

4. Each local board shall furnish the department, within sixty days after the start of the school year, evidence that each person enrolled in any public or nonpublic school within the local board's jurisdiction has met the dental screening requirement in this section.

5. The department shall adopt rules to administer this section.

Sec. 2. EFFECTIVE DATE. This Act takes effect July 1, 2008.

Approved May 9, 2007

CHAPTER 147

POSTNATAL TISSUE AND FLUID BANKING STUDY

H.F. 910

AN ACT relating to the creation of a task force on postnatal tissue and fluid banking, related postnatal procedures, and providing an effective date.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. POSTNATAL TISSUE AND FLUID BANKING TASK FORCE.

1. The Iowa department of public health shall convene a task force on postnatal tissue and fluid banking and related postnatal procedures. The task force shall consist of the following members, selected by the institution or association specified or, if not specified, selected by the director of public health:

- a. The director of public health, or the director's designee.
- b. A representative of each of the public and private colleges or universities in the state that have interest in postnatal tissue and fluid for the purposes of research or medical treatment.
- c. A representative of the Iowa hospital association.
- d. A representative of the Iowa osteopathic medical association.
- e. A representative of the Iowa medical society.
- f. A physician representing a birthing hospital.
- g. A prenatal health care provider.
- h. A representative of the Iowa midwives association.
- i. A representative of the postnatal tissue and fluid research community.
- j. A representative of recipients of postnatal tissue and fluid transplants.
- k. A representative of a postnatal tissue and fluid transplant center.
- l. A representative of a postnatal tissue and fluid bank.
- m. An attorney with expertise in public health or biotechnology law, selected by the Iowa state bar association.

2. Members of the task force shall receive actual expenses incurred while serving in their official capacity and may also be eligible to receive compensation as provided in section 7E.6.

3. The director of public health, or the director's designee, shall act as chairperson of the task force. A majority of the members of the task force shall constitute a quorum.

4. The task force shall investigate the optimum method by which to establish a network of postnatal tissue and fluid banks in partnership with public and private colleges or universities, public and private hospitals, or nonprofit organizations and private organizations in the state to collect and store postnatal tissue and fluid for the purposes of scientific research and medical treatment. The investigation shall address and make recommendations regarding all of the following:

- a. Regulatory requirements for public and private postnatal tissue and fluid banks in the state, including regulations or protocols to govern donations to the bank and the release and use of banked postnatal tissue or fluid.
 - b. The development of a statewide network of postnatal tissue and fluid banks and birthing hospital collection sites in a manner that provides for geographic distribution throughout the state.
 - c. The development of a statewide postnatal tissue and fluid registry to identify, acquire, and distribute donated postnatal tissue and fluid to suitably matched candidates including documentation of the collection, storage, distribution, and transplantation of the postnatal tissue and fluid and the clinical outcomes of all transplantations related to the network.
 - d. Any incentives for donation to public postnatal tissue and fluid banks.
 - e. Public awareness and encouragement of donation or private storage of postnatal tissue and fluid by providing information including but not limited to all of the following:
 - (1) The current and potential future medical uses of postnatal tissue and fluid.
 - (2) The benefits and risks associated with postnatal tissue and fluid banking.
 - (3) Medical or family history criteria that may impact a family's consideration of postnatal tissue and fluid banking.
 - (4) An explanation of the differences between private and public banking.
 - (5) Medically accepted uses and benefits of postnatal tissue and fluid collection and transplantation.
 - (6) The costs associated with donation and storage, and an explanation of the storage, maintenance, and viability for transplantation of postnatal tissue and fluid.
 - f. Participation in the public cord blood bank network established pursuant to the federal Stem Cell Therapeutic and Research Act of 2005, Pub. L. No. 109-129, or other national or international networks.
 - g. Any changes in law or rules necessary to implement a postnatal tissue and fluid banking network in the state to provide for scientific research and medical treatment.
 - h. Consent and privacy protections related to donation or private banking of postnatal tissue and fluid.
 - i. Any fee structure to be associated with participation in the postnatal tissue and fluid bank network.
 - j. The costs associated with the operation and maintenance of a public postnatal tissue and fluid bank network, including the need for public funding.
5. In addition to postnatal tissue and fluid banking the task force shall review the issue of the retention, use, and disposition of neonatal metabolic screening specimens, including but not limited to the length of time the specimens are retained and specimen research use.
 6. The task force shall report its findings and recommendations, along with any proposed legislation, to the general assembly by November 1, 2007.
 7. For the purposes of this section, "postnatal tissue and fluid" means the placenta, umbilical cord, umbilical cord blood, and amniotic fluid expelled or extracted in connection with the birth of a child.

Sec. 2. EFFECTIVE DATE. This Act, being deemed of immediate importance, takes effect upon enactment.

Approved May 9, 2007