be the secretary and executive officer of, and with the selectmen, constitute the local board of health for the town.

(d) This local board shall:

(1) Meet at least once every year;

(2) Review the state of local public health issues and concerns; and

(3) Provide information as requested to the department on the readiness to address public health threats identified at the local or regional levels.

(e) The department shall contact the local board of health when it receives information regarding a public health threat in order to:

(1) Determine the readiness of the local board to respond; and

(2) Provide technical assistance and resources to address the issue.

PART He-P 904 TRAINING AND QUALIFICATIONS

He-P 904.01 Training Required.

(a) Within one year of appointment, each health officer and deputy health officer shall complete a minimum of 3 hours of training on topics related to the specific laws that provide authority to health officers.

(b) The curriculum for training shall include:

(1) Duties and responsibilities on rental housing standards pursuant to RSA 48-A:3, I(c);

(2) Assessment and management of health nuisances pursuant to RSA 147; and

(3) Duties pursuant to RSA 128:5.

(c) The training shall be administered at no cost to the municipality by the department in collaboration with the New Hampshire health officers association.

(d) The training shall be taken either:

(1) In person; or

(2) Through a remote learning platform provided by the department.

(e) Upon completion of the training required in (a) above, each health officer and deputy health officer shall receive a certification of completion and provide a copy of the certification of completion to the department.

APPENDIX A

Rule	**Specific State Statute the Rule Implements**
He-P 901	RSA 128:10
He-P 902	RSA 128:1, RSA 128:2, RSA 128:4, RSA 128:5-b, RSA 128:6, RSA 126:6-a, RSA 128:10
He-P 903	RSA 128:3, RSA 128:5, RSA 128:10, RSA 128:11
He-P 904	RSA 128: 8, RSA 128:10

HEALTH OFFICER AND/OR DEPUTY NOMINATION FORM

Application Information

Health Officer (HO) _____ New Appointment _____ Renewal

Deputy Health Officer (DHO) _____ New Appointment _____ Renewal

Please complete all elements of this form. The information is required per New Hampshire State Law RSA 128 and ensures the ability of the New Hampshire Division of Public Health Services (DPHS) to communicate with Health and Deputy Health Officers during local or statewide emergencies. If the health officer position is temporarily vacant, please identify one (1) person on the Board of Selectmen (BOS) to serve as the contact with DPHS. Please list that person's mobile number and email in case of health emergencies.

Per recent changes to RSA 128:9, all nominated persons must have a criminal background check on file with the town.

As of June 2021, Health Officers and Deputy Health Officers are required to complete a 3-hour training course within the first year of their appointment. Completion of this nomination form provides for a conditional appointment that will be finalized upon proof the health officer's completion of the training course.

Town Information

Town:_____

Town Manager/Admin. Name: _____

_____

Email:_____

Phone:_____

Board of Selectmen Information

Mailing Address:_____

City/State/Zip: _____

Email: _____

Phone: _____

Health Officer Information

Name:_____

Municipal Mailing Address:_____

_____

Office Phone: _____

Cell Phone (**required**): _____

Email (**required**):_____

Fax Line: _____

Date of Birth: ____/____/____

Background check **(required)** completed on (date)_____

Is this background check on file? Yes ☐ No ☐

Deputy Health Officer Information *(if applicable)*

Name:_____

Municipal Mailing Address:_____

_____

Office Phone: _____

Cell Phone (**required**): _____

Email (**required**):_____

Fax Line: _____

Date of Birth: ____/____/____

Background check **(required)** completed on (date)_____

Is this background check on file? Yes ☐ No ☐

Primary Occupation (circle or bold) Fire EMT/Paramedic

Town Adm./Manager Code Enforcement/Building Inspector

Health Officer/DHO Only Other_____

Town Position Type: (circle one)

Full Time Part-time Per Diem Volunteer

Signature of Health Officer:_____**Date:**_____

Signature of Board of Selectmen (3 minimum):

Print Name: _____

Print Name: _____

Print Name: _____

Deputy Occupation - (circle or bold) Fire EMT/Paramedic

Town Adm./Manager Code Enforcement/Building Inspector

Health Officer/DHO Only Other_____

Town Position Type: (circle one)

Full Time Part-time Per Diem Volunteer

Signature of Deputy:_____**Date:**_____

Signature: _____

Signature: _____

Signature: _____

YOU MAY RETURN FORM VIA Email, Post or Fax:

EMAIL: Healthofficer@dhhs.nh.gov

POSTAL SERVICE: Health Officer Liaison Unit, NH DHHS, Bureau of Public Health Protection, 29 Hazen Drive, Concord, NH 03301-6504

FAX: 603-271-8705 **Phone:** 603-271-3468

Do not write in this box — For State Office Use Only		
Appointment Date:	Expiration Date:	New/Renew

Last Revision Date: August 2021