Advisory Committee on Immunization Practices (ACIP). An official federal advisory committee composed of medical and public health experts who develop evidence-based guidelines on how to use vaccines to control diseases in the United States.

Domestic Animal. An animal species that, through selective breeding has been tamed and kept by humans as a work animal, food source, or pet, and has become notable different from their wild ancestors.

Health Care Provider. A physician, duly licensed and registered to practice as a physician by the Board of Registration in Medicine; an Advanced Practice Registered Nurse, duly licensed and registered to engage in advanced practice nursing activities by the Massachusetts Board of Registration in Nursing; or a Physician Assistant, duly licensed and registered to practice as a physician assistant by the Massachusetts Board of Registration of Physician Assistants.

Post-exposure Prophylaxis. Any preventive medical treatment started immediately after exposure to a pathogen (such as a disease-causing virus), in order to prevent infection by the pathogen and the development of disease.

Rabies. A preventable viral disease of mammals most often transmitted through the bite of a rabid animal.

Uninsured. A patient who is not covered by a health insurance plan, a self-insurance health plan or a medical assistance program.

The board of health must provide or pay for rabies post-exposure prophylaxis treatment, generally consisting of rabies vaccine and human rabies immune globulin, as described by the most current guidelines from the ACIP if the individual meets the criteria of 105 CMR 335.100.

(A) Rabies post-exposure prophylaxis treatment shall be provided or paid for by the board of health for any uninsured persons bitten by or intimately exposed to the saliva of an animal species known, or likely, to serve as a source of rabies exposure as determined by the Department of Public Health and if the animal:

(1) was found positive for rabies by laboratory testing examination;
(2) was in such condition on reaching the laboratory that it could not be tested, and was, therefore, reported as unsatisfactory;
(3) was a domestic animal species for which salivary shedding period for rabies are known and which could not be restrained for a clinical observation period of ten days after the date of biting or exposure as recommended by the Department of Public Health; or
(4) was killed and disposed of or is otherwise unavailable for observation or laboratory testing.

(B) Notwithstanding 105 CMR 335.100(A), rabies post-exposure prophylaxis treatment shall be provided or paid for by the board of health for any uninsured persons exposed to rabies by a bat as defined by the most current guidelines from the ACIP and the Department of Public Health.
335.100: continued

(C) Under no circumstances should the process used to provide or pay for rabies post-exposure prophylaxis delay administration more than is considered medically appropriate by the Department of Public Health.

335.200: Certification by a Health Care Provider

Before rabies post-exposure prophylaxis is provided, or prior to paying for such treatment, the health care provider responsible for administering rabies post-exposure prophylaxis shall certify in writing to the board of health the name and address of the patient; description of the exposure and the circumstances surrounding it, the location where the bite or exposure occurred, and the animal species responsible for the exposure by identification or description.

335.300: Notice Required When Patient is Non-resident of Community Where Bitten

If rabies post-exposure prophylaxis treatment is given because of a bite or exposure occurring in a community other than that in which the patient resides, a notice of the facts shall be forwarded by the board of health to the board of health and animal inspector of the community where the exposure occurred.

335.400: Permissible Treatment Charges

No charges shall be paid for health services other than for those defined in current human rabies prevention guidelines from the ACIP.

335.500: Patient's Statement

The board of health may require a statement made under penalty of perjury and signed by the patient, or in the case of a minor, by his or her parent or guardian or person immediately responsible for his or her supervision, stating the person's insurance status, the location where said person was bitten or exposed and the identity of the animal species if known or the animal's description.

REGULATORY AUTHORITY

105 CMR 335.000: M.G.L. c. 111, § 3 and c. 140, § 145A.