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SSB-3205
Human Resources

SENATE FILE S/HF 2314
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON BOETTGER)

Passed Senate, Date _____ Passed House, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to communicable and infectious diseases and
2 providing penalties.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. NEW SECTION. 139A.1 TITLE.

2 This chapter shall be known as the "Communicable and
3 Infectious Disease Reporting and Control Act".

4 Sec. 2. NEW SECTION. 139A.2 DEFINITIONS.

5 For purposes of this chapter, unless the context otherwise
6 requires:

7 1. "Business" means and includes every trade, occupation,
8 or profession.

9 2. "Communicable disease" means any contagious or
10 infectious disease spread from person to person or animal to
11 person.

12 3. "Contagious or infectious disease" means hepatitis in
13 any form, meningococcal disease, tuberculosis, and any other
14 disease, with the exception of AIDS or HIV infection as
15 defined in section 141A.1, determined to be life-threatening
16 to a person exposed to the disease as established by rules
17 adopted by the department, based upon a determination by the
18 state epidemiologist and in accordance with guidelines of the
19 centers for disease control and prevention of the United
20 States department of health and human services.

21 4. "Department" means the Iowa department of public
22 health.

23 5. "Designated officer" means a person who is designated
24 by a department, agency, division, or service organization to
25 act as an infection control liaison officer.

26 6. "Emergency care provider" means a person who is trained
27 and authorized by federal or state law to provide emergency
28 medical assistance or treatment, for compensation or in a
29 voluntary capacity, including but not limited to all of the
30 following:

31 a. An emergency medical care provider as defined in
32 section 147A.1.

33 b. A health care provider.

34 c. A fire fighter.

35 d. A peace officer.

1 "Emergency care provider" also includes a person who renders
2 direct emergency aid without compensation.

3 7. "Exposure" means the risk of contracting disease.

4 8. "Exposure-prone procedure" means a procedure performed
5 by a health care provider which presents a recognized risk of
6 percutaneous injury to the health care provider and if such an
7 injury occurs, the health care provider's blood is likely to
8 contact a patient's body cavity, subcutaneous tissues, or
9 mucous membranes, or exposure-prone procedure as defined by
10 the centers for disease control and prevention of the United
11 States department of health and human services.

12 9. "HBV" means hepatitis B virus.

13 10. "Health care facility" means a health care facility as
14 defined in section 135C.1, an ambulatory surgical center, or a
15 clinic.

16 11. "Health care provider" means a person licensed to
17 practice medicine and surgery, osteopathic medicine and
18 surgery, osteopathy, chiropractic, podiatry, nursing,
19 dentistry, optometry, or as a physician assistant, dental
20 hygienist, or acupuncturist.

21 12. "HIV" means HIV as defined in section 141A.1.

22 13. "Hospital" means hospital as defined in section
23 135B.1.

24 14. "Isolation" means the separation of persons or animals
25 presumably or actually affected with a communicable disease or
26 who are disease carriers for the usual period of
27 communicability of that disease in such places, marked by
28 placards if necessary, and under such conditions as will
29 prevent the direct or indirect conveyance of the infectious
30 agent or contagion to susceptible persons.

31 15. "Local board" means the local board of health.

32 16. "Local department" means the local health department.

33 17. "Placard" means a warning sign to be erected and
34 displayed on the periphery of a quarantine area, forbidding
35 entry to or exit from the area.

1 18. "Quarantinable disease" means any communicable disease
2 designated by rule adopted by the department as requiring
3 quarantine or isolation to prevent its spread.

4 19. "Quarantine" means the limitation of freedom of
5 movement of persons or animals that have been exposed to a
6 communicable disease within specified limits marked by
7 placards for a period of time equal to the longest usual
8 incubation period of the disease in such manner as to prevent
9 the spread of a communicable disease which affects people.

10 20. "Reportable disease" means any disease designated by
11 rule adopted by the department requiring its occurrence to be
12 reported to an appropriate authority.

13 21. "Sexually transmitted disease or infection" means a
14 disease or infection as identified by rules adopted by the
15 department, based upon a determination by the state
16 epidemiologist and in accordance with guidelines of the
17 centers for disease control and prevention of the United
18 States department of health and human services.

19 22. "Terminal cleaning" means cleaning procedures defined
20 in the isolation guidelines issued by the centers for disease
21 control and prevention of the United States department of
22 health and human services.

23 Sec. 3. NEW SECTION. 139A.3 REPORT TO DEPARTMENT.

24 1. The health care provider or public, private, or
25 hospital clinical laboratory attending a person infected with
26 a reportable disease shall immediately report the case to the
27 department. However, when a case occurs within the
28 jurisdiction of a local health department, the report shall be
29 made to the local department and to the department. A health
30 care provider or public, private, or hospital clinical
31 laboratory who files such a report which identifies a person
32 infected with a reportable disease shall assist in the
33 investigation by the department, a local board, or a local
34 department. The department shall publish and distribute
35 instructions concerning the method of reporting. Reports

1 shall be made in accordance with rules adopted by the
2 department and shall require inclusion of all the following
3 information:

- 4 a. The patient's name.
- 5 b. The patient's address.
- 6 c. The patient's date of birth.
- 7 d. The sex of the patient.
- 8 e. The race and ethnicity of the patient.
- 9 f. The patient's marital status.
- 10 g. The patient's telephone number.
- 11 h. The name and address of the laboratory.
- 12 i. The date the test was found to be positive and the
13 collection date.
- 14 j. The name of the health care provider who performed the
15 test.
- 16 k. If the patient is female, whether the patient is
17 pregnant.

18 2. Failure to file the report required pursuant to
19 subsection 1 shall result in a report being made to the
20 licensing board governing the professional activities of the
21 individual failing to have made the report. Any public,
22 private, or hospital clinical laboratory failing to file the
23 report required under this section is subject to a civil fine
24 of one thousand dollars per occurrence.

25 3. a. Any person who, in good faith, files a report under
26 this section is immune from any liability, civil or criminal,
27 which might otherwise be incurred or imposed for making a
28 report.

29 b. A report to the department, to a local board, or to a
30 local department, which identifies a person infected with a
31 reportable disease, is confidential and shall not be
32 accessible to the public.

33 c. Notwithstanding paragraph "b", information contained in
34 the report may be reported in public health records in a
35 manner which prevents the identification of any person or

1 business named in the report. If information contained in the
2 report concerns a business, information disclosing the
3 identity of the business may be released to the public when
4 the state epidemiologist or the director of public health
5 determines such a release of information necessary for the
6 protection of the health of the public.

7 Sec. 4. NEW SECTION. 139A.4 TYPE AND LENGTH OF ISOLATION
8 OR QUARANTINE.

9 1. The type and length of isolation or quarantine imposed
10 for a specific communicable disease shall be in accordance
11 with rules adopted by the department.

12 2. The department and the local boards may impose and
13 enforce isolation and quarantine restrictions.

14 3. The department shall adopt rules governing terminal
15 cleaning.

16 Sec. 5. NEW SECTION. 139A.5 ISOLATION OR QUARANTINE
17 SIGNS ERECTED.

18 When isolation or a quarantine is established, appropriate
19 placards prescribed by the department shall be erected to mark
20 the boundaries of the place of isolation or quarantine.

21 Sec. 6. NEW SECTION. 139A.6 COMMUNICABLE DISEASES.

22 If a person, whether or not a resident, is infected with a
23 communicable disease dangerous to the public health, the local
24 board shall issue orders in regard to the care of the person
25 as necessary to protect the public health. The orders shall
26 be executed by the designated officer as the local board
27 directs or provides by rules.

28 Sec. 7. NEW SECTION. 139A.7 DISEASED PERSONS MOVING --
29 RECORD FORWARDED.

30 If a person known to be suffering from a communicable
31 disease dangerous to the public health moves from the
32 jurisdiction of a local board into the jurisdiction of another
33 local board, the local board from whose jurisdiction the
34 person moves shall notify the local board into whose
35 jurisdiction the person is moving.

1 Sec. 8. NEW SECTION. 139A.8 IMMUNIZATION OF CHILDREN.

2 1. A parent or legal guardian shall assure that the
3 person's minor children residing in the state are adequately
4 immunized against diphtheria, pertussis, tetanus,
5 poliomyelitis, rubeola, and rubella, according to
6 recommendations provided by the department subject to the
7 provisions of subsections 3 and 4.

8 2. a. A person shall not be enrolled in any licensed
9 child care center or elementary or secondary school in Iowa
10 without evidence of adequate immunizations against diphtheria,
11 pertussis, tetanus, poliomyelitis, rubeola, and rubella.

12 b. Evidence of adequate immunization against haemophilus
13 influenza B shall be required prior to enrollment in any
14 licensed child care center.

15 c. Evidence of hepatitis type B immunization shall be
16 required of a child born on or after July 1, 1994, prior to
17 enrollment in school in kindergarten or in a grade.

18 d. Immunizations shall be provided according to
19 recommendations provided by the department subject to the
20 provisions of subsections 3 and 4.

21 3. Subject to the provision of subsection 4, the state
22 board of health may modify or delete any of the immunizations
23 in subsection 2.

24 4. Immunization is not required for a person's enrollment
25 in any elementary or secondary school or licensed child care
26 center if that person submits to the admitting official a
27 statement signed by a physician, who is licensed by the state
28 board of medical examiners, that, in the physician's opinion,
29 the immunizations required would be injurious to the health
30 and well-being of the applicant or any member of the
31 applicant's family or household.

32 5. A person may be provisionally enrolled in an elementary
33 or secondary school or licensed child care center if the
34 person has begun the required immunizations and if the person
35 continues to receive the necessary immunizations as rapidly as

1 is medically feasible. The department shall adopt rules
2 relating to the provisional admission of persons to an
3 elementary or secondary school or licensed child care center.

4 6. The local board shall furnish the department, within
5 sixty days after the first official day of school, evidence
6 that each person enrolled in any elementary or secondary
7 school has been immunized as required in this section subject
8 to subsection 4. The department shall adopt rules pursuant to
9 chapter 17A relating to the reporting of evidence of
10 immunization.

11 7. Local boards shall provide the required immunizations
12 to children in areas where no local provision of these
13 services exists.

14 8. The department, in consultation with the director of
15 the department of education, shall adopt rules for the
16 implementation of this section and shall provide those rules
17 to local school boards and local boards.

18 Sec. 9. NEW SECTION. 139A.9 FORCIBLE REMOVAL --
19 ISOLATION -- QUARANTINE.

20 The forcible removal and isolation or quarantine of any
21 infected person shall be accomplished according to the rules
22 and regulations of the local board or the rules of the state
23 board of health.

24 Sec. 10. NEW SECTION. 139A.10 FEES FOR REMOVING.

25 The officers designated by the magistrate shall receive
26 reasonable compensation for their services as determined by
27 the local board. The amount determined shall be certified and
28 paid in the same manner as other expenses incurred under this
29 chapter.

30 Sec. 11. NEW SECTION. 139A.11 MEDICAL ATTENDANCE AND
31 SUPPLIES -- ISOLATION -- QUARANTINE.

32 If a person under isolation or quarantine or the persons
33 liable for the support of the person shall, in the opinion of
34 the local board, be financially unable to secure proper care,
35 provisions, or medical attendance, the local board shall

1 furnish supplies and services during the period of isolation
2 or quarantine and may delegate the duty, by rules, to one of
3 its designated officers.

4 Sec. 12. NEW SECTION. 139A.12 COUNTY LIABILITY FOR
5 SUPPLIES.

6 The local board shall provide proper care, provisions, and
7 medical attendance for any person removed and isolated or
8 quarantined in a separate house or hospital for detention and
9 treatment, and the care, provisions, and medical attendance
10 shall be paid for by the county in which the infected person
11 has a legal settlement, if the patient or legal guardian is
12 unable to pay.

13 Sec. 13. NEW SECTION. 139A.13 RIGHTS OF ISOLATED OR
14 QUARANTINED PERSONS.

15 Any person removed and isolated or quarantined in a
16 separate house or hospital may, at the person's own expense,
17 employ the health care provider of the person's choice, and
18 may provide such supplies and commodities as the person may
19 require.

20 Sec. 14. NEW SECTION. 139A.14 SERVICES OR SUPPLIES.

21 All services or supplies furnished to persons under this
22 chapter must be authorized by the local board or an officer of
23 the local board, and a written order designating the person
24 employed to furnish such services or supplies, issued before
25 the services or supplies are furnished, shall be attached to
26 the bill when presented for audit and payment.

27 Sec. 15. NEW SECTION. 139A.15 FILING OF BILLS.

28 All bills incurred under this chapter in establishing,
29 maintaining, and terminating isolation and quarantine, in
30 providing a necessary house or hospital for isolation or
31 quarantine, and in making terminal cleanings, shall be filed
32 with the local board. The local board at its next regular
33 meeting or special meeting called for this purpose shall
34 examine and audit the bills and, if found correct, approve and
35 certify the bills to the county board of supervisors for

1 payment.

2 Sec. 16. NEW SECTION. 139A.16 ALLOWING CLAIMS.

3 All bills for supplies furnished and services rendered for
4 persons removed and isolated or quarantined in a separate
5 house or hospital, or for persons financially unable to
6 provide their own sustenance and care during isolation or
7 quarantine, shall be allowed and paid for only on a basis of
8 the local market price for such provisions, services, and
9 supplies in the locality furnished. A bill for the terminal
10 cleaning of premises or effects shall not be allowed, unless
11 the infected person or those liable for the person's support
12 are financially unable to pay.

13 Sec. 17. NEW SECTION. 139A.17 APPROVAL AND PAYMENT OF
14 CLAIMS.

15 The board of supervisors is not bound by the action of the
16 local board in approving the bills, but shall pay the bills
17 for a reasonable amount and within a reasonable time.

18 Sec. 18. NEW SECTION. 139A.18 REIMBURSEMENT FROM COUNTY.

19 If any person receives services or supplies under this
20 chapter who does not have a legal settlement in the county in
21 which the bills were incurred and paid, the amount paid shall
22 be certified to the board of supervisors of the county in
23 which the person claims settlement or owns property, and the
24 board of supervisors of that county shall reimburse the county
25 from which the claim is certified, in the full amount
26 originally paid.

27 Sec. 19. NEW SECTION. 139A.19 EMERGENCY CARE PROVIDER
28 NOTIFICATION.

29 1. a. A hospital licensed under chapter 135B shall have
30 written policies and procedures for notification of an
31 emergency care provider who renders assistance or treatment to
32 an individual when in the course of admission, care, or
33 treatment of the individual, the individual is diagnosed or is
34 confirmed as having a contagious or infectious disease.

35 b. If an individual is diagnosed or confirmed as having a

1 contagious or infectious disease, the hospital shall notify
2 the designated officer of an emergency care provider service
3 who shall notify persons involved in attending or transporting
4 the individual. For blood-borne contagious or infectious
5 diseases, notification shall only take place upon filing of an
6 exposure report form with the hospital. The exposure report
7 form may be incorporated into the Iowa prehospital care
8 report, the Iowa prehospital advanced care report, or a
9 similar report used by an ambulance, rescue, or first response
10 service or law enforcement agency.

11 c. A person who renders direct emergency aid without
12 compensation and is exposed to an individual who has a
13 contagious or infectious disease shall also receive
14 notification from the hospital upon the filing with the
15 hospital of an exposure report form developed by the
16 department.

17 d. The notification shall advise the emergency care
18 provider of possible exposure to a particular contagious or
19 infectious disease and recommend that the provider seek
20 medical attention. The notification shall be provided as soon
21 as is reasonably possible following determination that the
22 individual has a contagious or infectious disease.

23 e. This subsection does not require a hospital to
24 administer a test for the express purpose of determining the
25 presence of a contagious or infectious disease. The
26 notification shall not include the name of the individual with
27 the contagious or infectious disease unless the individual
28 consents.

29 f. The department shall adopt rules pursuant to chapter
30 17A to administer this subsection.

31 2. A health care provider may provide the notification
32 required of hospitals in this section to emergency care
33 providers if an individual who has a contagious or infectious
34 disease is delivered by an emergency care provider to the
35 office or clinic of a health care provider for treatment. The

1 notification shall not include the name of the individual who
2 has the contagious or infectious disease unless the individual
3 consents.

4 3. This section does not preclude a hospital from
5 providing notification to an emergency care provider or health
6 care provider under circumstances in which the hospital's
7 policy provides for notification of the hospital's own
8 employees of exposure to a contagious or infectious disease
9 that is not life-threatening if the notice does not reveal a
10 patient's name unless the patient consents.

11 4. A hospital, health care provider, or other person
12 participating in good faith in complying with provisions
13 authorized or required under this section, is immune from any
14 liability, civil or criminal, which may otherwise be incurred
15 or imposed.

16 5. A hospital's or health care provider's duty of
17 notification under this section is not continuing but is
18 limited to a diagnosis of a contagious or infectious disease
19 made in the course of admission, care, and treatment following
20 the rendering of emergency assistance or treatment to which
21 notification under this section applies.

22 Sec. 20. NEW SECTION. 139A.20 EXPOSING TO COMMUNICABLE
23 DISEASE.

24 A person who knowingly exposes another to a communicable
25 disease, or who knowingly subjects another to the danger of
26 contracting a communicable disease from a child or other
27 legally incapacitated person, shall be liable for all
28 resulting damages and shall be punished as provided in this
29 chapter.

30 Sec. 21. NEW SECTION. 139A.21 REPORTABLE POISONINGS AND
31 ILLNESSES -- EMERGENCY INFORMATION SYSTEM.

32 1. If the results of an examination by a public, private,
33 or hospital clinical laboratory of a specimen from a person in
34 Iowa yield evidence of or are reactive for a reportable
35 poisoning or a reportable illness from a toxic agent,

1 including methemoglobinemia, the results shall be reported to
2 the department on forms prescribed by the department. If the
3 laboratory is located in Iowa, the person in charge of the
4 laboratory shall report the results. If the laboratory is not
5 in Iowa, the health care provider submitting the specimen
6 shall report the results.

7 2. The health care provider attending a person infected
8 with a reportable poisoning or a reportable illness from a
9 toxic agent, including methemoglobinemia, shall immediately
10 report the case to the department. The department shall
11 publish and distribute instructions concerning the method of
12 reporting. Reports shall be made in accordance with rules
13 adopted by the department.

14 3. A person in charge of a poison control information
15 center shall report to the department cases of reportable
16 poisoning, including methemoglobinemia, about which inquiries
17 have been received.

18 4. The department shall adopt rules designating reportable
19 poisonings, including methemoglobinemia, and illnesses which
20 must be reported under this section.

21 5. The department shall establish and maintain a central
22 registry to collect and store data reported pursuant to this
23 section.

24 6. The department shall timely provide copies of all
25 reports of pesticide poisonings or illnesses received pursuant
26 to this section to the secretary of agriculture who shall
27 timely forward these reports and any reports of pesticide
28 poisonings or illnesses received pursuant to section 206.14 to
29 the registrant of a pesticide which is the subject of any
30 reports.

31 7. The department shall adopt rules specifying the
32 requirements for the operation of an emergency information
33 system operated by a registrant pursuant to section 206.12,
34 subsection 2, paragraph "c", which shall not exceed
35 requirements adopted by a poison control center as defined in

1 section 206.2. The rules shall specify the qualifications of
2 individuals staffing an emergency information system and shall
3 specify the maximum amount of time that a registrant may take
4 to provide the information to a poison control center or an
5 attending physician treating a patient exposed to the
6 registrant's product.

7 Sec. 22. NEW SECTION. 139A.22 PREVENTION OF TRANSMISSION
8 OF HIV OR HBV TO PATIENTS.

9 1. A hospital shall adopt procedures requiring the
10 establishment of protocols applicable on a case-by-case basis
11 to a health care provider determined to be infected with HIV
12 or HBV who ordinarily performs exposure-prone procedures as
13 determined by an expert review panel, within the hospital
14 setting. The protocols established shall be in accordance
15 with the recommendations issued by the centers for disease
16 control and prevention of the United States department of
17 health and human services. The expert review panel may be an
18 established committee of the hospital. The procedures may
19 provide for referral of the health care provider to the expert
20 review panel established by the department pursuant to
21 subsection 3 for establishment of the protocols. The
22 procedures shall require reporting noncompliance with the
23 protocols by a health care provider to the examining board
24 with jurisdiction over the relevant health care providers.

25 2. A health care facility shall adopt procedures in
26 accordance with recommendations issued by the centers for
27 disease control and prevention of the United States department
28 of health and human services, applicable to a health care
29 provider determined to be infected with HIV or HBV who
30 ordinarily performs or assists with exposure-prone procedures
31 within the health care facility. The procedures shall require
32 referral of the health care provider to the expert review
33 panel established by the department pursuant to subsection 3.

34 3. The department shall establish an expert review panel
35 to determine on a case-by-case basis under what circumstances,

1 if any, a health care provider determined to be infected with
 2 HIV or HBV practicing outside the hospital or referred to the
 3 panel by a hospital or health care facility setting may
 4 perform exposure-prone procedures. If a health care provider
 5 determined to be infected with HIV or HBV does not comply with
 6 the determination of the expert review panel, the panel shall
 7 report the noncompliance to the examining board with
 8 jurisdiction over the health care provider. A determination
 9 of an expert review panel pursuant to this section is a final
 10 agency action appealable pursuant to section 17A.19.

11 4. The health care provider determined to be infected with
 12 HIV or HBV, who works in a hospital setting, may elect either
 13 the expert review panel established by the hospital or the
 14 expert review panel established by the department for the
 15 purpose of making a determination of the circumstances under
 16 which the health care provider may perform exposure-prone
 17 procedures.

18 5. A health care provider determined to be infected with
 19 HIV or HBV shall not perform an exposure-prone procedure
 20 except as approved by the expert review panel established by
 21 the department pursuant to subsection 3, or in compliance with
 22 the protocol established by the hospital pursuant to
 23 subsection 1 or the procedures established by the health care
 24 facility pursuant to subsection 2.

25 6. The board of medical examiners, the board of physician
 26 assistant examiners, the board of podiatry examiners, the
 27 board of nursing, the board of dental examiners, and the board
 28 of optometry examiners shall require that licensees comply
 29 with the recommendations issued by the centers for disease
 30 control and prevention of the United States department of
 31 health and human services for preventing transmission of human
 32 immunodeficiency virus and hepatitis B virus to patients
 33 during exposure-prone invasive procedures, with the
 34 recommendations of the expert review panel established
 35 pursuant to subsection 3, with hospital protocols established

1 pursuant to subsection 1 and with health care facility
2 procedures established pursuant to subsection 2, as
3 applicable.

4 7. Information relating to the HIV status of a health care
5 provider is confidential and subject to the provisions of
6 section 141A.9. A person who intentionally or recklessly
7 makes an unauthorized disclosure of such information is
8 subject to a civil penalty of one thousand dollars. The
9 attorney general or the attorney general's designee may
10 maintain a civil action to enforce this section. Proceedings
11 maintained under this section shall provide for the anonymity
12 of the health care provider and all documentation shall be
13 maintained in a confidential manner. Information relating to
14 the HBV status of a health care provider is confidential and
15 shall not be accessible to the public. Information regulated
16 by this section, however, may be disclosed to members of the
17 expert review panel established by the department or a panel
18 established by hospital protocol under this section. The
19 information may also be disclosed to the appropriate examining
20 board by filing a report as required by this section. The
21 examining board shall consider the report a complaint subject
22 to the confidentiality provisions of section 272C.6. A
23 licensee, upon the filing of a formal charge or notice of
24 hearing by the examining board based on such a complaint, may
25 seek a protective order from the board.

26 8. The expert review panel established by the department
27 and individual members of the panel shall be immune from any
28 liability, civil or criminal, for the good faith performance
29 of functions authorized or required by this section. A
30 hospital, an expert review panel established by the hospital,
31 and individual members of the panel shall be immune from any
32 liability, civil or criminal, for the good faith performance
33 of functions authorized or required by this section.
34 Complaints, investigations, reports, deliberations, and
35 findings of the hospital and its panel with respect to a named

1 health care provider suspected, alleged, or found to be in
2 violation of the protocol required by this section, constitute
3 peer review records under section 147.135, and are subject to
4 the specific confidentiality requirements and limitations of
5 that section.

6 Sec. 23. NEW SECTION. 139A.23 CONTINGENT REPEAL.

7 If the provisions of Pub. L. No. 102-141 relating to
8 requirements for prevention of transmission of HIV or HBV to
9 patients in the performance of exposure-prone procedures are
10 repealed, section 139A.22 is repealed.

11 Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE --
12 PENALTY.

13 A person suffering from a communicable disease dangerous to
14 the public health who knowingly gives false information
15 regarding the person's infected state on a blood plasma sale
16 application to blood plasma-taking personnel commits a serious
17 misdemeanor.

18 Sec. 25. NEW SECTION. 139A.25 PENALTIES.

19 1. Unless otherwise provided in this chapter, a person who
20 knowingly violates any provision of this chapter, or of the
21 rules of the department or a local board, or any lawful order,
22 written or oral, of the department or board, or of their
23 officers or authorized agents, is guilty of a simple
24 misdemeanor.

25 2. Notwithstanding subsection 1, failure of an individual
26 to file any mandatory report specified in this chapter shall
27 result in a report being made to the licensing board governing
28 the professional activities of the individual failing to have
29 made the report.

30 3. Notwithstanding subsection 1, any public, private, or
31 hospital clinical laboratory failing to make the mandatory
32 report specified in this chapter is subject to a civil fine of
33 one thousand dollars per occurrence.

34 SUBCHAPTER I

35 CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

1 Sec. 26. NEW SECTION. 139A.30 CONFIDENTIAL REPORTS.

2 Reports to the department which include the identity of
3 persons infected with a sexually transmitted disease or
4 infection, and all such related information, records, and
5 reports concerning the person shall be confidential and shall
6 not be accessible to the public. However, such reports,
7 information, and records shall be confidential only to the
8 extent necessary to prevent identification of persons named in
9 such reports, information, and records; the other parts of
10 such reports, information, and records shall be public
11 records. The preceding sentence shall prevail over any
12 inconsistent provision of this chapter.

13 Sec. 27. NEW SECTION. 139A.31 REPORT TO DEPARTMENT.

14 Immediately after the first examination or treatment of any
15 person infected with any sexually transmitted disease or
16 infection, the health care provider who performed the
17 examination or treatment shall transmit to the department a
18 report stating the name of the infected person, the address of
19 the infected person, the infected person's date of birth, the
20 sex of the infected person, the race and ethnicity of the
21 infected person, the infected person's marital status, the
22 infected person's telephone number, if the infected person is
23 female, whether the infected person is pregnant, the name and
24 address of the laboratory that performed the test, the date
25 the test was found to be positive and the collection date, and
26 the name of the health care provider who performed the test.
27 However, when a case occurs within the jurisdiction of a local
28 health department, the report shall be made directly to the
29 local health department which shall immediately forward the
30 information to the department. Reports shall be made in
31 accordance with rules adopted by the department. Reports
32 shall be confidential. Any person filing a report of a
33 sexually transmitted disease or infection in good faith is
34 immune from any liability, civil or criminal, which might
35 otherwise be incurred or imposed as a result of such report.

1 Sec. 28. NEW SECTION. 139A.32 EXAMINATION RESULTS.

2 A person in charge of a public, private, or hospital
3 clinical laboratory shall report to the department, on forms
4 prescribed by the department, results obtained in the
5 examination of all specimens which yield evidence of or are
6 reactive for those diseases defined as sexually transmitted
7 diseases or infections, and listed in the Iowa administrative
8 code. The report shall state the name of the infected person
9 from whom the specimen was obtained, the address of the
10 infected person, the infected person's date of birth, the sex
11 of the infected person, the race and ethnicity of the infected
12 person, the infected person's marital status, the infected
13 person's telephone number, if the infected person is female
14 whether the infected person is pregnant, the name and address
15 of the laboratory that performed the test, the laboratory
16 results, the test employed, the date the test was found to be
17 positive and the collection date, the name of the health care
18 provider who performed the test, and the name and address of
19 the person submitting the specimen.

20 Sec. 29. NEW SECTION. 139A.33 DETERMINATION OF SOURCE.

21 The local board or the department shall use every available
22 means to determine the source and spread of any infectious
23 case of sexually transmitted disease or infection which is
24 reported.

25 Sec. 30. NEW SECTION. 139A.34 EXAMINATION OF PERSONS
26 SUSPECTED.

27 The local board shall cause an examination to be made of
28 every person reasonably suspected, on the basis of
29 epidemiological investigation, of having any sexually
30 transmitted disease or infection in the infectious stages to
31 ascertain if such person is infected, and if infected, to
32 cause such person to be treated. A person who is under the
33 care and treatment of a health care provider for the suspected
34 condition shall not be subjected to such examination. If a
35 person suspected of having a sexually transmitted disease or

1 infection refuses to submit to an examination voluntarily,
2 application may be made by the local board to the district
3 court for an order compelling the person to submit to
4 examination and, if infected, to treatment. The person shall
5 be treated until certified as no longer infectious to the
6 local board or to the department. If treatment is ordered by
7 the district court, the attending health care provider shall
8 certify that the person is no longer infectious.

9 Sec. 31. NEW SECTION. 139A.35 MINORS.

10 A minor who seeks diagnosis or treatment for a sexually
11 transmitted disease or infection shall have the legal capacity
12 to act and give consent to medical care and service for the
13 sexually transmitted disease or infection by a hospital,
14 clinic, or health care provider. Such medical diagnosis and
15 treatment shall be provided by a physician licensed to
16 practice medicine and surgery, osteopathy, or osteopathic
17 medicine and surgery. Consent shall not be subject to later
18 disaffirmance by reason of such minority. The consent of
19 another person, including but not limited to the consent of a
20 spouse, parent, custodian, or guardian, shall not be
21 necessary.

22 Sec. 32. NEW SECTION. 139A.36 CERTIFICATE NOT TO BE
23 ISSUED.

24 A certificate of freedom from sexually transmitted disease
25 or infection shall not be issued to any person by any official
26 health agency.

27 Sec. 33. NEW SECTION. 139A.37 PREGNANT WOMEN.

28 A physician attending a pregnant woman in this state shall
29 take or cause to be taken a sample of blood of the woman
30 within fourteen days of the first examination, and shall
31 submit the sample for standard serological tests for syphilis
32 to the university hygienic laboratory of the state university
33 at Iowa City or other laboratory approved by the department.
34 Every other person attending a pregnant woman in this state,
35 but not permitted by law to take blood tests, shall cause a

1 sample of blood of the woman to be taken by a duly licensed
 2 physician, who shall submit such sample for standard
 3 serological tests for syphilis to the state hygienic
 4 laboratory of the state university at Iowa City or other
 5 laboratory approved by the department. If the blood of the
 6 pregnant woman reacts positively to the test if the woman is
 7 married, the husband and other biological children of the
 8 woman shall be subjected to the same blood tests. If the
 9 pregnant woman is single, the person responsible for
 10 impregnating the woman and other biological children by the
 11 same woman shall be subjected to the same blood tests.

12 Sec. 34. NEW SECTION. 139A.38 BLOOD TESTS IN PREGNANCY
 13 CASES.

14 Physicians and others attending pregnancy cases and
 15 required to report births and still births shall state on the
 16 appropriate birth or stillbirth certificate whether a blood
 17 test for syphilis was made during the pregnancy upon a
 18 specimen of blood taken from the mother of the subject child
 19 and if made, the date when the test was made, and if not made,
 20 the reason why the test was not made. The birth certificate
 21 shall not state the result of the test.

22 Sec. 35. NEW SECTION. 139A.39 MEDICAL TREATMENT OF NEWLY
 23 BORN.

24 A physician attending the birth of a child shall cause to
 25 be instilled into the eyes of the newly born infant a
 26 prophylactic solution approved by the department.

27 Sec. 36. NEW SECTION. 139A.40 RELIGIOUS EXCEPTIONS.

28 A provision of this chapter shall not be construed to
 29 require or compel any person to take or follow a course of
 30 medical treatment prescribed by law or a health care provider
 31 if the person is a member of a church or religious
 32 denomination and in accordance with the tenets or principles
 33 of the person's church or religious denomination the person
 34 opposes the specific course of medical treatment. However,
 35 such person while in an infectious stage of disease shall be

1 subject to isolation and such other measures appropriate for
2 the prevention of the spread of the disease to other persons.
3 For the purposes of this section, "person" means an individual
4 eighteen years of age or older or an individual who attains
5 majority by marriage.

6 Sec. 37. NEW SECTION. 139A.41 FILING FALSE REPORTS.

7 Any person who falsely makes any of the reports required by
8 this subchapter concerning persons infected with any sexually
9 transmitted disease or infection, or who discloses the
10 identity of such person, except as authorized by this
11 subchapter, shall be punished as provided in section 139A.25.

12 Sec. 38. Section 135.11, subsections 8, 16, and 20, Code
13 Supplement 1999, are amended to read as follows:

14 8. Exercise general supervision over the administration
15 and enforcement of the venereal-disease sexually transmitted
16 diseases and infections law, chapter ~~140~~ 139A, subchapter I.

17 16. Administer chapters 125, 136A, 136C, ~~139~~ 139A, ~~140~~
18 142, 144, and 147A.

19 20. Establish, publish, and enforce rules requiring prompt
20 reporting of methemoglobinemia, pesticide poisoning, and the
21 reportable poisonings and illnesses established pursuant to
22 section ~~139-35~~ 139A.21.

23 Sec. 39. Section 141A.6, Code Supplement 1999, is amended
24 by adding the following new subsection:

25 NEW SUBSECTION. 7. Failure to file the report required
26 under this section shall result in a report being made to the
27 licensing board governing the professional activities of the
28 individual failing to have made the report. Any public,
29 private, or hospital clinical laboratory failing to make the
30 report required under this section shall be subject to a civil
31 fine of one thousand dollars per occurrence.

32 Sec. 40. Section 141A.9, Code Supplement 1999, is amended
33 to read as follows:

34 141A.9 CONFIDENTIALITY OF INFORMATION.

35 1. Any information, including reports and records,

1 obtained, submitted, and maintained pursuant to this chapter
 2 is strictly confidential medical information. The information
 3 shall not be released, shared with an agency or institution,
 4 or made public upon subpoena, search warrant, discovery
 5 proceedings, or by any other means except as provided in this
 6 chapter. A person shall not be compelled to disclose the
 7 identity of any person upon whom an HIV-related test is
 8 performed, or the results of the test in a manner which
 9 permits identification of the subject of the test, except to
 10 persons entitled to that information under this chapter.

11 Information shall be made available for release to the
 12 following individuals or under the following circumstances:

13 1- a. To the subject of the test or the subject's legal
 14 guardian subject to the provisions of section 141A.7,
 15 subsection 3, when applicable.

16 2- b. To any person who secures a written release of test
 17 results executed by the subject of the test or the subject's
 18 legal guardian.

19 3- c. To an authorized agent or employee of a health
 20 facility or health care provider, if the health facility or
 21 health care provider ordered or participated in the testing or
 22 is otherwise authorized to obtain the test results, the agent
 23 or employee provides patient care or handles or processes
 24 samples, and the agent or employee has a medical need to know
 25 such information.

26 4- d. To a health care provider providing care to the
 27 subject of the test when knowledge of the test results is
 28 necessary to provide care or treatment.

29 5- e. To the department in accordance with reporting
 30 requirements for an HIV-related condition.

31 6- f. To a health facility or health care provider which
 32 procures, processes, distributes, or uses a human body part
 33 from a deceased person with respect to medical information
 34 regarding that person, or semen provided prior to July 1,
 35 1988, for the purpose of artificial insemination.

1 7- g. Release may be made of medical or epidemiological
2 information for statistical purposes in a manner such that no
3 individual person can be identified.

4 8- h. Release may be made of medical or epidemiological
5 information to the extent necessary to enforce the provisions
6 of this chapter and related rules concerning the treatment,
7 control, and investigation of HIV infection by public health
8 officials.

9 9- i. Release may be made of medical or epidemiological
10 information to medical personnel to the extent necessary to
11 protect the health or life of the named party.

12 10- j. Release may be made of test results concerning a
13 patient pursuant to procedures established under section
14 141A.5, subsection 3, paragraph "c".

15 11- k. To a person allowed access to a record by a court
16 order which is issued in compliance with the following
17 provisions:

18 a- (1) A court has found that the person seeking the test
19 results has demonstrated a compelling need for the test
20 results which need cannot be accommodated by other means. In
21 assessing compelling need, the court shall weigh the need for
22 disclosure against the privacy interest of the test subject
23 and the public interest which may be disserved by disclosure
24 due to its deterrent effect on future testing or due to its
25 effect in leading to discrimination.

26 b- (2) Pleadings pertaining to disclosure of test results
27 shall substitute a pseudonym for the true name of the subject
28 of the test. The disclosure to the parties of the subject's
29 true name shall be communicated confidentially in documents
30 not filed with the court.

31 c- (3) Before granting an order, the court shall provide
32 the person whose test results are in question with notice and
33 a reasonable opportunity to participate in the proceedings if
34 the person is not already a party.

35 d- (4) Court proceedings as to disclosure of test results

1 shall be conducted in camera unless the subject of the test
2 agrees to a hearing in open court or unless the court
3 determines that a public hearing is necessary to the public
4 interest and the proper administration of justice.

5 e- (5) Upon the issuance of an order to disclose test
6 results, the court shall impose appropriate safeguards against
7 unauthorized disclosure, which shall specify the persons who
8 may gain access to the information, the purposes for which the
9 information shall be used, and appropriate prohibitions on
10 future disclosure.

11 ~~12-~~ 1. To an employer, if the test is authorized to be
12 required under any other provision of law.

13 ~~13-~~ m. To a convicted or alleged sexual assault offender;
14 the physician or other health care provider who orders the
15 test of a convicted or alleged offender; the victim; the
16 parent, guardian, or custodian of the victim if the victim is
17 a minor; the physician of the victim; the victim counselor or
18 person requested by the victim to provide counseling regarding
19 the HIV-related test and results; the victim's spouse; persons
20 with whom the victim has engaged in vaginal, anal, or oral
21 intercourse subsequent to the sexual assault; members of the
22 victim's family within the third degree of consanguinity; and
23 the county attorney who may use the results as evidence in the
24 prosecution of sexual assault under chapter 915, subchapter
25 IV, or prosecution of the offense of criminal transmission of
26 HIV under chapter 709C. For the purposes of this paragraph,
27 "victim" means victim as defined in section 915.40.

28 ~~14-~~ n. To employees of state correctional institutions
29 subject to the jurisdiction of the department of corrections,
30 employees of secure facilities for juveniles subject to the
31 department of human services, and employees of city and county
32 jails, if the employees have direct supervision over inmates
33 of those facilities or institutions in the exercise of the
34 duties prescribed pursuant to section 80.9, subsection 2,
35 paragraph "d".

1 2. Medical information secured pursuant to subsection 1
2 may be shared between employees of the department who shall
3 use the information collected only for the purposes of
4 carrying out their official duties in preventing the spread of
5 the disease or the spread of other reportable diseases as
6 defined in section 139A.2.

7 Sec. 41. Section 206.12, subsection 2, paragraph c,
8 subparagraph (2), Code 1999, is amended to read as follows:

9 (2) The registrant operates an emergency information
10 system as provided in section ~~139-35~~ 139A.21 that is available
11 to poison control centers twenty-four hours a day every day of
12 the year. The emergency information system must provide
13 information to medical professionals required for the sole
14 purpose of treating a specific patient for exposure or adverse
15 reaction to the registrant's product, including the
16 identification of all ingredients which are toxic to humans,
17 and toxicological and medical management information.

18 Sec. 42. Section 232.69, subsection 1, paragraph a, Code
19 Supplement 1999, is amended to read as follows:

20 a. Every health practitioner who in the scope of
21 professional practice, examines, attends, or treats a child
22 and who reasonably believes the child has been abused.
23 Notwithstanding section ~~140-3~~ 139A.30, this provision applies
24 to a health practitioner who receives information confirming
25 that a child is infected with a sexually transmitted disease.

26 Sec. 43. Section 239B.12, subsection 1, Code 1999, is
27 amended to read as follows:

28 1. To the extent feasible, the department shall determine
29 the immunization status of children receiving assistance under
30 this chapter. The status shall be determined in accordance
31 with the immunization recommendations adopted by the Iowa
32 department of public health under section ~~139-9~~ 139A.8,
33 including the exemption provisions in section ~~139-9~~ 139A.8,
34 subsection 4. If the department determines a child is not in
35 compliance with the immunization recommendations, the

1 department shall refer the child's parent or guardian to a
2 local public health agency for immunization services for the
3 child and other members of the child's family.

4 Sec. 44. Section 252.24, unnumbered paragraph 2, Code
5 1999, is amended to read as follows:

6 When assistance is furnished by any governmental agency of
7 the county, township, or city, the assistance shall be deemed
8 to have been furnished by the county in which the agency is
9 located and the agency furnishing the assistance shall certify
10 the correctness of the costs of the assistance to the board of
11 supervisors of that county and that county shall collect from
12 the county of the person's settlement. The amounts collected
13 by the county where the agency is located shall be paid to the
14 agency furnishing the assistance. This statute applies to
15 services and supplies furnished as provided in section ~~139.30~~
16 139A.18.

17 Sec. 45. Section 299.4, Code 1999, is amended to read as
18 follows:

19 299.4 REPORTS AS TO PRIVATE INSTRUCTION.

20 The parent, guardian, or legal custodian of a child who is
21 of compulsory attendance age, who places the child under
22 competent private instruction under either section 299A.2 or
23 299A.3, not in an accredited school or a home school
24 assistance program operated by a public or accredited
25 nonpublic school, shall furnish a report in duplicate on forms
26 provided by the public school district, to the district by the
27 earliest starting date specified in section 279.10, subsection
28 1. The secretary shall retain and file one copy and forward
29 the other copy to the district's area education agency. The
30 report shall state the name and age of the child, the period
31 of time during which the child has been or will be under
32 competent private instruction for the year, an outline of the
33 course of study, texts used, and the name and address of the
34 instructor. The parent, guardian, or legal custodian of a
35 child, who is placing the child under competent private

1 instruction, for the first time, shall also provide the
2 district with evidence that the child has had the
3 immunizations required under section ~~139-9~~ 139A.8. The term
4 "outline of course of study" shall include subjects covered,
5 lesson plans, and time spent on the areas of study.

6 Sec. 46. Section 455E.11, subsection 2, paragraph a,
7 subparagraph (2), subparagraph subdivision (a), subparagraph
8 subdivision part (i), Code 1999, is amended to read as
9 follows:

10 (i) Eight thousand dollars shall be transferred to the
11 Iowa department of public health for departmental duties
12 required under section 135.11, subsections 20 and 21, and
13 section ~~139-35~~ 139A.21.

14 Sec. 47. Section 455E.11, subsection 2, paragraph b,
15 subparagraph (1), Code 1999, is amended to read as follows:

16 (1) Nine thousand dollars of the account is appropriated
17 to the Iowa department of public health for carrying out the
18 departmental duties under section 135.11, subsections 20 and
19 21, and section ~~139-35~~ 139A.31.

20 Sec. 48. Section 455E.11, subsection 2, paragraph c,
21 unnumbered paragraph 1, Code 1999, is amended to read as
22 follows:

23 A household hazardous waste account. The moneys collected
24 pursuant to section 455F.7 and moneys collected pursuant to
25 section 29C.8A which are designated for deposit, shall be
26 deposited in the household hazardous waste account. Two
27 thousand dollars is appropriated annually to the Iowa
28 department of public health to carry out departmental duties
29 under section 135.11, subsections 20 and 21, and section
30 ~~139-35~~ 139A.21. The remainder of the account shall be used to
31 fund toxic cleanup days and the efforts of the department to
32 support a collection system for household hazardous materials,
33 including public education programs, training, and
34 consultation of local governments in the establishment and
35 operation of permanent collection systems, and the management

1 of collection sites, education programs, and other activities
2 pursuant to chapter 455F, including the administration of the
3 household hazardous materials permit program by the department
4 of revenue and finance.

5 Sec. 49. Section 455E.11, subsection 2, paragraph d,
6 subparagraph (1), Code 1999, is amended to read as follows:

7 (1) One thousand dollars is appropriated annually to the
8 Iowa department of public health to carry out departmental
9 duties under section 135.11, subsections 20 and 21, and
10 section ~~139-35~~ 139A.21.

11 Sec. 50. Chapters 139, 139B, 139C, and 140, Code 1999 and
12 Code Supplement 1999, are repealed.

13 Sec. 51. Section 137C.19, Code 1999, is repealed.

14 EXPLANATION

15 This bill combines the existing communicable and reportable
16 diseases and poisonings Code chapter (139), emergency care
17 providers -- exposure to disease Code chapter (139B),
18 exposure-prone procedures Code chapter (139C), and venereal
19 disease control Code chapter (140) into a new Code chapter
20 (139A), entitled the communicable and infectious disease
21 reporting and control Act.

22 The bill makes minor changes in the existing language in
23 combining the chapters. Definitions used in the four chapters
24 are combined. The current term "disinfection" is replaced
25 with "terminal cleaning" and is defined. "Venereal disease"
26 is replaced with the broader term "sexually transmitted
27 disease or infection".

28 With regard to reporting of reportable diseases, the bill
29 retains the same process, but also specifies information to be
30 included in any report made.

31 The bill repeals Code section 137C.19 which prohibits a
32 person with a communicable disease from being employed in a
33 hotel.

34 Code chapter 140, which applies only to venereal disease
35 control, is replaced with subchapter I of new Code chapter

1 139A and is expanded to cover sexually transmitted diseases
2 and infections.

3 The remainder of the bill makes conforming changes
4 throughout the Code resulting from the repeal of Code chapters
5 139, 139B, 139C, and 140.

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FILED FEB 24 2000

SENATE FILE 2314
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO SSB 3205)

Passed Senate ^(P. 534) Date 3/6/00 Passed House ^(P. 874) Date 3/21/00
Vote: Ayes 46 Nays 3 Vote: Ayes 99 Nays 1
Approved 4-7-00

A BILL FOR

1 An Act relating to communicable and infectious diseases and
2 providing penalties.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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SF 2314

1 Section 1. NEW SECTION. 139A.1 TITLE.

2 This chapter shall be known as the "Communicable and
3 Infectious Disease Reporting and Control Act".

4 Sec. 2. NEW SECTION. 139A.2 DEFINITIONS.

5 For purposes of this chapter, unless the context otherwise
6 requires:

7 1. "Business" means and includes every trade, occupation,
8 or profession.

9 2. "Communicable disease" means any contagious or
10 infectious disease spread from person to person or animal to
11 person.

12 3. "Contagious or infectious disease" means hepatitis in
13 any form, meningococcal disease, tuberculosis, and any other
14 disease, with the exception of AIDS or HIV infection as
15 defined in section 141A.1, determined to be life-threatening
16 to a person exposed to the disease as established by rules
17 adopted by the department, based upon a determination by the
18 state epidemiologist and in accordance with guidelines of the
19 centers for disease control and prevention of the United
20 States department of health and human services.

21 4. "Department" means the Iowa department of public
22 health.

23 5. "Designated officer" means a person who is designated
24 by a department, agency, division, or service organization to
25 act as an infection control liaison officer.

26 6. "Emergency care provider" means a person who is trained
27 and authorized by federal or state law to provide emergency
28 medical assistance or treatment, for compensation or in a
29 voluntary capacity, including but not limited to all of the
30 following:

31 a. An emergency medical care provider as defined in
32 section 147A.1.

33 b. A health care provider.

34 c. A fire fighter.

35 d. A peace officer.

1 "Emergency care provider" also includes a person who renders
2 direct emergency aid without compensation.

3 7. "Exposure" means the risk of contracting disease.

4 8. "Exposure-prone procedure" means a procedure performed
5 by a health care provider which presents a recognized risk of
6 percutaneous injury to the health care provider and if such an
7 injury occurs, the health care provider's blood is likely to
8 contact a patient's body cavity, subcutaneous tissues, or
9 mucous membranes, or exposure-prone procedure as defined by
10 the centers for disease control and prevention of the United
11 States department of health and human services.

12 9. "HBV" means hepatitis B virus.

13 10. "Health care facility" means a health care facility as
14 defined in section 135C.1, an ambulatory surgical center, or a
15 clinic.

16 11. "Health care provider" means a person licensed to
17 practice medicine and surgery, osteopathic medicine and
18 surgery, osteopathy, chiropractic, podiatry, nursing,
19 dentistry, optometry, or as a physician assistant, dental
20 hygienist, or acupuncturist.

21 12. "HIV" means HIV as defined in section 141A.1.

22 13. "Hospital" means hospital as defined in section
23 135B.1.

24 14. "Isolation" means the separation of persons or animals
25 presumably or actually affected with a communicable disease or
26 who are disease carriers for the usual period of
27 communicability of that disease in such places, marked by
28 placards if necessary, and under such conditions as will
29 prevent the direct or indirect conveyance of the infectious
30 agent or contagion to susceptible persons.

31 15. "Local board" means the local board of health.

32 16. "Local department" means the local health department.

33 17. "Placard" means a warning sign to be erected and
34 displayed on the periphery of a quarantine area, forbidding
35 entry to or exit from the area.

1 18. "Quarantinable disease" means any communicable disease
2 designated by rule adopted by the department as requiring
3 quarantine or isolation to prevent its spread.

4 19. "Quarantine" means the limitation of freedom of
5 movement of persons or animals that have been exposed to a
6 communicable disease within specified limits marked by
7 placards for a period of time equal to the longest usual
8 incubation period of the disease in such manner as to prevent
9 the spread of a communicable disease which affects people.

10 20. "Reportable disease" means any disease designated by
11 rule adopted by the department requiring its occurrence to be
12 reported to an appropriate authority.

13 21. "Sexually transmitted disease or infection" means a
14 disease or infection as identified by rules adopted by the
15 department, based upon a determination by the state
16 epidemiologist and in accordance with guidelines of the
17 centers for disease control and prevention of the United
18 States department of health and human services.

19 22. "Terminal cleaning" means cleaning procedures defined
20 in the isolation guidelines issued by the centers for disease
21 control and prevention of the United States department of
22 health and human services.

23 Sec. 3. NEW SECTION. 139A.3 REPORT TO DEPARTMENT.

24 1. The health care provider or public, private, or
25 hospital clinical laboratory attending a person infected with
26 a reportable disease shall immediately report the case to the
27 department. However, when a case occurs within the
28 jurisdiction of a local health department, the report shall be
29 made to the local department and to the department. A health
30 care provider or public, private, or hospital clinical
31 laboratory who files such a report which identifies a person
32 infected with a reportable disease shall assist in the
33 investigation by the department, a local board, or a local
34 department. The department shall publish and distribute
35 instructions concerning the method of reporting. Reports

1 shall be made in accordance with rules adopted by the
2 department and shall require inclusion of all the following
3 information:

- 4 a. The patient's name.
- 5 b. The patient's address.
- 6 c. The patient's date of birth.
- 7 d. The sex of the patient.
- 8 e. The race and ethnicity of the patient.
- 9 f. The patient's marital status.
- 10 g. The patient's telephone number.
- 11 h. The name and address of the laboratory.
- 12 i. The date the test was found to be positive and the
13 collection date.
- 14 j. The name of the health care provider who performed the
15 test.
- 16 k. If the patient is female, whether the patient is
17 pregnant.

18 2. Failure to file the report required pursuant to
19 subsection 1 shall result in a report being made to the
20 licensing board governing the professional activities of the
21 individual failing to have made the report. Any public,
22 private, or hospital clinical laboratory failing to file the
23 report required under this section is subject to a civil fine
24 of one thousand dollars per occurrence.

25 3. a. Any person who, in good faith, files a report under
26 this section is immune from any liability, civil or criminal,
27 which might otherwise be incurred or imposed for making a
28 report.

29 b. A report to the department, to a local board, or to a
30 local department, which identifies a person infected with a
31 reportable disease, is confidential and shall not be
32 accessible to the public.

33 c. Notwithstanding paragraph "b", information contained in
34 the report may be reported in public health records in a
35 manner which prevents the identification of any person or

1 business named in the report. If information contained in the
2 report concerns a business, information disclosing the
3 identity of the business may be released to the public when
4 the state epidemiologist or the director of public health
5 determines such a release of information necessary for the
6 protection of the health of the public.

7 Sec. 4. NEW SECTION. 139A.4 TYPE AND LENGTH OF ISOLATION
8 OR QUARANTINE.

9 1. The type and length of isolation or quarantine imposed
10 for a specific communicable disease shall be in accordance
11 with rules adopted by the department.

12 2. The department and the local boards may impose and
13 enforce isolation and quarantine restrictions.

14 3. The department shall adopt rules governing terminal
15 cleaning.

16 Sec. 5. NEW SECTION. 139A.5 ISOLATION OR QUARANTINE
17 SIGNS ERECTED.

18 When isolation or a quarantine is established, appropriate
19 placards prescribed by the department shall be erected to mark
20 the boundaries of the place of isolation or quarantine.

21 Sec. 6. NEW SECTION. 139A.6 COMMUNICABLE DISEASES.

22 If a person, whether or not a resident, is infected with a
23 communicable disease dangerous to the public health, the local
24 board shall issue orders in regard to the care of the person
25 as necessary to protect the public health. The orders shall
26 be executed by the designated officer as the local board
27 directs or provides by rules.

28 Sec. 7. NEW SECTION. 139A.7 DISEASED PERSONS MOVING --
29 RECORD FORWARDED.

30 If a person known to be suffering from a communicable
31 disease dangerous to the public health moves from the
32 jurisdiction of a local board into the jurisdiction of another
33 local board, the local board from whose jurisdiction the
34 person moves shall notify the local board into whose
35 jurisdiction the person is moving.

1 Sec. 8. NEW SECTION. 139A.8 IMMUNIZATION OF CHILDREN.

2 1. A parent or legal guardian shall assure that the
3 person's minor children residing in the state are adequately
4 immunized against diphtheria, pertussis, tetanus,
5 poliomyelitis, rubeola, and rubella, according to
6 recommendations provided by the department subject to the
7 provisions of subsections 3 and 4.

8 2. a. A person shall not be enrolled in any licensed
9 child care center or elementary or secondary school in Iowa
10 without evidence of adequate immunizations against diphtheria,
11 pertussis, tetanus, poliomyelitis, rubeola, and rubella.

12 b. Evidence of adequate immunization against haemophilus
13 influenza B shall be required prior to enrollment in any
14 licensed child care center.

15 c. Evidence of hepatitis type B immunization shall be
16 required of a child born on or after July 1, 1994, prior to
17 enrollment in school in kindergarten or in a grade.

18 d. Immunizations shall be provided according to
19 recommendations provided by the department subject to the
20 provisions of subsections 3 and 4.

21 3. Subject to the provision of subsection 4, the state
22 board of health may modify or delete any of the immunizations
23 in subsection 2.

24 4. Immunization is not required for a person's enrollment
25 in any elementary or secondary school or licensed child care
26 center if that person submits to the admitting official a
27 statement signed by a physician, who is licensed by the state
28 board of medical examiners, that, in the physician's opinion,
29 the immunizations required would be injurious to the health
30 and well-being of the applicant or any member of the
31 applicant's family or household.

32 5. A person may be provisionally enrolled in an elementary
33 or secondary school or licensed child care center if the
34 person has begun the required immunizations and if the person
35 continues to receive the necessary immunizations as rapidly as

1 is medically feasible. The department shall adopt rules
2 relating to the provisional admission of persons to an
3 elementary or secondary school or licensed child care center.

4 6. The local board shall furnish the department, within
5 sixty days after the first official day of school, evidence
6 that each person enrolled in any elementary or secondary
7 school has been immunized as required in this section subject
8 to subsection 4. The department shall adopt rules pursuant to
9 chapter 17A relating to the reporting of evidence of
10 immunization.

11 7. Local boards shall provide the required immunizations
12 to children in areas where no local provision of these
13 services exists.

14 8. The department, in consultation with the director of
15 the department of education, shall adopt rules for the
16 implementation of this section and shall provide those rules
17 to local school boards and local boards.

18 Sec. 9. NEW SECTION. 139A.9 FORCIBLE REMOVAL --
19 ISOLATION -- QUARANTINE.

20 The forcible removal and isolation or quarantine of any
21 infected person shall be accomplished according to the rules
22 and regulations of the local board or the rules of the state
23 board of health.

24 Sec. 10. NEW SECTION. 139A.10 FEES FOR REMOVING.

25 The officers designated by the magistrate shall receive
26 reasonable compensation for their services as determined by
27 the local board. The amount determined shall be certified and
28 paid in the same manner as other expenses incurred under this
29 chapter.

30 Sec. 11. NEW SECTION. 139A.11 MEDICAL ATTENDANCE AND
31 SUPPLIES -- ISOLATION -- QUARANTINE.

32 If a person under isolation or quarantine or the persons
33 liable for the support of the person shall, in the opinion of
34 the local board, be financially unable to secure proper care,
35 provisions, or medical attendance, the local board shall

1 furnish supplies and services during the period of isolation
2 or quarantine and may delegate the duty, by rules, to one of
3 its designated officers.

4 Sec. 12. NEW SECTION. 139A.12 COUNTY LIABILITY FOR
5 SUPPLIES.

6 The local board shall provide proper care, provisions, and
7 medical attendance for any person removed and isolated or
8 quarantined in a separate house or hospital for detention and
9 treatment, and the care, provisions, and medical attendance
10 shall be paid for by the county in which the infected person
11 has a legal settlement, if the patient or legal guardian is
12 unable to pay.

13 Sec. 13. NEW SECTION. 139A.13 RIGHTS OF ISOLATED OR
14 QUARANTINED PERSONS.

15 Any person removed and isolated or quarantined in a
16 separate house or hospital may, at the person's own expense,
17 employ the health care provider of the person's choice, and
18 may provide such supplies and commodities as the person may
19 require.

20 Sec. 14. NEW SECTION. 139A.14 SERVICES OR SUPPLIES.

21 All services or supplies furnished to persons under this
22 chapter must be authorized by the local board or an officer of
23 the local board, and a written order designating the person
24 employed to furnish such services or supplies, issued before
25 the services or supplies are furnished, shall be attached to
26 the bill when presented for audit and payment.

27 Sec. 15. NEW SECTION. 139A.15 FILING OF BILLS.

28 All bills incurred under this chapter in establishing,
29 maintaining, and terminating isolation and quarantine, in
30 providing a necessary house or hospital for isolation or
31 quarantine, and in making terminal cleanings, shall be filed
32 with the local board. The local board at its next regular
33 meeting or special meeting called for this purpose shall
34 examine and audit the bills and, if found correct, approve and
35 certify the bills to the county board of supervisors for

1 payment.

2 Sec. 16. NEW SECTION. 139A.16 ALLOWING CLAIMS.

3 All bills for supplies furnished and services rendered for
4 persons removed and isolated or quarantined in a separate
5 house or hospital, or for persons financially unable to
6 provide their own sustenance and care during isolation or
7 quarantine, shall be allowed and paid for only on a basis of
8 the local market price for such provisions, services, and
9 supplies in the locality furnished. A bill for the terminal
10 cleaning of premises or effects shall not be allowed, unless
11 the infected person or those liable for the person's support
12 are financially unable to pay.

13 Sec. 17. NEW SECTION. 139A.17 APPROVAL AND PAYMENT OF
14 CLAIMS.

15 The board of supervisors is not bound by the action of the
16 local board in approving the bills, but shall pay the bills
17 for a reasonable amount and within a reasonable time.

18 Sec. 18. NEW SECTION. 139A.18 REIMBURSEMENT FROM COUNTY.

19 If any person receives services or supplies under this
20 chapter who does not have a legal settlement in the county in
21 which the bills were incurred and paid, the amount paid shall
22 be certified to the board of supervisors of the county in
23 which the person claims settlement or owns property, and the
24 board of supervisors of that county shall reimburse the county
25 from which the claim is certified, in the full amount
26 originally paid.

27 Sec. 19. NEW SECTION. 139A.19 EMERGENCY CARE PROVIDER
28 NOTIFICATION.

29 1. a. A hospital licensed under chapter 135B shall have
30 written policies and procedures for notification of an
31 emergency care provider who renders assistance or treatment to
32 an individual when in the course of admission, care, or
33 treatment of the individual, the individual is diagnosed or is
34 confirmed as having a contagious or infectious disease.

35 b. If an individual is diagnosed or confirmed as having a

1 contagious or infectious disease, the hospital shall notify
2 the designated officer of an emergency care provider service
3 who shall notify persons involved in attending or transporting
4 the individual. For blood-borne contagious or infectious
5 diseases, notification shall only take place upon filing of an
6 exposure report form with the hospital. The exposure report
7 form may be incorporated into the Iowa prehospital care
8 report, the Iowa prehospital advanced care report, or a
9 similar report used by an ambulance, rescue, or first response
10 service or law enforcement agency.

11 c. A person who renders direct emergency aid without
12 compensation and is exposed to an individual who has a
13 contagious or infectious disease shall also receive
14 notification from the hospital upon the filing with the
15 hospital of an exposure report form developed by the
16 department.

17 d. The notification shall advise the emergency care
18 provider of possible exposure to a particular contagious or
19 infectious disease and recommend that the provider seek
20 medical attention. The notification shall be provided as soon
21 as is reasonably possible following determination that the
22 individual has a contagious or infectious disease.

23 e. This subsection does not require a hospital to
24 administer a test for the express purpose of determining the
25 presence of a contagious or infectious disease. The
26 notification shall not include the name of the individual with
27 the contagious or infectious disease unless the individual
28 consents.

29 f. The department shall adopt rules pursuant to chapter
30 17A to administer this subsection.

31 2. A health care provider may provide the notification
32 required of hospitals in this section to emergency care
33 providers if an individual who has a contagious or infectious
34 disease is delivered by an emergency care provider to the
35 office or clinic of a health care provider for treatment. The

1 notification shall not include the name of the individual who
2 has the contagious or infectious disease unless the individual
3 consents.

4 3. This section does not preclude a hospital from
5 providing notification to an emergency care provider or health
6 care provider under circumstances in which the hospital's
7 policy provides for notification of the hospital's own
8 employees of exposure to a contagious or infectious disease
9 that is not life-threatening if the notice does not reveal a
10 patient's name unless the patient consents.

11 4. A hospital, health care provider, or other person
12 participating in good faith in complying with provisions
13 authorized or required under this section, is immune from any
14 liability, civil or criminal, which may otherwise be incurred
15 or imposed.

16 5. A hospital's or health care provider's duty of
17 notification under this section is not continuing but is
18 limited to a diagnosis of a contagious or infectious disease
19 made in the course of admission, care, and treatment following
20 the rendering of emergency assistance or treatment to which
21 notification under this section applies.

22 Sec. 20. NEW SECTION. 139A.20 EXPOSING TO COMMUNICABLE
23 DISEASE.

24 A person who knowingly exposes another to a communicable
25 disease, or who knowingly subjects another to the danger of
26 contracting a communicable disease from a child or other
27 legally incapacitated person, shall be liable for all
28 resulting damages and shall be punished as provided in this
29 chapter.

30 Sec. 21. NEW SECTION. 139A.21 REPORTABLE POISONINGS AND
31 ILLNESSES -- EMERGENCY INFORMATION SYSTEM.

32 1. If the results of an examination by a public, private,
33 or hospital clinical laboratory of a specimen from a person in
34 Iowa yield evidence of or are reactive for a reportable
35 poisoning or a reportable illness from a toxic agent,

1 including methemoglobinemia, the results shall be reported to
2 the department on forms prescribed by the department. If the
3 laboratory is located in Iowa, the person in charge of the
4 laboratory shall report the results. If the laboratory is not
5 in Iowa, the health care provider submitting the specimen
6 shall report the results.

7 2. The health care provider attending a person infected
8 with a reportable poisoning or a reportable illness from a
9 toxic agent, including methemoglobinemia, shall immediately
10 report the case to the department. The department shall
11 publish and distribute instructions concerning the method of
12 reporting. Reports shall be made in accordance with rules
13 adopted by the department.

14 3. A person in charge of a poison control information
15 center shall report to the department cases of reportable
16 poisoning, including methemoglobinemia, about which inquiries
17 have been received.

18 4. The department shall adopt rules designating reportable
19 poisonings, including methemoglobinemia, and illnesses which
20 must be reported under this section.

21 5. The department shall establish and maintain a central
22 registry to collect and store data reported pursuant to this
23 section.

24 6. The department shall timely provide copies of all
25 reports of pesticide poisonings or illnesses received pursuant
26 to this section to the secretary of agriculture who shall
27 timely forward these reports and any reports of pesticide
28 poisonings or illnesses received pursuant to section 206.14 to
29 the registrant of a pesticide which is the subject of any
30 reports.

31 7. The department shall adopt rules specifying the
32 requirements for the operation of an emergency information
33 system operated by a registrant pursuant to section 206.12,
34 subsection 2, paragraph "c", which shall not exceed
35 requirements adopted by a poison control center as defined in

1 section 206.2. The rules shall specify the qualifications of
2 individuals staffing an emergency information system and shall
3 specify the maximum amount of time that a registrant may take
4 to provide the information to a poison control center or an
5 attending physician treating a patient exposed to the
6 registrant's product.

7 Sec. 22. NEW SECTION. 139A.22 PREVENTION OF TRANSMISSION
8 OF HIV OR HBV TO PATIENTS.

9 1. A hospital shall adopt procedures requiring the
10 establishment of protocols applicable on a case-by-case basis
11 to a health care provider determined to be infected with HIV
12 or HBV who ordinarily performs exposure-prone procedures as
13 determined by an expert review panel, within the hospital
14 setting. The protocols established shall be in accordance
15 with the recommendations issued by the centers for disease
16 control and prevention of the United States department of
17 health and human services. The expert review panel may be an
18 established committee of the hospital. The procedures may
19 provide for referral of the health care provider to the expert
20 review panel established by the department pursuant to
21 subsection 3 for establishment of the protocols. The
22 procedures shall require reporting noncompliance with the
23 protocols by a health care provider to the examining board
24 with jurisdiction over the relevant health care providers.

25 2. A health care facility shall adopt procedures in
26 accordance with recommendations issued by the centers for
27 disease control and prevention of the United States department
28 of health and human services, applicable to a health care
29 provider determined to be infected with HIV or HBV who
30 ordinarily performs or assists with exposure-prone procedures
31 within the health care facility. The procedures shall require
32 referral of the health care provider to the expert review
33 panel established by the department pursuant to subsection 3.

34 3. The department shall establish an expert review panel
35 to determine on a case-by-case basis under what circumstances,

1 if any, a health care provider determined to be infected with
2 HIV or HBV practicing outside the hospital or referred to the
3 panel by a hospital or health care facility setting may
4 perform exposure-prone procedures. If a health care provider
5 determined to be infected with HIV or HBV does not comply with
6 the determination of the expert review panel, the panel shall
7 report the noncompliance to the examining board with
8 jurisdiction over the health care provider. A determination
9 of an expert review panel pursuant to this section is a final
10 agency action appealable pursuant to section 17A.19.

11 4. The health care provider determined to be infected with
12 HIV or HBV, who works in a hospital setting, may elect either
13 the expert review panel established by the hospital or the
14 expert review panel established by the department for the
15 purpose of making a determination of the circumstances under
16 which the health care provider may perform exposure-prone
17 procedures.

18 5. A health care provider determined to be infected with
19 HIV or HBV shall not perform an exposure-prone procedure
20 except as approved by the expert review panel established by
21 the department pursuant to subsection 3, or in compliance with
22 the protocol established by the hospital pursuant to
23 subsection 1 or the procedures established by the health care
24 facility pursuant to subsection 2.

25 6. The board of medical examiners, the board of physician
26 assistant examiners, the board of podiatry examiners, the
27 board of nursing, the board of dental examiners, and the board
28 of optometry examiners shall require that licensees comply
29 with the recommendations issued by the centers for disease
30 control and prevention of the United States department of
31 health and human services for preventing transmission of human
32 immunodeficiency virus and hepatitis B virus to patients
33 during exposure-prone invasive procedures, with the
34 recommendations of the expert review panel established
35 pursuant to subsection 3, with hospital protocols established

1 pursuant to subsection 1 and with health care facility
2 procedures established pursuant to subsection 2, as
3 applicable.

4 7. Information relating to the HIV status of a health care
5 provider is confidential and subject to the provisions of
6 section 141A.9. A person who intentionally or recklessly
7 makes an unauthorized disclosure of such information is
8 subject to a civil penalty of one thousand dollars. The
9 attorney general or the attorney general's designee may
10 maintain a civil action to enforce this section. Proceedings
11 maintained under this section shall provide for the anonymity
12 of the health care provider and all documentation shall be
13 maintained in a confidential manner. Information relating to
14 the HBV status of a health care provider is confidential and
15 shall not be accessible to the public. Information regulated
16 by this section, however, may be disclosed to members of the
17 expert review panel established by the department or a panel
18 established by hospital protocol under this section. The
19 information may also be disclosed to the appropriate examining
20 board by filing a report as required by this section. The
21 examining board shall consider the report a complaint subject
22 to the confidentiality provisions of section 272C.6. A
23 licensee, upon the filing of a formal charge or notice of
24 hearing by the examining board based on such a complaint, may
25 seek a protective order from the board.

26 8. The expert review panel established by the department
27 and individual members of the panel shall be immune from any
28 liability, civil or criminal, for the good faith performance
29 of functions authorized or required by this section. A
30 hospital, an expert review panel established by the hospital,
31 and individual members of the panel shall be immune from any
32 liability, civil or criminal, for the good faith performance
33 of functions authorized or required by this section.
34 Complaints, investigations, reports, deliberations, and
35 findings of the hospital and its panel with respect to a named

1 health care provider suspected, alleged, or found to be in
2 violation of the protocol required by this section, constitute
3 peer review records under section 147.135, and are subject to
4 the specific confidentiality requirements and limitations of
5 that section.

6 Sec. 23. NEW SECTION. 139A.23 CONTINGENT REPEAL.

7 If the provisions of Pub. L. No. 102-141 relating to
8 requirements for prevention of transmission of HIV or HBV to
9 patients in the performance of exposure-prone procedures are
10 repealed, section 139A.22 is repealed.

11 Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE --
12 PENALTY.

13 A person suffering from a communicable disease dangerous to
14 the public health who knowingly gives false information
15 regarding the person's infected state on a blood plasma sale
16 application to blood plasma-taking personnel commits a serious
17 misdemeanor.

18 Sec. 25. NEW SECTION. 139A.25 PENALTIES.

19 1. Unless otherwise provided in this chapter, a person who
20 knowingly violates any provision of this chapter, or of the
21 rules of the department or a local board, or any lawful order,
22 written or oral, of the department or board, or of their
23 officers or authorized agents, is guilty of a simple
24 misdemeanor.

25 2. Notwithstanding subsection 1, failure of an individual
26 to file any mandatory report specified in this chapter shall
27 result in a report being made to the licensing board governing
28 the professional activities of the individual failing to have
29 made the report.

30 3. Notwithstanding subsection 1, any public, private, or
31 hospital clinical laboratory failing to make the mandatory
32 report specified in this chapter is subject to a civil fine of
33 one thousand dollars per occurrence.

34 SUBCHAPTER I
35 CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

1 Sec. 26. NEW SECTION. 139A.30 CONFIDENTIAL REPORTS.

2 Reports to the department which include the identity of
3 persons infected with a sexually transmitted disease or
4 infection, and all such related information, records, and
5 reports concerning the person shall be confidential and shall
6 not be accessible to the public. However, such reports,
7 information, and records shall be confidential only to the
8 extent necessary to prevent identification of persons named in
9 such reports, information, and records; the other parts of
10 such reports, information, and records shall be public
11 records. The preceding sentence shall prevail over any
12 inconsistent provision of this chapter.

13 Sec. 27. NEW SECTION. 139A.31 REPORT TO DEPARTMENT.

14 Immediately after the first examination or treatment of any
15 person infected with any sexually transmitted disease or
16 infection, the health care provider who performed the
17 examination or treatment shall transmit to the department a
18 report stating the name of the infected person, the address of
19 the infected person, the infected person's date of birth, the
20 sex of the infected person, the race and ethnicity of the
21 infected person, the infected person's marital status, the
22 infected person's telephone number, if the infected person is
23 female, whether the infected person is pregnant, the name and
24 address of the laboratory that performed the test, the date
25 the test was found to be positive and the collection date, and
26 the name of the health care provider who performed the test.
27 However, when a case occurs within the jurisdiction of a local
28 health department, the report shall be made directly to the
29 local health department which shall immediately forward the
30 information to the department. Reports shall be made in
31 accordance with rules adopted by the department. Reports
32 shall be confidential. Any person filing a report of a
33 sexually transmitted disease or infection in good faith is
34 immune from any liability, civil or criminal, which might
35 otherwise be incurred or imposed as a result of such report.

1 Sec. 28. NEW SECTION. 139A.32 EXAMINATION RESULTS.

2 A person in charge of a public, private, or hospital
3 clinical laboratory shall report to the department, on forms
4 prescribed by the department, results obtained in the
5 examination of all specimens which yield evidence of or are
6 reactive for those diseases defined as sexually transmitted
7 diseases or infections, and listed in the Iowa administrative
8 code. The report shall state the name of the infected person
9 from whom the specimen was obtained, the address of the
10 infected person, the infected person's date of birth, the sex
11 of the infected person, the race and ethnicity of the infected
12 person, the infected person's marital status, the infected
13 person's telephone number, if the infected person is female
14 whether the infected person is pregnant, the name and address
15 of the laboratory that performed the test, the laboratory
16 results, the test employed, the date the test was found to be
17 positive and the collection date, the name of the health care
18 provider who performed the test, and the name and address of
19 the person submitting the specimen.

20 Sec. 29. NEW SECTION. 139A.33 DETERMINATION OF SOURCE.

21 The local board or the department shall use every available
22 means to determine the source and spread of any infectious
23 case of sexually transmitted disease or infection which is
24 reported.

25 Sec. 30. NEW SECTION. 139A.34 EXAMINATION OF PERSONS
26 SUSPECTED.

27 The local board shall cause an examination to be made of
28 every person reasonably suspected, on the basis of
29 epidemiological investigation, of having any sexually
30 transmitted disease or infection in the infectious stages to
31 ascertain if such person is infected, and if infected, to
32 cause such person to be treated. A person who is under the
33 care and treatment of a health care provider for the suspected
34 condition shall not be subjected to such examination. If a
35 person suspected of having a sexually transmitted disease or

1 infection refuses to submit to an examination voluntarily,
2 application may be made by the local board to the district
3 court for an order compelling the person to submit to
4 examination and, if infected, to treatment. The person shall
5 be treated until certified as no longer infectious to the
6 local board or to the department. If treatment is ordered by
7 the district court, the attending health care provider shall
8 certify that the person is no longer infectious.

9 Sec. 31. NEW SECTION. 139A.35 MINORS.

10 A minor who seeks diagnosis or treatment for a sexually
11 transmitted disease or infection shall have the legal capacity
12 to act and give consent to medical care and service for the
13 sexually transmitted disease or infection by a hospital,
14 clinic, or health care provider. Such medical diagnosis and
15 treatment shall be provided by a physician licensed to
16 practice medicine and surgery, osteopathy, or osteopathic
17 medicine and surgery. Consent shall not be subject to later
18 disaffirmance by reason of such minority. The consent of
19 another person, including but not limited to the consent of a
20 spouse, parent, custodian, or guardian, shall not be
21 necessary.

22 Sec. 32. NEW SECTION. 139A.36 CERTIFICATE NOT TO BE
23 ISSUED.

24 A certificate of freedom from sexually transmitted disease
25 or infection shall not be issued to any person by any official
26 health agency.

27 Sec. 33. NEW SECTION. 139A.37 PREGNANT WOMEN.

28 A physician attending a pregnant woman in this state shall
29 take or cause to be taken a sample of blood of the woman
30 within fourteen days of the first examination, and shall
31 submit the sample for standard serological tests for syphilis
32 to the university hygienic laboratory of the state university
33 at Iowa City or other laboratory approved by the department.
34 Every other person attending a pregnant woman in this state,
35 but not permitted by law to take blood tests, shall cause a

1 sample of blood of the woman to be taken by a duly licensed
2 physician, who shall submit such sample for standard
3 serological tests for syphilis to the state hygienic
4 laboratory of the state university at Iowa City or other
5 laboratory approved by the department. If the blood of the
6 pregnant woman reacts positively to the test if the woman is
7 married, the husband and other biological children of the
8 woman shall be subjected to the same blood tests. If the
9 pregnant woman is single, the person responsible for
10 impregnating the woman and other biological children by the
11 same woman shall be subjected to the same blood tests.

12 Sec. 34. NEW SECTION. 139A.38 BLOOD TESTS IN PREGNANCY
13 CASES.

14 Physicians and others attending pregnancy cases and
15 required to report births and still births shall state on the
16 appropriate birth or stillbirth certificate whether a blood
17 test for syphilis was made during the pregnancy upon a
18 specimen of blood taken from the mother of the subject child
19 and if made, the date when the test was made, and if not made,
20 the reason why the test was not made. The birth certificate
21 shall not state the result of the test.

22 Sec. 35. NEW SECTION. 139A.39 MEDICAL TREATMENT OF NEWLY
23 BORN.

24 A physician attending the birth of a child shall cause to
25 be instilled into the eyes of the newly born infant a
26 prophylactic solution approved by the department.

27 Sec. 36. NEW SECTION. 139A.40 RELIGIOUS EXCEPTIONS.

28 A provision of this chapter shall not be construed to
29 require or compel any person to take or follow a course of
30 medical treatment prescribed by law or a health care provider
31 if the person is a member of a church or religious
32 denomination and in accordance with the tenets or principles
33 of the person's church or religious denomination the person
34 opposes the specific course of medical treatment. However,
35 such person while in an infectious stage of disease shall be

1 subject to isolation and such other measures appropriate for
2 the prevention of the spread of the disease to other persons.
3 For the purposes of this section, "person" means an individual
4 eighteen years of age or older or an individual who attains
5 majority by marriage.

6 Sec. 37. NEW SECTION. 139A.41 FILING FALSE REPORTS.

7 Any person who falsely makes any of the reports required by
8 this subchapter concerning persons infected with any sexually
9 transmitted disease or infection, or who discloses the
10 identity of such person, except as authorized by this
11 subchapter, shall be punished as provided in section 139A.25.

12 Sec. 38. Section 135.11, subsections 8, 16, and 20, Code
13 Supplement 1999, are amended to read as follows:

14 8. Exercise general supervision over the administration
15 and enforcement of the venereal-disease sexually transmitted
16 diseases and infections law, chapter ~~140~~ 139A, subchapter I.

17 16. Administer chapters 125, 136A, 136C, ~~139~~ 139A, ~~140~~
18 142, 144, and 147A.

19 20. Establish, publish, and enforce rules requiring prompt
20 reporting of methemoglobinemia, pesticide poisoning, and the
21 reportable poisonings and illnesses established pursuant to
22 section ~~139-35~~ 139A.21.

23 Sec. 39. Section 141A.6, Code Supplement 1999, is amended
24 by adding the following new subsection:

25 NEW SUBSECTION. 7. Failure to file the report required
26 under this section shall result in a report being made to the
27 licensing board governing the professional activities of the
28 individual failing to have made the report. Any public,
29 private, or hospital clinical laboratory failing to make the
30 report required under this section shall be subject to a civil
31 fine of one thousand dollars per occurrence.

32 Sec. 40. Section 141A.9, Code Supplement 1999, is amended
33 to read as follows:

34 141A.9 CONFIDENTIALITY OF INFORMATION.

35 1. Any information, including reports and records,

1 obtained, submitted, and maintained pursuant to this chapter
2 is strictly confidential medical information. The information
3 shall not be released, shared with an agency or institution,
4 or made public upon subpoena, search warrant, discovery
5 proceedings, or by any other means except as provided in this
6 chapter. A person shall not be compelled to disclose the
7 identity of any person upon whom an HIV-related test is
8 performed, or the results of the test in a manner which
9 permits identification of the subject of the test, except to
10 persons entitled to that information under this chapter.

11 Information shall be made available for release to the
12 following individuals or under the following circumstances:

13 1- a. To the subject of the test or the subject's legal
14 guardian subject to the provisions of section 141A.7,
15 subsection 3, when applicable.

16 2- b. To any person who secures a written release of test
17 results executed by the subject of the test or the subject's
18 legal guardian.

19 3- c. To an authorized agent or employee of a health
20 facility or health care provider, if the health facility or
21 health care provider ordered or participated in the testing or
22 is otherwise authorized to obtain the test results, the agent
23 or employee provides patient care or handles or processes
24 samples, and the agent or employee has a medical need to know
25 such information.

26 4- d. To a health care provider providing care to the
27 subject of the test when knowledge of the test results is
28 necessary to provide care or treatment.

29 5- e. To the department in accordance with reporting
30 requirements for an HIV-related condition.

31 6- f. To a health facility or health care provider which
32 procures, processes, distributes, or uses a human body part
33 from a deceased person with respect to medical information
34 regarding that person, or semen provided prior to July 1,
35 1988, for the purpose of artificial insemination.

1 7- g. Release may be made of medical or epidemiological
2 information for statistical purposes in a manner such that no
3 individual person can be identified.

4 8- h. Release may be made of medical or epidemiological
5 information to the extent necessary to enforce the provisions
6 of this chapter and related rules concerning the treatment,
7 control, and investigation of HIV infection by public health
8 officials.

9 9- i. Release may be made of medical or epidemiological
10 information to medical personnel to the extent necessary to
11 protect the health or life of the named party.

12 10- j. Release may be made of test results concerning a
13 patient pursuant to procedures established under section
14 141A.5, subsection 3, paragraph "c".

15 11- k. To a person allowed access to a record by a court
16 order which is issued in compliance with the following
17 provisions:

18 a- (1) A court has found that the person seeking the test
19 results has demonstrated a compelling need for the test
20 results which need cannot be accommodated by other means. In
21 assessing compelling need, the court shall weigh the need for
22 disclosure against the privacy interest of the test subject
23 and the public interest which may be disserved by disclosure
24 due to its deterrent effect on future testing or due to its
25 effect in leading to discrimination.

26 b- (2) Pleadings pertaining to disclosure of test results
27 shall substitute a pseudonym for the true name of the subject
28 of the test. The disclosure to the parties of the subject's
29 true name shall be communicated confidentially in documents
30 not filed with the court.

31 c- (3) Before granting an order, the court shall provide
32 the person whose test results are in question with notice and
33 a reasonable opportunity to participate in the proceedings if
34 the person is not already a party.

35 d- (4) Court proceedings as to disclosure of test results

1 shall be conducted in camera unless the subject of the test
2 agrees to a hearing in open court or unless the court
3 determines that a public hearing is necessary to the public
4 interest and the proper administration of justice.

5 ~~e-~~ (5) Upon the issuance of an order to disclose test
6 results, the court shall impose appropriate safeguards against
7 unauthorized disclosure, which shall specify the persons who
8 may gain access to the information, the purposes for which the
9 information shall be used, and appropriate prohibitions on
10 future disclosure.

11 ~~±2-~~ 1. To an employer, if the test is authorized to be
12 required under any other provision of law.

13 ~~±3-~~ m. To a convicted or alleged sexual assault offender;
14 the physician or other health care provider who orders the
15 test of a convicted or alleged offender; the victim; the
16 parent, guardian, or custodian of the victim if the victim is
17 a minor; the physician of the victim; the victim counselor or
18 person requested by the victim to provide counseling regarding
19 the HIV-related test and results; the victim's spouse; persons
20 with whom the victim has engaged in vaginal, anal, or oral
21 intercourse subsequent to the sexual assault; members of the
22 victim's family within the third degree of consanguinity; and
23 the county attorney who may use the results as evidence in the
24 prosecution of sexual assault under chapter 915, subchapter
25 IV, or prosecution of the offense of criminal transmission of
26 HIV under chapter 709C. For the purposes of this paragraph,
27 "victim" means victim as defined in section 915.40.

28 ~~±4-~~ n. To employees of state correctional institutions
29 subject to the jurisdiction of the department of corrections,
30 employees of secure facilities for juveniles subject to the
31 department of human services, and employees of city and county
32 jails, if the employees have direct supervision over inmates
33 of those facilities or institutions in the exercise of the
34 duties prescribed pursuant to section 80.9, subsection 2,
35 paragraph "d".

1 2. Medical information secured pursuant to subsection 1
2 may be shared between employees of the department who shall
3 use the information collected only for the purposes of
4 carrying out their official duties in preventing the spread of
5 the disease or the spread of other reportable diseases as
6 defined in section 139A.2.

7 Sec. 41. Section 206.12, subsection 2, paragraph c,
8 subparagraph (2), Code 1999, is amended to read as follows:

9 (2) The registrant operates an emergency information
10 system as provided in section ~~139-35~~ 139A.21 that is available
11 to poison control centers twenty-four hours a day every day of
12 the year. The emergency information system must provide
13 information to medical professionals required for the sole
14 purpose of treating a specific patient for exposure or adverse
15 reaction to the registrant's product, including the
16 identification of all ingredients which are toxic to humans,
17 and toxicological and medical management information.

18 Sec. 42. Section 232.69, subsection 1, paragraph a, Code
19 Supplement 1999, is amended to read as follows:

20 a. Every health practitioner who in the scope of
21 professional practice, examines, attends, or treats a child
22 and who reasonably believes the child has been abused.
23 Notwithstanding section ~~140-3~~ 139A.30, this provision applies
24 to a health practitioner who receives information confirming
25 that a child is infected with a sexually transmitted disease.

26 Sec. 43. Section 239B.12, subsection 1, Code 1999, is
27 amended to read as follows:

28 1. To the extent feasible, the department shall determine
29 the immunization status of children receiving assistance under
30 this chapter. The status shall be determined in accordance
31 with the immunization recommendations adopted by the Iowa
32 department of public health under section ~~139-9~~ 139A.8,
33 including the exemption provisions in section ~~139-9~~ 139A.8,
34 subsection 4. If the department determines a child is not in
35 compliance with the immunization recommendations, the

1 department shall refer the child's parent or guardian to a
2 local public health agency for immunization services for the
3 child and other members of the child's family.

4 Sec. 44. Section 252.24, unnumbered paragraph 2, Code
5 1999, is amended to read as follows:

6 When assistance is furnished by any governmental agency of
7 the county, township, or city, the assistance shall be deemed
8 to have been furnished by the county in which the agency is
9 located and the agency furnishing the assistance shall certify
10 the correctness of the costs of the assistance to the board of
11 supervisors of that county and that county shall collect from
12 the county of the person's settlement. The amounts collected
13 by the county where the agency is located shall be paid to the
14 agency furnishing the assistance. This statute applies to
15 services and supplies furnished as provided in section ~~139-30~~
16 139A.18.

17 Sec. 45. Section 299.4, Code 1999, is amended to read as
18 follows:

19 299.4 REPORTS AS TO PRIVATE INSTRUCTION.

20 The parent, guardian, or legal custodian of a child who is
21 of compulsory attendance age, who places the child under
22 competent private instruction under either section 299A.2 or
23 299A.3, not in an accredited school or a home school
24 assistance program operated by a public or accredited
25 nonpublic school, shall furnish a report in duplicate on forms
26 provided by the public school district, to the district by the
27 earliest starting date specified in section 279.10, subsection
28 1. The secretary shall retain and file one copy and forward
29 the other copy to the district's area education agency. The
30 report shall state the name and age of the child, the period
31 of time during which the child has been or will be under
32 competent private instruction for the year, an outline of the
33 course of study, texts used, and the name and address of the
34 instructor. The parent, guardian, or legal custodian of a
35 child, who is placing the child under competent private

1 instruction, for the first time, shall also provide the
2 district with evidence that the child has had the
3 immunizations required under section ~~139-9~~ 139A.8. The term
4 "outline of course of study" shall include subjects covered,
5 lesson plans, and time spent on the areas of study.

6 Sec. 46. Section 455E.11, subsection 2, paragraph a,
7 subparagraph (2), subparagraph subdivision (a), subparagraph
8 subdivision part (i), Code 1999, is amended to read as
9 follows:

10 (i) Eight thousand dollars shall be transferred to the
11 Iowa department of public health for departmental duties
12 required under section 135.11, subsections 20 and 21, and
13 section ~~139-35~~ 139A.21.

14 Sec. 47. Section 455E.11, subsection 2, paragraph b,
15 subparagraph (1), Code 1999, is amended to read as follows:

16 (1) Nine thousand dollars of the account is appropriated
17 to the Iowa department of public health for carrying out the
18 departmental duties under section 135.11, subsections 20 and
19 21, and section ~~139-35~~ 139A.31.

20 Sec. 48. Section 455E.11, subsection 2, paragraph c,
21 unnumbered paragraph 1, Code 1999, is amended to read as
22 follows:

23 A household hazardous waste account. The moneys collected
24 pursuant to section 455F.7 and moneys collected pursuant to
25 section 29C.8A which are designated for deposit, shall be
26 deposited in the household hazardous waste account. Two
27 thousand dollars is appropriated annually to the Iowa
28 department of public health to carry out departmental duties
29 under section 135.11, subsections 20 and 21, and section
30 ~~139-35~~ 139A.21. The remainder of the account shall be used to
31 fund toxic cleanup days and the efforts of the department to
32 support a collection system for household hazardous materials,
33 including public education programs, training, and
34 consultation of local governments in the establishment and
35 operation of permanent collection systems, and the management

1 of collection sites, education programs, and other activities
2 pursuant to chapter 455F, including the administration of the
3 household hazardous materials permit program by the department
4 of revenue and finance.

5 Sec. 49. Section 455E.11, subsection 2, paragraph d,
6 subparagraph (1), Code 1999, is amended to read as follows:

7 (1) One thousand dollars is appropriated annually to the
8 Iowa department of public health to carry out departmental
9 duties under section 135.11, subsections 20 and 21, and
10 section ~~139.35~~ 139A.21.

11 Sec. 50. Chapters 139, 139B, 139C, and 140, Code 1999 and
12 Code Supplement 1999, are repealed.

13 Sec. 51. Section 137C.19, Code 1999, is repealed.

14

EXPLANATION

15 This bill combines the existing communicable and reportable
16 diseases and poisonings Code chapter (139), emergency care
17 providers -- exposure to disease Code chapter (139B),
18 exposure-prone procedures Code chapter (139C), and venereal
19 disease control Code chapter (140) into a new Code chapter
20 (139A), entitled the communicable and infectious disease
21 reporting and control Act.

22 The bill makes minor changes in the existing language in
23 combining the chapters. Definitions used in the four chapters
24 are combined. The current term "disinfection" is replaced
25 with "terminal cleaning" and is defined. "Venereal disease"
26 is replaced with the broader term "sexually transmitted
27 disease or infection".

28 With regard to reporting of reportable diseases, the bill
29 retains the same process, but also specifies information to be
30 included in any report made.

31 The bill repeals Code section 137C.19 which prohibits a
32 person with a communicable disease from being employed in a
33 hotel.

34 Code chapter 140, which applies only to venereal disease
35 control, is replaced with subchapter I of new Code chapter

1 139A and is expanded to cover sexually transmitted diseases
2 and infections.
3 The remainder of the bill makes conforming changes
4 throughout the Code resulting from the repeal of Code chapters
5 139, 139B, 139C, and 140.

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SENATE FILE 2314

S-5052

1 Amend Senate File 2314 as follows:

2 1. Page 1, lines 9 and 10 by striking the words
3 "contagious or infectious".

4 2. Page 11, by striking lines 24 through 29 and
5 inserting the following:

6 "A person who knowingly exposes another to a
7 communicable disease or who knowingly subjects another
8 to a child or other legally incapacitated person who
9 has contracted a communicable disease, with the intent
10 that another person contract the communicable disease,
11 shall be liable for all resulting damages and shall be
12 punished as provided in this chapter."

13 3. By striking page 19, line 28, through page 20,
14 line 11, and inserting the following:

15 "The department shall adopt rules which incorporate
16 the prenatal guidelines established by the centers for
17 disease control and prevention of the United States
18 department of health and human services as the state
19 guidelines for prenatal testing and care relative to
20 "infectious disease."

21 4. Page 20, by striking lines 12 through 21.

22 5. By renumbering as necessary.

By JOHN REDWINE

S-5052 FILED MARCH 1, 2000

Adopted

3-6-00

(p. 531)

SENATE FILE 2314

S-5053

1 Amend Senate File 2314 as follows:

2 1. Page 6, by striking line 26 and inserting the
3 following: "center if any of the following applies:

4 a. The person submits to the admitting official
5 a".

6 2. Page 6, by inserting after line 31 the
7 following:

8 "b. The person, or if the person is a minor, the
9 person's parent or legal guardian, submits an
10 affidavit signed by the person or the person's parent
11 or legal guardian, stating that the immunization
12 conflicts with the tenets and practices of a
13 recognized religious denomination of which the
14 applicant is an adherent or member.

15 The exemptions under this subsection do not apply
16 in times of emergency or epidemic as determined by the
17 state board of health and as declared by the director
18 of public health."

19 3. Page 20, line 26, by inserting after the word
20 "department." the following: "This section shall not
21 be construed to require treatment of the infant's eyes
22 with a prophylactic solution if the infant's parent or
23 legal guardian states that such treatment conflicts
24 with the tenets and practices of a recognized
25 religious denomination of which the parent or legal
26 guardian is an adherent or member."

27 4. Page 20, line 31, by striking the words "a
28 member" and inserting the following: "an adherent or
29 a member".

By ELAINE SZYMONIAK

S-5053 FILED MARCH 1, 2000

Lost

3/6/00

(P. 531)

*Motion to R/c by Redwine
Motion adopted*

S-5053 Lost

Motion to R/c by Redwine, Schuerman, Szymoniak

Lost

3/6/00 (P. 533)

SENATE FILE 2314

S-5063

1 Amend Senate File 2314 as follows:

2 1. Page 7, by striking lines 6 and 7, and
3 inserting the following: "that a randomized audit of
4 at least ten percent of the persons enrolled in any
5 elementary or secondary school have been immunized as
6 required in this section subject".

By PATRICIA HARPER

S-5063 FILED MARCH 6, 2000

LOST

(p. 533)

SENATE FILE 2314

S-5065

1 Amend Senate File 2314 as follows:

2 1. Page 4, by striking lines 18 through 24.

3 2. Page 16, by striking lines 25 through 33, and
4 inserting the following:

5 "2. Notwithstanding subsection 1, an individual
6 who repeatedly fails to file any mandatory report
7 specified in this chapter is subject to a report being
8 made to the licensing board governing the professional
9 activities of the individual. The department shall
10 notify the individual each time that the department
11 determines that the individual has failed to file a
12 required report. The department shall inform the
13 individual in the notification that the individual may
14 provide information to the department to explain or
15 dispute the failure to report.

16 3. Notwithstanding subsection 1, a public, private
17 or hospital clinical laboratory that repeatedly fails
18 to file a mandatory report specified in this chapter
19 is subject to a civil penalty of not more than one
20 thousand dollars per occurrence. The department shall
21 not impose the penalty under this subsection without
22 prior written notice and opportunity for hearing."

23 3. Page 21, by striking line 7, and inserting the
24 following:

25 "A person who knowingly makes a false statement in
26 any of the reports required by".

27 4. Page 21, line 24, by striking the word
28 "subsection" and inserting the following:
29 "subsections".

30 5. Page 21, by striking lines 25 through 31, and
31 inserting the following:

32 "NEW SUBSECTION. 7. An individual who repeatedly
33 fails to file the report required under this section
34 is subject to a report being made to the licensing
35 board governing the professional activities of the
36 individual. The department shall notify the
37 individual each time the department determines that
38 the individual has failed to file a required report.
39 The department shall inform the individual in the
40 notification that the individual may provide
41 information to the department to explain or dispute
42 the failure to report.

43 "NEW SUBSECTION. 8. A public, private or hospital
44 clinical laboratory that repeatedly fails to make the
45 report required under this section is subject to a
46 civil penalty of not more than one thousand dollars
47 per occurrence. The department shall not impose the
48 penalty under this subsection without prior written
49 notice and opportunity for hearing."

50 6. By renumbering as necessary.

By JOHN REDWINE

S-5065 FILED MARCH 6, 2000

ADOPTED

(p.521)

SENATE FILE 2314
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO SSB 3205)

(AS AMENDED AND PASSED BY THE SENATE MARCH 6, 2000)

_____ - New Language by the Senate
* - Language Stricken by the Senate

Passed Senate, Date ^(p. 533) 3-6-00 Passed House, ^(p. 874) Date 3/21/00
Vote: Ayes 46 Nays 3 Vote: Ayes 99 Nays 1
Approved 4-7-00

(p. 853) Re-laid 3-27-00
Vote 47-)

A BILL FOR

1 An Act relating to communicable and infectious diseases and
2 providing penalties.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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S.F. 2314

1 Section 1. NEW SECTION. 139A.1 TITLE.

2 This chapter shall be known as the "Communicable and
3 Infectious Disease Reporting and Control Act".

4 Sec. 2. NEW SECTION. 139A.2 DEFINITIONS.

5 For purposes of this chapter, unless the context otherwise
6 requires:

7 1. "Business" means and includes every trade, occupation,
8 or profession.

*9 2. "Communicable disease" means any disease spread from
10 person to person or animal to person.

11 3. "Contagious or infectious disease" means hepatitis in
12 any form, meningococcal disease, tuberculosis, and any other
13 disease, with the exception of AIDS or HIV infection as
14 defined in section 141A.1, determined to be life-threatening
15 to a person exposed to the disease as established by rules
16 adopted by the department, based upon a determination by the
17 state epidemiologist and in accordance with guidelines of the
18 centers for disease control and prevention of the United
19 States department of health and human services.

20 4. "Department" means the Iowa department of public
21 health.

22 5. "Designated officer" means a person who is designated
23 by a department, agency, division, or service organization to
24 act as an infection control liaison officer.

25 6. "Emergency care provider" means a person who is trained
26 and authorized by federal or state law to provide emergency
27 medical assistance or treatment, for compensation or in a
28 voluntary capacity, including but not limited to all of the
29 following:

30 a. An emergency medical care provider as defined in
31 section 147A.1.

32 b. A health care provider.

33 c. A fire fighter.

34 d. A peace officer.

35 "Emergency care provider" also includes a person who renders

- 1 direct emergency aid without compensation.
- 2 7. "Exposure" means the risk of contracting disease.
- 3 8. "Exposure-prone procedure" means a procedure performed
- 4 by a health care provider which presents a recognized risk of
- 5 percutaneous injury to the health care provider and if such an
- 6 injury occurs, the health care provider's blood is likely to
- 7 contact a patient's body cavity, subcutaneous tissues, or
- 8 mucous membranes, or exposure-prone procedure as defined by
- 9 the centers for disease control and prevention of the United
- 10 States department of health and human services.
- 11 9. "HBV" means hepatitis B virus.
- 12 10. "Health care facility" means a health care facility as
- 13 defined in section 135C.1, an ambulatory surgical center, or a
- 14 clinic.
- 15 11. "Health care provider" means a person licensed to
- 16 practice medicine and surgery, osteopathic medicine and
- 17 surgery, osteopathy, chiropractic, podiatry, nursing,
- 18 dentistry, optometry, or as a physician assistant, dental
- 19 hygienist, or acupuncturist.
- 20 12. "HIV" means HIV as defined in section 141A.1.
- 21 13. "Hospital" means hospital as defined in section
- 22 135B.1.
- 23 14. "Isolation" means the separation of persons or animals
- 24 presumably or actually affected with a communicable disease or
- 25 who are disease carriers for the usual period of
- 26 communicability of that disease in such places, marked by
- 27 placards if necessary, and under such conditions as will
- 28 prevent the direct or indirect conveyance of the infectious
- 29 agent or contagion to susceptible persons.
- 30 15. "Local board" means the local board of health.
- 31 16. "Local department" means the local health department.
- 32 17. "Placard" means a warning sign to be erected and
- 33 displayed on the periphery of a quarantine area, forbidding
- 34 entry to or exit from the area.
- 35 18. "Quarantinable disease" means any communicable disease

1 designated by rule adopted by the department as requiring
2 quarantine or isolation to prevent its spread.

3 19. "Quarantine" means the limitation of freedom of
4 movement of persons or animals that have been exposed to a
5 communicable disease within specified limits marked by
6 placards for a period of time equal to the longest usual
7 incubation period of the disease in such manner as to prevent
8 the spread of a communicable disease which affects people.

9 20. "Reportable disease" means any disease designated by
10 rule adopted by the department requiring its occurrence to be
11 reported to an appropriate authority.

12 21. "Sexually transmitted disease or infection" means a
13 disease or infection as identified by rules adopted by the
14 department, based upon a determination by the state
15 epidemiologist and in accordance with guidelines of the
16 centers for disease control and prevention of the United
17 States department of health and human services.

18 22. "Terminal cleaning" means cleaning procedures defined
19 in the isolation guidelines issued by the centers for disease
20 control and prevention of the United States department of
21 health and human services.

22 Sec. 3. NEW SECTION. 139A.3 REPORT TO DEPARTMENT.

23 1. The health care provider or public, private, or
24 hospital clinical laboratory attending a person infected with
25 a reportable disease shall immediately report the case to the
26 department. However, when a case occurs within the
27 jurisdiction of a local health department, the report shall be
28 made to the local department and to the department. A health
29 care provider or public, private, or hospital clinical
30 laboratory who files such a report which identifies a person
31 infected with a reportable disease shall assist in the
32 investigation by the department, a local board, or a local
33 department. The department shall publish and distribute
34 instructions concerning the method of reporting. Reports
35 shall be made in accordance with rules adopted by the

1 department and shall require inclusion of all the following
2 information:

- 3 a. The patient's name.
- 4 b. The patient's address.
- 5 c. The patient's date of birth.
- 6 d. The sex of the patient.
- 7 e. The race and ethnicity of the patient.
- 8 f. The patient's marital status.
- 9 g. The patient's telephone number.
- 10 h. The name and address of the laboratory.
- 11 i. The date the test was found to be positive and the
12 collection date.
- 13 j. The name of the health care provider who performed the
14 test.
- 15 k. If the patient is female, whether the patient is
16 pregnant.

*17 2. a. Any person who, in good faith, files a report under
18 this section is immune from any liability, civil or criminal,
19 which might otherwise be incurred or imposed for making a
20 report.

21 b. A report to the department, to a local board, or to a
22 local department, which identifies a person infected with a
23 reportable disease, is confidential and shall not be
24 accessible to the public.

25 c. Notwithstanding paragraph "b", information contained in
26 the report may be reported in public health records in a
27 manner which prevents the identification of any person or
28 business named in the report. If information contained in the
29 report concerns a business, information disclosing the
30 identity of the business may be released to the public when
31 the state epidemiologist or the director of public health
32 determines such a release of information necessary for the
33 protection of the health of the public.

34 Sec. 4. NEW SECTION. 139A.4 TYPE AND LENGTH OF ISOLATION
35 OR QUARANTINE.

1 1. The type and length of isolation or quarantine imposed
2 for a specific communicable disease shall be in accordance
3 with rules adopted by the department.

4 2. The department and the local boards may impose and
5 enforce isolation and quarantine restrictions.

6 3. The department shall adopt rules governing terminal
7 cleaning.

8 Sec. 5. NEW SECTION. 139A.5 ISOLATION OR QUARANTINE
9 SIGNS ERECTED.

10 When isolation or a quarantine is established, appropriate
11 placards prescribed by the department shall be erected to mark
12 the boundaries of the place of isolation or quarantine.

13 Sec. 6. NEW SECTION. 139A.6 COMMUNICABLE DISEASES.

14 If a person, whether or not a resident, is infected with a
15 communicable disease dangerous to the public health, the local
16 board shall issue orders in regard to the care of the person
17 as necessary to protect the public health. The orders shall
18 be executed by the designated officer as the local board
19 directs or provides by rules.

20 Sec. 7. NEW SECTION. 139A.7 DISEASED PERSONS MOVING --
21 RECORD FORWARDED.

22 If a person known to be suffering from a communicable
23 disease dangerous to the public health moves from the
24 jurisdiction of a local board into the jurisdiction of another
25 local board, the local board from whose jurisdiction the
26 person moves shall notify the local board into whose
27 jurisdiction the person is moving.

28 Sec. 8. NEW SECTION. 139A.8 IMMUNIZATION OF CHILDREN.

29 1. A parent or legal guardian shall assure that the
30 person's minor children residing in the state are adequately
31 immunized against diphtheria, pertussis, tetanus,
32 poliomyelitis, rubeola, and rubella, according to
33 recommendations provided by the department subject to the
34 provisions of subsections 3 and 4.

35 2. a. A person shall not be enrolled in any licensed

1 child care center or elementary or secondary school in Iowa
2 without evidence of adequate immunizations against diphtheria,
3 pertussis, tetanus, poliomyelitis, rubeola, and rubella.

4 b. Evidence of adequate immunization against haemophilus
5 influenza B shall be required prior to enrollment in any
6 licensed child care center.

7 c. Evidence of hepatitis type B immunization shall be
8 required of a child born on or after July 1, 1994, prior to
9 enrollment in school in kindergarten or in a grade.

10 d. Immunizations shall be provided according to
11 recommendations provided by the department subject to the
12 provisions of subsections 3 and 4.

13 3. Subject to the provision of subsection 4, the state
14 board of health may modify or delete any of the immunizations
15 in subsection 2.

16 4. Immunization is not required for a person's enrollment
17 in any elementary or secondary school or licensed child care
18 center if that person submits to the admitting official a
19 statement signed by a physician, who is licensed by the state
20 board of medical examiners, that, in the physician's opinion,
21 the immunizations required would be injurious to the health
22 and well-being of the applicant or any member of the
23 applicant's family or household.

24 5. A person may be provisionally enrolled in an elementary
25 or secondary school or licensed child care center if the
26 person has begun the required immunizations and if the person
27 continues to receive the necessary immunizations as rapidly as
28 is medically feasible. The department shall adopt rules
29 relating to the provisional admission of persons to an
30 elementary or secondary school or licensed child care center.

31 6. The local board shall furnish the department, within
32 sixty days after the first official day of school, evidence
33 that each person enrolled in any elementary or secondary
34 school has been immunized as required in this section subject
35 to subsection 4. The department shall adopt rules pursuant to

1 chapter 17A relating to the reporting of evidence of
2 immunization.

3 7. Local boards shall provide the required immunizations
4 to children in areas where no local provision of these
5 services exists.

6 8. The department, in consultation with the director of
7 the department of education, shall adopt rules for the
8 implementation of this section and shall provide those rules
9 to local school boards and local boards.

10 Sec. 9. NEW SECTION. 139A.9 FORCIBLE REMOVAL --
11 ISOLATION -- QUARANTINE.

12 The forcible removal and isolation or quarantine of any
13 infected person shall be accomplished according to the rules
14 and regulations of the local board or the rules of the state
15 board of health.

16 Sec. 10. NEW SECTION. 139A.10 FEES FOR REMOVING.

17 The officers designated by the magistrate shall receive
18 reasonable compensation for their services as determined by
19 the local board. The amount determined shall be certified and
20 paid in the same manner as other expenses incurred under this
21 chapter.

22 Sec. 11. NEW SECTION. 139A.11 MEDICAL ATTENDANCE AND
23 SUPPLIES -- ISOLATION -- QUARANTINE.

24 If a person under isolation or quarantine or the persons
25 liable for the support of the person shall, in the opinion of
26 the local board, be financially unable to secure proper care,
27 provisions, or medical attendance, the local board shall
28 furnish supplies and services during the period of isolation
29 or quarantine and may delegate the duty, by rules, to one of
30 its designated officers.

31 Sec. 12. NEW SECTION. 139A.12 COUNTY LIABILITY FOR
32 SUPPLIES.

33 The local board shall provide proper care, provisions, and
34 medical attendance for any person removed and isolated or
35 quarantined in a separate house or hospital for detention and

1 treatment, and the care, provisions, and medical attendance
2 shall be paid for by the county in which the infected person
3 has a legal settlement, if the patient or legal guardian is
4 unable to pay.

5 Sec. 13. NEW SECTION. 139A.13 RIGHTS OF ISOLATED OR
6 QUARANTINED PERSONS.

7 Any person removed and isolated or quarantined in a
8 separate house or hospital may, at the person's own expense,
9 employ the health care provider of the person's choice, and
10 may provide such supplies and commodities as the person may
11 require.

12 Sec. 14. NEW SECTION. 139A.14 SERVICES OR SUPPLIES.

13 All services or supplies furnished to persons under this
14 chapter must be authorized by the local board or an officer of
15 the local board, and a written order designating the person
16 employed to furnish such services or supplies, issued before
17 the services or supplies are furnished, shall be attached to
18 the bill when presented for audit and payment.

19 Sec. 15. NEW SECTION. 139A.15 FILING OF BILLS.

20 All bills incurred under this chapter in establishing,
21 maintaining, and terminating isolation and quarantine, in
22 providing a necessary house or hospital for isolation or
23 quarantine, and in making terminal cleanings, shall be filed
24 with the local board. The local board at its next regular
25 meeting or special meeting called for this purpose shall
26 examine and audit the bills and, if found correct, approve and
27 certify the bills to the county board of supervisors for
28 payment.

29 Sec. 16. NEW SECTION. 139A.16 ALLOWING CLAIMS.

30 All bills for supplies furnished and services rendered for
31 persons removed and isolated or quarantined in a separate
32 house or hospital, or for persons financially unable to
33 provide their own sustenance and care during isolation or
34 quarantine, shall be allowed and paid for only on a basis of
35 the local market price for such provisions, services, and

1 supplies in the locality furnished. A bill for the terminal
2 cleaning of premises or effects shall not be allowed, unless
3 the infected person or those liable for the person's support
4 are financially unable to pay.

5 Sec. 17. NEW SECTION. 139A.17 APPROVAL AND PAYMENT OF
6 CLAIMS.

7 The board of supervisors is not bound by the action of the
8 local board in approving the bills, but shall pay the bills
9 for a reasonable amount and within a reasonable time.

10 Sec. 18. NEW SECTION. 139A.18 REIMBURSEMENT FROM COUNTY.

11 If any person receives services or supplies under this
12 chapter who does not have a legal settlement in the county in
13 which the bills were incurred and paid, the amount paid shall
14 be certified to the board of supervisors of the county in
15 which the person claims settlement or owns property, and the
16 board of supervisors of that county shall reimburse the county
17 from which the claim is certified, in the full amount
18 originally paid.

19 Sec. 19. NEW SECTION. 139A.19 EMERGENCY CARE PROVIDER
20 NOTIFICATION.

21 1. a. A hospital licensed under chapter 135B shall have
22 written policies and procedures for notification of an
23 emergency care provider who renders assistance or treatment to
24 an individual when in the course of admission, care, or
25 treatment of the individual, the individual is diagnosed or is
26 confirmed as having a contagious or infectious disease.

27 b. If an individual is diagnosed or confirmed as having a
28 contagious or infectious disease, the hospital shall notify
29 the designated officer of an emergency care provider service
30 who shall notify persons involved in attending or transporting
31 the individual. For blood-borne contagious or infectious
32 diseases, notification shall only take place upon filing of an
33 exposure report form with the hospital. The exposure report
34 form may be incorporated into the Iowa prehospital care
35 report, the Iowa prehospital advanced care report, or a

1 similar report used by an ambulance, rescue, or first response
2 service or law enforcement agency.

3 c. A person who renders direct emergency aid without
4 compensation and is exposed to an individual who has a
5 contagious or infectious disease shall also receive
6 notification from the hospital upon the filing with the
7 hospital of an exposure report form developed by the
8 department.

9 d. The notification shall advise the emergency care
10 provider of possible exposure to a particular contagious or
11 infectious disease and recommend that the provider seek
12 medical attention. The notification shall be provided as soon
13 as is reasonably possible following determination that the
14 individual has a contagious or infectious disease.

15 e. This subsection does not require a hospital to
16 administer a test for the express purpose of determining the
17 presence of a contagious or infectious disease. The
18 notification shall not include the name of the individual with
19 the contagious or infectious disease unless the individual
20 consents.

21 f. The department shall adopt rules pursuant to chapter
22 17A to administer this subsection.

23 2. A health care provider may provide the notification
24 required of hospitals in this section to emergency care
25 providers if an individual who has a contagious or infectious
26 disease is delivered by an emergency care provider to the
27 office or clinic of a health care provider for treatment. The
28 notification shall not include the name of the individual who
29 has the contagious or infectious disease unless the individual
30 consents.

31 3. This section does not preclude a hospital from
32 providing notification to an emergency care provider or health
33 care provider under circumstances in which the hospital's
34 policy provides for notification of the hospital's own
35 employees of exposure to a contagious or infectious disease

1 that is not life-threatening if the notice does not reveal a
2 patient's name unless the patient consents.

3 4. A hospital, health care provider, or other person
4 participating in good faith in complying with provisions
5 authorized or required under this section, is immune from any
6 liability, civil or criminal, which may otherwise be incurred
7 or imposed.

8 5. A hospital's or health care provider's duty of
9 notification under this section is not continuing but is
10 limited to a diagnosis of a contagious or infectious disease
11 made in the course of admission, care, and treatment following
12 the rendering of emergency assistance or treatment to which
13 notification under this section applies.

14 Sec. 20. NEW SECTION. 139A.20 EXPOSING TO COMMUNICABLE
15 DISEASE.

16 A person who knowingly exposes another to a communicable
17 disease or who knowingly subjects another to a child or other
18 legally incapacitated person who has contracted a communicable
19 disease, with the intent that another person contract the
20 communicable disease, shall be liable for all resulting
21 damages and shall be punished as provided in this chapter.

22 Sec. 21. NEW SECTION. 139A.21 REPORTABLE POISONINGS AND
23 ILLNESSES -- EMERGENCY INFORMATION SYSTEM.

24 1. If the results of an examination by a public, private,
25 or hospital clinical laboratory of a specimen from a person in
26 Iowa yield evidence of or are reactive for a reportable
27 poisoning or a reportable illness from a toxic agent,
28 including methemoglobinemia, the results shall be reported to
29 the department on forms prescribed by the department. If the
30 laboratory is located in Iowa, the person in charge of the
31 laboratory shall report the results. If the laboratory is not
32 in Iowa, the health care provider submitting the specimen
33 shall report the results.

34 2. The health care provider attending a person infected
35 with a reportable poisoning or a reportable illness from a

1 toxic agent, including methemoglobinemia, shall immediately
2 report the case to the department. The department shall
3 publish and distribute instructions concerning the method of
4 reporting. Reports shall be made in accordance with rules
5 adopted by the department.

6 3. A person in charge of a poison control information
7 center shall report to the department cases of reportable
8 poisoning, including methemoglobinemia, about which inquiries
9 have been received.

10 4. The department shall adopt rules designating reportable
11 poisonings, including methemoglobinemia, and illnesses which
12 must be reported under this section.

13 5. The department shall establish and maintain a central
14 registry to collect and store data reported pursuant to this
15 section.

16 6. The department shall timely provide copies of all
17 reports of pesticide poisonings or illnesses received pursuant
18 to this section to the secretary of agriculture who shall
19 timely forward these reports and any reports of pesticide
20 poisonings or illnesses received pursuant to section 206.14 to
21 the registrant of a pesticide which is the subject of any
22 reports.

23 7. The department shall adopt rules specifying the
24 requirements for the operation of an emergency information
25 system operated by a registrant pursuant to section 206.12,
26 subsection 2, paragraph "c", which shall not exceed
27 requirements adopted by a poison control center as defined in
28 section 206.2. The rules shall specify the qualifications of
29 individuals staffing an emergency information system and shall
30 specify the maximum amount of time that a registrant may take
31 to provide the information to a poison control center or an
32 attending physician treating a patient exposed to the
33 registrant's product.

34 Sec. 22. NEW SECTION. 139A.22 PREVENTION OF TRANSMISSION
35 OF HIV OR HBV TO PATIENTS.

1 1. A hospital shall adopt procedures requiring the
2 establishment of protocols applicable on a case-by-case basis
3 to a health care provider determined to be infected with HIV
4 or HBV who ordinarily performs exposure-prone procedures as
5 determined by an expert review panel, within the hospital
6 setting. The protocols established shall be in accordance
7 with the recommendations issued by the centers for disease
8 control and prevention of the United States department of
9 health and human services. The expert review panel may be an
10 established committee of the hospital. The procedures may
11 provide for referral of the health care provider to the expert
12 review panel established by the department pursuant to
13 subsection 3 for establishment of the protocols. The
14 procedures shall require reporting noncompliance with the
15 protocols by a health care provider to the examining board
16 with jurisdiction over the relevant health care providers.

17 2. A health care facility shall adopt procedures in
18 accordance with recommendations issued by the centers for
19 disease control and prevention of the United States department
20 of health and human services, applicable to a health care
21 provider determined to be infected with HIV or HBV who
22 ordinarily performs or assists with exposure-prone procedures
23 within the health care facility. The procedures shall require
24 referral of the health care provider to the expert review
25 panel established by the department pursuant to subsection 3.

26 3. The department shall establish an expert review panel
27 to determine on a case-by-case basis under what circumstances,
28 if any, a health care provider determined to be infected with
29 HIV or HBV practicing outside the hospital or referred to the
30 panel by a hospital or health care facility setting may
31 perform exposure-prone procedures. If a health care provider
32 determined to be infected with HIV or HBV does not comply with
33 the determination of the expert review panel, the panel shall
34 report the noncompliance to the examining board with
35 jurisdiction over the health care provider. A determination

1 of an expert review panel pursuant to this section is a final
2 agency action appealable pursuant to section 17A.19.

3 4. The health care provider determined to be infected with
4 HIV or HBV, who works in a hospital setting, may elect either
5 the expert review panel established by the hospital or the
6 expert review panel established by the department for the
7 purpose of making a determination of the circumstances under
8 which the health care provider may perform exposure-prone
9 procedures.

10 5. A health care provider determined to be infected with
11 HIV or HBV shall not perform an exposure-prone procedure
12 except as approved by the expert review panel established by
13 the department pursuant to subsection 3, or in compliance with
14 the protocol established by the hospital pursuant to
15 subsection 1 or the procedures established by the health care
16 facility pursuant to subsection 2.

17 6. The board of medical examiners, the board of physician
18 assistant examiners, the board of podiatry examiners, the
19 board of nursing, the board of dental examiners, and the board
20 of optometry examiners shall require that licensees comply
21 with the recommendations issued by the centers for disease
22 control and prevention of the United States department of
23 health and human services for preventing transmission of human
24 immunodeficiency virus and hepatitis B virus to patients
25 during exposure-prone invasive procedures, with the
26 recommendations of the expert review panel established
27 pursuant to subsection 3, with hospital protocols established
28 pursuant to subsection 1 and with health care facility
29 procedures established pursuant to subsection 2, as
30 applicable.

31 7. Information relating to the HIV status of a health care
32 provider is confidential and subject to the provisions of
33 section 141A.9. A person who intentionally or recklessly
34 makes an unauthorized disclosure of such information is
35 subject to a civil penalty of one thousand dollars. The

1 attorney general or the attorney general's designee may
2 maintain a civil action to enforce this section. Proceedings
3 maintained under this section shall provide for the anonymity
4 of the health care provider and all documentation shall be
5 maintained in a confidential manner. Information relating to
6 the HBV status of a health care provider is confidential and
7 shall not be accessible to the public. Information regulated
8 by this section, however, may be disclosed to members of the
9 expert review panel established by the department or a panel
10 established by hospital protocol under this section. The
11 information may also be disclosed to the appropriate examining
12 board by filing a report as required by this section. The
13 examining board shall consider the report a complaint subject
14 to the confidentiality provisions of section 272C.6. A
15 licensee, upon the filing of a formal charge or notice of
16 hearing by the examining board based on such a complaint, may
17 seek a protective order from the board.

18 8. The expert review panel established by the department
19 and individual members of the panel shall be immune from any
20 liability, civil or criminal, for the good faith performance
21 of functions authorized or required by this section. A
22 hospital, an expert review panel established by the hospital,
23 and individual members of the panel shall be immune from any
24 liability, civil or criminal, for the good faith performance
25 of functions authorized or required by this section.
26 Complaints, investigations, reports, deliberations, and
27 findings of the hospital and its panel with respect to a named
28 health care provider suspected, alleged, or found to be in
29 violation of the protocol required by this section, constitute
30 peer review records under section 147.135, and are subject to
31 the specific confidentiality requirements and limitations of
32 that section.

33 Sec. 23. NEW SECTION. 139A.23 CONTINGENT REPEAL.

34 If the provisions of Pub. L. No. 102-141 relating to
35 requirements for prevention of transmission of HIV or HBV to

1 patients in the performance of exposure-prone procedures are
2 repealed, section 139A.22 is repealed.

3 Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE --
4 PENALTY.

5 A person suffering from a communicable disease dangerous to
6 the public health who knowingly gives false information
7 regarding the person's infected state on a blood plasma sale
8 application to blood plasma-taking personnel commits a serious
9 misdemeanor.

10 Sec. 25. NEW SECTION. 139A.25 PENALTIES.

11 1. Unless otherwise provided in this chapter, a person who
12 knowingly violates any provision of this chapter, or of the
13 rules of the department or a local board, or any lawful order,
14 written or oral, of the department or board, or of their
15 officers or authorized agents, is guilty of a simple
16 misdemeanor.

17 2. Notwithstanding subsection 1, an individual who
18 repeatedly fails to file any mandatory report specified in
19 this chapter is subject to a report being made to the
20 licensing board governing the professional activities of the
21 individual. The department shall notify the individual each
22 time that the department determines that the individual has
23 failed to file a required report. The department shall inform
24 the individual in the notification that the individual may
25 provide information to the department to explain or dispute
26 the failure to report.

27 3. Notwithstanding subsection 1, a public, private or
28 hospital clinical laboratory that repeatedly fails to file a
29 mandatory report specified in this chapter is subject to a
30 civil penalty of not more than one thousand dollars per
31 occurrence. The department shall not impose the penalty under
32 this subsection without prior written notice and opportunity
33 for hearing.

34

SUBCHAPTER I

35

CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

1 Sec. 26. NEW SECTION. 139A.30 CONFIDENTIAL REPORTS.

2 Reports to the department which include the identity of
3 persons infected with a sexually transmitted disease or
4 infection, and all such related information, records, and
5 reports concerning the person shall be confidential and shall
6 not be accessible to the public. However, such reports,
7 information, and records shall be confidential only to the
8 extent necessary to prevent identification of persons named in
9 such reports, information, and records; the other parts of
10 such reports, information, and records shall be public
11 records. The preceding sentence shall prevail over any
12 inconsistent provision of this chapter.

13 Sec. 27. NEW SECTION. 139A.31 REPORT TO DEPARTMENT.

14 Immediately after the first examination or treatment of any
15 person infected with any sexually transmitted disease or
16 infection, the health care provider who performed the
17 examination or treatment shall transmit to the department a
18 report stating the name of the infected person, the address of
19 the infected person, the infected person's date of birth, the
20 sex of the infected person, the race and ethnicity of the
21 infected person, the infected person's marital status, the
22 infected person's telephone number, if the infected person is
23 female, whether the infected person is pregnant, the name and
24 address of the laboratory that performed the test, the date
25 the test was found to be positive and the collection date, and
26 the name of the health care provider who performed the test.
27 However, when a case occurs within the jurisdiction of a local
28 health department, the report shall be made directly to the
29 local health department which shall immediately forward the
30 information to the department. Reports shall be made in
31 accordance with rules adopted by the department. Reports
32 shall be confidential. Any person filing a report of a
33 sexually transmitted disease or infection in good faith is
34 immune from any liability, civil or criminal, which might
35 otherwise be incurred or imposed as a result of such report.

1 Sec. 28. NEW SECTION. 139A.32 EXAMINATION RESULTS.

2 A person in charge of a public, private, or hospital
3 clinical laboratory shall report to the department, on forms
4 prescribed by the department, results obtained in the
5 examination of all specimens which yield evidence of or are
6 reactive for those diseases defined as sexually transmitted
7 diseases or infections, and listed in the Iowa administrative
8 code. The report shall state the name of the infected person
9 from whom the specimen was obtained, the address of the
10 infected person, the infected person's date of birth, the sex
11 of the infected person, the race and ethnicity of the infected
12 person, the infected person's marital status, the infected
13 person's telephone number, if the infected person is female
14 whether the infected person is pregnant, the name and address
15 of the laboratory that performed the test, the laboratory
16 results, the test employed, the date the test was found to be
17 positive and the collection date, the name of the health care
18 provider who performed the test, and the name and address of
19 the person submitting the specimen.

20 Sec. 29. NEW SECTION. 139A.33 DETERMINATION OF SOURCE.

21 The local board or the department shall use every available
22 means to determine the source and spread of any infectious
23 case of sexually transmitted disease or infection which is
24 reported.

25 Sec. 30. NEW SECTION. 139A.34 EXAMINATION OF PERSONS
26 SUSPECTED.

27 The local board shall cause an examination to be made of
28 every person reasonably suspected, on the basis of
29 epidemiological investigation, of having any sexually
30 transmitted disease or infection in the infectious stages to
31 ascertain if such person is infected, and if infected, to
32 cause such person to be treated. A person who is under the
33 care and treatment of a health care provider for the suspected
34 condition shall not be subjected to such examination. If a
35 person suspected of having a sexually transmitted disease or

1 infection refuses to submit to an examination voluntarily,
2 application may be made by the local board to the district
3 court for an order compelling the person to submit to
4 examination and, if infected, to treatment. The person shall
5 be treated until certified as no longer infectious to the
6 local board or to the department. If treatment is ordered by
7 the district court, the attending health care provider shall
8 certify that the person is no longer infectious.

9 Sec. 31. NEW SECTION. 139A.35 MINORS.

10 A minor who seeks diagnosis or treatment for a sexually
11 transmitted disease or infection shall have the legal capacity
12 to act and give consent to medical care and service for the
13 sexually transmitted disease or infection by a hospital,
14 clinic, or health care provider. Such medical diagnosis and
15 treatment shall be provided by a physician licensed to
16 practice medicine and surgery, osteopathy, or osteopathic
17 medicine and surgery. Consent shall not be subject to later
18 disaffirmance by reason of such minority. The consent of
19 another person, including but not limited to the consent of a
20 spouse, parent, custodian, or guardian, shall not be
21 necessary.

22 Sec. 32. NEW SECTION. 139A.36 CERTIFICATE NOT TO BE
23 ISSUED.

24 A certificate of freedom from sexually transmitted disease
25 or infection shall not be issued to any person by any official
26 health agency.

27 Sec. 33. NEW SECTION. 139A.37 PREGNANT WOMEN.

28 The department shall adopt rules which incorporate the
29 prenatal guidelines established by the centers for disease
30 control and prevention of the United States department of
31 health and human services as the state guidelines for prenatal
32 testing and care relative to infectious disease.

* 33 Sec. 34. NEW SECTION. 139A.39 MEDICAL TREATMENT OF NEWLY
34 BORN.

35 A physician attending the birth of a child shall cause to

1 be instilled into the eyes of the newly born infant a
2 prophylactic solution approved by the department.

3 Sec. 35. NEW SECTION. 139A.40 RELIGIOUS EXCEPTIONS.

4 A provision of this chapter shall not be construed to
5 require or compel any person to take or follow a course of
6 medical treatment prescribed by law or a health care provider
7 if the person is a member of a church or religious
8 denomination and in accordance with the tenets or principles
9 of the person's church or religious denomination the person
10 opposes the specific course of medical treatment. However,
11 such person while in an infectious stage of disease shall be
12 subject to isolation and such other measures appropriate for
13 the prevention of the spread of the disease to other persons.
14 For the purposes of this section, "person" means an individual
15 eighteen years of age or older or an individual who attains
16 majority by marriage.

17 Sec. 36. NEW SECTION. 139A.41 FILING FALSE REPORTS.

18 A person who knowingly makes a false statement in any of,
19 the reports required by this subchapter concerning persons
20 infected with any sexually transmitted disease or infection,
21 or who discloses the identity of such person, except as
22 authorized by this subchapter, shall be punished as provided
23 in section 139A.25.

24 Sec. 37. Section 135.11, subsections 8, 16, and 20, Code
25 Supplement 1999, are amended to read as follows:

26 8. Exercise general supervision over the administration
27 and enforcement of the ~~venereal-disease~~ sexually transmitted
28 diseases and infections law, chapter ~~140~~ 139A, subchapter I.

29 16. Administer chapters 125, 136A, 136C, ~~139~~ 139A, ~~140~~,
30 142, 144, and 147A.

31 20. Establish, publish, and enforce rules requiring prompt
32 reporting of methemoglobinemia, pesticide poisoning, and the
33 reportable poisonings and illnesses established pursuant to
34 section ~~139-35~~ 139A.21.

35 Sec. 38. Section 141A.6, Code Supplement 1999, is amended

1 by adding the following new subsections:

2 NEW SUBSECTION. 7. An individual who repeatedly fails to
3 file the report required under this section is subject to a
4 report being made to the licensing board governing the
5 professional activities of the individual. The department
6 shall notify the individual each time the department
7 determines that the individual has failed to file a required
8 report. The department shall inform the individual in the
9 notification that the individual may provide information to
10 the department to explain or dispute the failure to report.

11 NEW SUBSECTION. 8. A public, private or hospital clinical
12 laboratory that repeatedly fails to make the report required
13 under this section is subject to a civil penalty of not more
14 than one thousand dollars per occurrence. The department
15 shall not impose the penalty under this subsection without
16 prior written notice and opportunity for hearing.

17 Sec. 39. Section 141A.9, Code Supplement 1999, is amended
18 to read as follows:

19 141A.9 CONFIDENTIALITY OF INFORMATION.

20 1. Any information, including reports and records,
21 obtained, submitted, and maintained pursuant to this chapter
22 is strictly confidential medical information. The information
23 shall not be released, shared with an agency or institution,
24 or made public upon subpoena, search warrant, discovery
25 proceedings, or by any other means except as provided in this
26 chapter. A person shall not be compelled to disclose the
27 identity of any person upon whom an HIV-related test is
28 performed, or the results of the test in a manner which
29 permits identification of the subject of the test, except to
30 persons entitled to that information under this chapter.
31 Information shall be made available for release to the
32 following individuals or under the following circumstances:

33 ± a. To the subject of the test or the subject's legal
34 guardian subject to the provisions of section 141A.7,
35 subsection 3, when applicable.

1 2- b. To any person who secures a written release of test
2 results executed by the subject of the test or the subject's
3 legal guardian.

4 3- c. To an authorized agent or employee of a health
5 facility or health care provider, if the health facility or
6 health care provider ordered or participated in the testing or
7 is otherwise authorized to obtain the test results, the agent
8 or employee provides patient care or handles or processes
9 samples, and the agent or employee has a medical need to know
10 such information.

11 4- d. To a health care provider providing care to the
12 subject of the test when knowledge of the test results is
13 necessary to provide care or treatment.

14 5- e. To the department in accordance with reporting
15 requirements for an HIV-related condition.

16 6- f. To a health facility or health care provider which
17 procures, processes, distributes, or uses a human body part
18 from a deceased person with respect to medical information
19 regarding that person, or semen provided prior to July 1,
20 1988, for the purpose of artificial insemination.

21 7- g. Release may be made of medical or epidemiological
22 information for statistical purposes in a manner such that no
23 individual person can be identified.

24 8- h. Release may be made of medical or epidemiological
25 information to the extent necessary to enforce the provisions
26 of this chapter and related rules concerning the treatment,
27 control, and investigation of HIV infection by public health
28 officials.

29 9- i. Release may be made of medical or epidemiological
30 information to medical personnel to the extent necessary to
31 protect the health or life of the named party.

32 10- j. Release may be made of test results concerning a
33 patient pursuant to procedures established under section
34 141A.5, subsection 3, paragraph "c".

35 11- k. To a person allowed access to a record by a court

1 order which is issued in compliance with the following
2 provisions:

3 a- (1) A court has found that the person seeking the test
4 results has demonstrated a compelling need for the test
5 results which need cannot be accommodated by other means. In
6 assessing compelling need, the court shall weigh the need for
7 disclosure against the privacy interest of the test subject
8 and the public interest which may be disserved by disclosure
9 due to its deterrent effect on future testing or due to its
10 effect in leading to discrimination.

11 b- (2) Pleadings pertaining to disclosure of test results
12 shall substitute a pseudonym for the true name of the subject
13 of the test. The disclosure to the parties of the subject's
14 true name shall be communicated confidentially in documents
15 not filed with the court.

16 c- (3) Before granting an order, the court shall provide
17 the person whose test results are in question with notice and
18 a reasonable opportunity to participate in the proceedings if
19 the person is not already a party.

20 d- (4) Court proceedings as to disclosure of test results
21 shall be conducted in camera unless the subject of the test
22 agrees to a hearing in open court or unless the court
23 determines that a public hearing is necessary to the public
24 interest and the proper administration of justice.

25 e- (5) Upon the issuance of an order to disclose test
26 results, the court shall impose appropriate safeguards against
27 unauthorized disclosure, which shall specify the persons who
28 may gain access to the information, the purposes for which the
29 information shall be used, and appropriate prohibitions on
30 future disclosure.

31 ~~12-~~ 1. To an employer, if the test is authorized to be
32 required under any other provision of law.

33 ~~13-~~ m. To a convicted or alleged sexual assault offender;
34 the physician or other health care provider who orders the
35 test of a convicted or alleged offender; the victim; the

1 parent, guardian, or custodian of the victim if the victim is
2 a minor; the physician of the victim; the victim counselor or
3 person requested by the victim to provide counseling regarding
4 the HIV-related test and results; the victim's spouse; persons
5 with whom the victim has engaged in vaginal, anal, or oral
6 intercourse subsequent to the sexual assault; members of the
7 victim's family within the third degree of consanguinity; and
8 the county attorney who may use the results as evidence in the
9 prosecution of sexual assault under chapter 915, subchapter
10 IV, or prosecution of the offense of criminal transmission of
11 HIV under chapter 709C. For the purposes of this paragraph,
12 "victim" means victim as defined in section 915.40.

13 ~~14.~~ n. To employees of state correctional institutions
14 subject to the jurisdiction of the department of corrections,
15 employees of secure facilities for juveniles subject to the
16 department of human services, and employees of city and county
17 jails, if the employees have direct supervision over inmates
18 of those facilities or institutions in the exercise of the
19 duties prescribed pursuant to section 80.9, subsection 2,
20 paragraph "d".

21 2. Medical information secured pursuant to subsection 1
22 may be shared between employees of the department who shall
23 use the information collected only for the purposes of
24 carrying out their official duties in preventing the spread of
25 the disease or the spread of other reportable diseases as
26 defined in section 139A.2.

27 Sec. 40. Section 206.12, subsection 2, paragraph c,
28 subparagraph (2), Code 1999, is amended to read as follows:

29 (2) The registrant operates an emergency information
30 system as provided in section ~~139-35~~ 139A.21 that is available
31 to poison control centers twenty-four hours a day every day of
32 the year. The emergency information system must provide
33 information to medical professionals required for the sole
34 purpose of treating a specific patient for exposure or adverse
35 reaction to the registrant's product, including the

1 identification of all ingredients which are toxic to humans,
2 and toxicological and medical management information.

3 Sec. 41. Section 232.69, subsection 1, paragraph a, Code
4 Supplement 1999, is amended to read as follows:

5 a. Every health practitioner who in the scope of
6 professional practice, examines, attends, or treats a child
7 and who reasonably believes the child has been abused.

8 Notwithstanding section ~~40-3~~ 139A.30, this provision applies
9 to a health practitioner who receives information confirming
10 that a child is infected with a sexually transmitted disease.

11 Sec. 42. Section 239B.12, subsection 1, Code 1999, is
12 amended to read as follows:

13 1. To the extent feasible, the department shall determine
14 the immunization status of children receiving assistance under
15 this chapter. The status shall be determined in accordance
16 with the immunization recommendations adopted by the Iowa
17 department of public health under section ~~39-9~~ 139A.8,
18 including the exemption provisions in section ~~39-9~~ 139A.8,
19 subsection 4. If the department determines a child is not in
20 compliance with the immunization recommendations, the
21 department shall refer the child's parent or guardian to a
22 local public health agency for immunization services for the
23 child and other members of the child's family.

24 Sec. 43. Section 252.24, unnumbered paragraph 2, Code
25 1999, is amended to read as follows:

26 When assistance is furnished by any governmental agency of
27 the county, township, or city, the assistance shall be deemed
28 to have been furnished by the county in which the agency is
29 located and the agency furnishing the assistance shall certify
30 the correctness of the costs of the assistance to the board of
31 supervisors of that county and that county shall collect from
32 the county of the person's settlement. The amounts collected
33 by the county where the agency is located shall be paid to the
34 agency furnishing the assistance. This statute applies to
35 services and supplies furnished as provided in section ~~39-30~~

1 139A.18.

2 Sec. 44. Section 299.4, Code 1999, is amended to read as
3 follows:

4 299.4 REPORTS AS TO PRIVATE INSTRUCTION.

5 The parent, guardian, or legal custodian of a child who is
6 of compulsory attendance age, who places the child under
7 competent private instruction under either section 299A.2 or
8 299A.3, not in an accredited school or a home school
9 assistance program operated by a public or accredited
10 nonpublic school, shall furnish a report in duplicate on forms
11 provided by the public school district, to the district by the
12 earliest starting date specified in section 279.10, subsection
13 1. The secretary shall retain and file one copy and forward
14 the other copy to the district's area education agency. The
15 report shall state the name and age of the child, the period
16 of time during which the child has been or will be under
17 competent private instruction for the year, an outline of the
18 course of study, texts used, and the name and address of the
19 instructor. The parent, guardian, or legal custodian of a
20 child, who is placing the child under competent private
21 instruction, for the first time, shall also provide the
22 district with evidence that the child has had the
23 immunizations required under section ~~139-9~~ 139A.8. The term
24 "outline of course of study" shall include subjects covered,
25 lesson plans, and time spent on the areas of study.

26 Sec. 45. Section 455E.11, subsection 2, paragraph a,
27 subparagraph (2), subparagraph subdivision (a), subparagraph
28 subdivision part (i), Code 1999, is amended to read as
29 follows:

30 (i) Eight thousand dollars shall be transferred to the
31 Iowa department of public health for departmental duties
32 required under section 135.11, subsections 20 and 21, and
33 section ~~139-35~~ 139A.21.

34 Sec. 46. Section 455E.11, subsection 2, paragraph b,
35 subparagraph (1), Code 1999, is amended to read as follows:

1 (1) Nine thousand dollars of the account is appropriated
2 to the Iowa department of public health for carrying out the
3 departmental duties under section 135.11, subsections 20 and
4 21, and section ~~139-35~~ 139A.31.

5 Sec. 47. Section 455E.11, subsection 2, paragraph c,
6 unnumbered paragraph 1, Code 1999, is amended to read as
7 follows:

8 A household hazardous waste account. The moneys collected
9 pursuant to section 455F.7 and moneys collected pursuant to
10 section 29C.8A which are designated for deposit, shall be
11 deposited in the household hazardous waste account. Two
12 thousand dollars is appropriated annually to the Iowa
13 department of public health to carry out departmental duties
14 under section 135.11, subsections 20 and 21, and section
15 ~~139-35~~ 139A.21. The remainder of the account shall be used to
16 fund toxic cleanup days and the efforts of the department to
17 support a collection system for household hazardous materials,
18 including public education programs, training, and
19 consultation of local governments in the establishment and
20 operation of permanent collection systems, and the management
21 of collection sites, education programs, and other activities
22 pursuant to chapter 455F, including the administration of the
23 household hazardous materials permit program by the department
24 of revenue and finance.

25 Sec. 48. Section 455E.11, subsection 2, paragraph d,
26 subparagraph (1), Code 1999, is amended to read as follows:

27 (1) One thousand dollars is appropriated annually to the
28 Iowa department of public health to carry out departmental
29 duties under section 135.11, subsections 20 and 21, and
30 section ~~139-35~~ 139A.21.

31 Sec. 49. Chapters 139, 139B, 139C, and 140, Code 1999 and
32 Code Supplement 1999, are repealed.

33 Sec. 50. Section 137C.19, Code 1999, is repealed.

34
35

SENATE FILE 2314

H-8340

1 Amend Senate File 2314, as amended, passed, and
2 reprinted by the Senate, as follows:

3 1. Page 6, by striking lines 16 through 23, and
4 inserting the following:

5 "4. Immunization is not required for a person's
6 enrollment in any elementary or secondary school or
7 licensed child care center if either of the following
8 applies:

9 a. The applicant, or if the applicant is a minor,
10 the applicant's parent or legal guardian, submits to
11 the admitting official a statement signed by a
12 physician, who is licensed by the state board of
13 medical examiners, that, in the physician's opinion,
14 the immunizations required would be injurious to the
15 health and well-being of the applicant or any member
16 of the applicant's family.

17 b. The applicant, or if the applicant is a minor,
18 the applicant's parent or legal guardian, submits an
19 affidavit signed by the applicant, or if the applicant
20 is a minor, the applicant's parent or legal guardian,
21 stating that the immunization conflicts with the
22 tenets and practices of a recognized religious
23 denomination of which the applicant is an adherent or
24 member.

25 The exemptions under this subsection do not apply
26 in times of emergency or epidemic as determined by the
27 state board of health and as declared by the director
28 of public health."

29 2. Page 20, line 2, by inserting after the word
30 "department." the following: "This section shall not
31 be construed to require treatment of the infant's eyes
32 with a prophylactic solution if the infant's parent or
33 legal guardian states that such treatment conflicts
34 with the tenets and practices of a recognized
35 religious denomination of which the parent or legal
36 guardian is an adherent or member."

37 3. Page 20, by striking line 7 and inserting the
38 following: "if the person is an adherent or member of
39 a church or religious".

40 4. Page 20, by striking lines 14 through 16.

By COMMITTEE ON HUMAN RESOURCES
BODDICKER of Cedar, Chairperson

H-8340 FILED MARCH 14, 2000

Adopted
3/21/00
(p. 873)

SENATE FILE 2314

H-8351

- 1 Amend Senate File 2314 as amended, passed, and
 2 reprinted by the Senate, as follows:
 3 1. Page 27, by inserting after line 30, the
 4 following:
 5 "Sec. ____ . POSTSECONDARY EDUCATION STUDENTS --
 6 IMMUNIZATION REQUIREMENTS -- TASK FORCE. The director
 7 of public health shall establish a task force to
 8 review and recommend appropriate immunization
 9 requirements for postsecondary education students.
 10 The task force shall include representatives of the
 11 Iowa department of public health and the department of
 12 education, postsecondary education students, and
 13 others with interest and expertise in the areas of
 14 public health and education. The task force shall
 15 submit a report of its findings and recommendations to
 16 the governor and the general assembly on or before
 17 December 1, 2000."
 18 2. By renumbering as necessary.

By BLODGETT of Cerro Gordo

H-8351 FILED MARCH 14, 2000

Adopted
 3-21-00 (p. 874)

SENATE FILE 2314

H-8352

- 1 Amend Senate File 2314, as amended, passed, and
 2 reprinted by the Senate, as follows:
 3 1. Page 4, line 17, by inserting after the word
 4 "who," the following: "acting reasonably and".
 5 2. Page 11, line 4, by striking the word
 6 "participating" and inserting the following: "acting
 7 reasonably and".
 8 3. Page 15, line 20, by inserting after the word
 9 "for" the following: "reasonable actions taken in".
 10 4. Page 15, line 24, by inserting after the word
 11 "for" the following: "reasonable actions taken in".
 12 5. Page 17, line 33, by inserting after the word
 13 "infection" the following: "who is acting reasonably
 14 and".

By BLODGETT of Cerro Gordo
 BODDICKER of Cedar
 FOEGE of Linn

H-8352 FILED MARCH 14, 2000

Adopted
 3/21/00
 (p. 873)

SENATE FILE 2314

H-8353

1 Amend Senate File 2314, as amended, passed, and
2 reprinted by the Senate, as follows:

3 1. Page 7, by striking lines 24 through 26 and
4 inserting the following:

5 "If the person under isolation or quarantine or the
6 person liable for the support of the person, in the
7 opinion of the local board, is financially unable to
8 secure proper care,".

9 2. Page 10, line 23, by striking the word "may"
10 and inserting the following: "shall".

11 3. Page 20, by inserting after line 34 the
12 following:

13 "Sec. ____ . Section 135G.14, subsection 2, Code
14 1999, is amended to read as follows:

15 2. A prophylactic shall be instilled in the eyes
16 of each newborn in accordance with section ~~140-13~~
17 139A.39."

18 4. By renumbering as necessary.

By BLODGETT of Cerro Gordo

H-8353 FILED MARCH 14, 2000

adopted

3/21/00

(p. 874)

HOUSE AMENDMENT TO
SENATE FILE 2314

S-5203

1 Amend Senate File 2314, as amended, passed, and
2 reprinted by the Senate, as follows:

3 1. Page 4, line 17, by inserting after the word
4 "who," the following: "acting reasonably and".

5 2. Page 6, by striking lines 16 through 23, and
6 inserting the following:

7 "4. Immunization is not required for a person's
8 enrollment in any elementary or secondary school or
9 licensed child care center if either of the following
10 applies:

11 a. The applicant, or if the applicant is a minor,
12 the applicant's parent or legal guardian, submits to
13 the admitting official a statement signed by a
14 physician, who is licensed by the state board of
15 medical examiners, that, in the physician's opinion,
16 the immunizations required would be injurious to the
17 health and well-being of the applicant or any member
18 of the applicant's family.

19 b. The applicant, or if the applicant is a minor,
20 the applicant's parent or legal guardian, submits an
21 affidavit signed by the applicant, or if the applicant
22 is a minor, the applicant's parent or legal guardian,
23 stating that the immunization conflicts with the
24 tenets and practices of a recognized religious
25 denomination of which the applicant is an adherent or
26 member.

27 The exemptions under this subsection do not apply
28 in times of emergency or epidemic as determined by the
29 state board of health and as declared by the director
30 of public health."

31 3. Page 7, by striking lines 24 through 26 and
32 inserting the following:

33 "If the person under isolation or quarantine or the
34 person liable for the support of the person, in the
35 opinion of the local board, is financially unable to
36 secure proper care,".

37 4. Page 10, line 23, by striking the word "may"
38 and inserting the following: "shall".

39 5. Page 11, line 4, by striking the word
40 "participating" and inserting the following: "acting
41 reasonably and".

42 6. Page 15, line 20, by inserting after the word
43 "for" the following: "reasonable actions taken in".

44 7. Page 15, line 24, by inserting after the word
45 "for" the following: "reasonable actions taken in".

46 8. Page 17, line 33, by inserting after the word
47 "infection" the following: "who is acting reasonably
48 and".

49 9. Page 20, line 2, by inserting after the word
50 "department." the following: "This section shall not

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Page 2

1 be construed to require treatment of the infant's eyes
2 with a prophylactic solution if the infant's parent or
3 legal guardian states that such treatment conflicts
4 with the tenets and practices of a recognized
5 religious denomination of which the parent or legal
6 guardian is an adherent or member."

7 10. Page 20, by striking line 7 and inserting the
8 following: "if the person is an adherent or member of
9 a church or religious".

10 11. Page 20, by striking lines 14 through 16.

11 12. Page 20, by inserting after line 34 the
12 following:

13 "Sec. ____ . Section 135G.14, subsection 2, Code
14 1999, is amended to read as follows:

15 2. A prophylactic shall be instilled in the eyes
16 of each newborn in accordance with section ~~140-13~~
17 139A.39."

18 13. Page 27, by inserting after line 30, the
19 following:

20 "Sec. ____ . POSTSECONDARY EDUCATION STUDENTS --
21 IMMUNIZATION REQUIREMENTS -- TASK FORCE. The director
22 of public health shall establish a task force to
23 review and recommend appropriate immunization
24 requirements for postsecondary education students.
25 The task force shall include representatives of the
26 Iowa department of public health and the department of
27 education, postsecondary education students, and
28 others with interest and expertise in the areas of
29 public health and education. The task force shall
30 submit a report of its findings and recommendations to
31 the governor and the general assembly on or before
32 December 1, 2000."

33 14. By renumbering, relettering, or redesignating
34 and correcting internal references as necessary.

RECEIVED FROM THE HOUSE

S-5203 FILED MARCH 21, 2000

Senate Concurred
3-27-00
(P. 853)

SENATE FILE 2314

AN ACT

RELATING TO COMMUNICABLE AND INFECTIOUS DISEASES AND PROVIDING PENALTIES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. NEW SECTION. 139A.1 TITLE.

This chapter shall be known as the "Communicable and Infectious Disease Reporting and Control Act".

Sec. 2. NEW SECTION. 139A.2 DEFINITIONS.

For purposes of this chapter, unless the context otherwise requires:

1. "Business" means and includes every trade, occupation, or profession.
2. "Communicable disease" means any disease spread from person to person or animal to person.
3. "Contagious or infectious disease" means hepatitis in any form, meningococcal disease, tuberculosis, and any other disease, with the exception of AIDS or HIV infection as defined in section 141A.1, determined to be life-threatening to a person exposed to the disease as established by rules adopted by the department, based upon a determination by the state epidemiologist and in accordance with guidelines of the centers for disease control and prevention of the United States department of health and human services.
4. "Department" means the Iowa department of public health.
5. "Designated officer" means a person who is designated by a department, agency, division, or service organization to act as an infection control liaison officer.
6. "Emergency care provider" means a person who is trained and authorized by federal or state law to provide emergency medical assistance or treatment, for compensation or in a

voluntary capacity, including but not limited to all of the following:

- a. An emergency medical care provider as defined in section 147A.1.
- b. A health care provider.
- c. A fire fighter.
- d. A peace officer.

"Emergency care provider" also includes a person who renders direct emergency aid without compensation.

7. "Exposure" means the risk of contracting disease.
8. "Exposure-prone procedure" means a procedure performed by a health care provider which presents a recognized risk of percutaneous injury to the health care provider and if such an injury occurs, the health care provider's blood is likely to contact a patient's body cavity, subcutaneous tissues, or mucous membranes, or exposure-prone procedure as defined by the centers for disease control and prevention of the United States department of health and human services.
9. "HBV" means hepatitis B virus.
10. "Health care facility" means a health care facility as defined in section 135C.1, an ambulatory surgical center, or a clinic.
11. "Health care provider" means a person licensed to practice medicine and surgery, osteopathic medicine and surgery, osteopathy, chiropractic, podiatry, nursing, dentistry, optometry, or as a physician assistant, dental hygienist, or acupuncturist.
12. "HIV" means HIV as defined in section 141A.1.
13. "Hospital" means hospital as defined in section 135B.1.
14. "Isolation" means the separation of persons or animals presumably or actually affected with a communicable disease or who are disease carriers for the usual period of communicability of that disease in such places, marked by placards if necessary, and under such conditions as will

prevent the direct or indirect conveyance of the infectious agent or contagion to susceptible persons.

15. "Local board" means the local board of health.

16. "Local department" means the local health department.

17. "Placard" means a warning sign to be erected and displayed on the periphery of a quarantine area, forbidding entry to or exit from the area.

18. "Quarantinable disease" means any communicable disease designated by rule adopted by the department as requiring quarantine or isolation to prevent its spread.

19. "Quarantine" means the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease within specified limits marked by placards for a period of time equal to the longest usual incubation period of the disease in such manner as to prevent the spread of a communicable disease which affects people.

20. "Reportable disease" means any disease designated by rule adopted by the department requiring its occurrence to be reported to an appropriate authority.

21. "Sexually transmitted disease or infection" means a disease or infection as identified by rules adopted by the department, based upon a determination by the state epidemiologist and in accordance with guidelines of the centers for disease control and prevention of the United States department of health and human services.

22. "Terminal cleaning" means cleaning procedures defined in the isolation guidelines issued by the centers for disease control and prevention of the United States department of health and human services.

Sec. 3. NEW SECTION. 139A.3 REPORT TO DEPARTMENT.

1. The health care provider or public, private, or hospital clinical laboratory attending a person infected with a reportable disease shall immediately report the case to the department. However, when a case occurs within the jurisdiction of a local health department, the report shall be

made to the local department and to the department. A health care provider or public, private, or hospital clinical laboratory who files such a report which identifies a person infected with a reportable disease shall assist in the investigation by the department, a local board, or a local department. The department shall publish and distribute instructions concerning the method of reporting. Reports shall be made in accordance with rules adopted by the department and shall require inclusion of all the following information:

- a. The patient's name.
- b. The patient's address.
- c. The patient's date of birth.
- d. The sex of the patient.
- e. The race and ethnicity of the patient.
- f. The patient's marital status.
- g. The patient's telephone number.
- h. The name and address of the laboratory.
- i. The date the test was found to be positive and the collection date.
- j. The name of the health care provider who performed the test.
- k. If the patient is female, whether the patient is pregnant.

2. a. Any person who, acting reasonably and in good faith, files a report under this section is immune from any liability, civil or criminal, which might otherwise be incurred or imposed for making a report.

b. A report to the department, to a local board, or to a local department, which identifies a person infected with a reportable disease, is confidential and shall not be accessible to the public.

c. Notwithstanding paragraph "b", information contained in the report may be reported in public health records in a manner which prevents the identification of any person or

business named in the report. If information contained in the report concerns a business, information disclosing the identity of the business may be released to the public when the state epidemiologist or the director of public health determines such a release of information necessary for the protection of the health of the public.

Sec. 4. NEW SECTION. 139A.4 TYPE AND LENGTH OF ISOLATION OR QUARANTINE.

1. The type and length of isolation or quarantine imposed for a specific communicable disease shall be in accordance with rules adopted by the department.

2. The department and the local boards may impose and enforce isolation and quarantine restrictions.

3. The department shall adopt rules governing terminal cleaning.

Sec. 5. NEW SECTION. 139A.5 ISOLATION OR QUARANTINE SIGNS ERECTED.

When isolation or a quarantine is established, appropriate placards prescribed by the department shall be erected to mark the boundaries of the place of isolation or quarantine.

Sec. 6. NEW SECTION. 139A.6 COMMUNICABLE DISEASES.

If a person, whether or not a resident, is infected with a communicable disease dangerous to the public health, the local board shall issue orders in regard to the care of the person as necessary to protect the public health. The orders shall be executed by the designated officer as the local board directs or provides by rules.

Sec. 7. NEW SECTION. 139A.7 DISEASED PERSONS MOVING -- RECORD FORWARDED.

If a person known to be suffering from a communicable disease dangerous to the public health moves from the jurisdiction of a local board into the jurisdiction of another local board, the local board from whose jurisdiction the person moves shall notify the local board into whose jurisdiction the person is moving.

Sec. 8. NEW SECTION. 139A.8 IMMUNIZATION OF CHILDREN.

1. A parent or legal guardian shall assure that the person's minor children residing in the state are adequately immunized against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, and rubella, according to recommendations provided by the department subject to the provisions of subsections 3 and 4.

2. a. A person shall not be enrolled in any licensed child care center or elementary or secondary school in Iowa without evidence of adequate immunizations against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, and rubella.

b. Evidence of adequate immunization against haemophilus influenza B shall be required prior to enrollment in any licensed child care center.

c. Evidence of hepatitis type B immunization shall be required of a child born on or after July 1, 1994, prior to enrollment in school in kindergarten or in a grade.

d. Immunizations shall be provided according to recommendations provided by the department subject to the provisions of subsections 3 and 4.

3. Subject to the provision of subsection 4, the state board of health may modify or delete any of the immunizations in subsection 2.

4. Immunization is not required for a person's enrollment in any elementary or secondary school or licensed child care center if either of the following applies:

a. The applicant, or if the applicant is a minor, the applicant's parent or legal guardian, submits to the admitting official a statement signed by a physician, who is licensed by the state board of medical examiners, that, in the physician's opinion, the immunizations required would be injurious to the health and well-being of the applicant or any member of the applicant's family.

b. The applicant, or if the applicant is a minor, the applicant's parent or legal guardian, submits an affidavit signed by the applicant, or if the applicant is a minor, the

applicant's parent or legal guardian, stating that the immunization conflicts with the tenets and practices of a recognized religious denomination of which the applicant is an adherent or member.

The exemptions under this subsection do not apply in times of emergency or epidemic as determined by the state board of health and as declared by the director of public health.

5. A person may be provisionally enrolled in an elementary or secondary school or licensed child care center if the person has begun the required immunizations and if the person continues to receive the necessary immunizations as rapidly as is medically feasible. The department shall adopt rules relating to the provisional admission of persons to an elementary or secondary school or licensed child care center.

6. The local board shall furnish the department, within sixty days after the first official day of school, evidence that each person enrolled in any elementary or secondary school has been immunized as required in this section subject to subsection 4. The department shall adopt rules pursuant to chapter 17A relating to the reporting of evidence of immunization.

7. Local boards shall provide the required immunizations to children in areas where no local provision of these services exists.

8. The department, in consultation with the director of the department of education, shall adopt rules for the implementation of this section and shall provide those rules to local school boards and local boards.

Sec. 9. NEW SECTION. 139A.9 FORCIBLE REMOVAL -- ISOLATION -- QUARANTINE.

The forcible removal and isolation or quarantine of any infected person shall be accomplished according to the rules and regulations of the local board or the rules of the state board of health.

Sec. 10. NEW SECTION. 139A.10 FEES FOR REMOVING.

The officers designated by the magistrate shall receive reasonable compensation for their services as determined by the local board. The amount determined shall be certified and paid in the same manner as other expenses incurred under this chapter.

Sec. 11. NEW SECTION. 139A.11 MEDICAL ATTENDANCE AND SUPPLIES -- ISOLATION -- QUARANTINE.

If the person under isolation or quarantine or the person liable for the support of the person, in the opinion of the local board, is financially unable to secure proper care, provisions, or medical attendance, the local board shall furnish supplies and services during the period of isolation or quarantine and may delegate the duty, by rules, to one of its designated officers.

Sec. 12. NEW SECTION. 139A.12 COUNTY LIABILITY FOR SUPPLIES.

The local board shall provide proper care, provisions, and medical attendance for any person removed and isolated or quarantined in a separate house or hospital for detention and treatment, and the care, provisions, and medical attendance shall be paid for by the county in which the infected person has a legal settlement, if the patient or legal guardian is unable to pay.

Sec. 13. NEW SECTION. 139A.13 RIGHTS OF ISOLATED OR QUARANTINED PERSONS.

Any person removed and isolated or quarantined in a separate house or hospital may, at the person's own expense, employ the health care provider of the person's choice, and may provide such supplies and commodities as the person may require.

Sec. 14. NEW SECTION. 139A.14 SERVICES OR SUPPLIES.

All services or supplies furnished to persons under this chapter must be authorized by the local board or an officer of the local board, and a written order designating the person employed to furnish such services or supplies, issued before

the services or supplies are furnished, shall be attached to the bill when presented for audit and payment.

Sec. 15. NEW SECTION. 139A.15 FILING OF BILLS.

All bills incurred under this chapter in establishing, maintaining, and terminating isolation and quarantine, in providing a necessary house or hospital for isolation or quarantine, and in making terminal cleanings, shall be filed with the local board. The local board at its next regular meeting or special meeting called for this purpose shall examine and audit the bills and, if found correct, approve and certify the bills to the county board of supervisors for payment.

Sec. 16. NEW SECTION. 139A.16 ALLOWING CLAIMS.

All bills for supplies furnished and services rendered for persons removed and isolated or quarantined in a separate house or hospital, or for persons financially unable to provide their own sustenance and care during isolation or quarantine, shall be allowed and paid for only on a basis of the local market price for such provisions, services, and supplies in the locality furnished. A bill for the terminal cleaning of premises or effects shall not be allowed, unless the infected person or those liable for the person's support are financially unable to pay.

Sec. 17. NEW SECTION. 139A.17 APPROVAL AND PAYMENT OF CLAIMS.

The board of supervisors is not bound by the action of the local board in approving the bills, but shall pay the bills for a reasonable amount and within a reasonable time.

Sec. 18. NEW SECTION. 139A.18 REIMBURSEMENT FROM COUNTY.

If any person receives services or supplies under this chapter who does not have a legal settlement in the county in which the bills were incurred and paid, the amount paid shall be certified to the board of supervisors of the county in which the person claims settlement or owns property, and the board of supervisors of that county shall reimburse the county

from which the claim is certified, in the full amount originally paid.

Sec. 19. NEW SECTION. 139A.19 EMERGENCY CARE PROVIDER NOTIFICATION.

1. a. A hospital licensed under chapter 135B shall have written policies and procedures for notification of an emergency care provider who renders assistance or treatment to an individual when in the course of admission, care, or treatment of the individual, the individual is diagnosed or is confirmed as having a contagious or infectious disease.

b. If an individual is diagnosed or confirmed as having a contagious or infectious disease, the hospital shall notify the designated officer of an emergency care provider service who shall notify persons involved in attending or transporting the individual. For blood-borne contagious or infectious diseases, notification shall only take place upon filing of an exposure report form with the hospital. The exposure report form may be incorporated into the Iowa prehospital care report, the Iowa prehospital advanced care report, or a similar report used by an ambulance, rescue, or first response service or law enforcement agency.

c. A person who renders direct emergency aid without compensation and is exposed to an individual who has a contagious or infectious disease shall also receive notification from the hospital upon the filing with the hospital of an exposure report form developed by the department.

d. The notification shall advise the emergency care provider of possible exposure to a particular contagious or infectious disease and recommend that the provider seek medical attention. The notification shall be provided as soon as is reasonably possible following determination that the individual has a contagious or infectious disease.

e. This subsection does not require a hospital to administer a test for the express purpose of determining the

presence of a contagious or infectious disease. The notification shall not include the name of the individual with the contagious or infectious disease unless the individual consents.

1. The department shall adopt rules pursuant to chapter 17A to administer this subsection.

2. A health care provider shall provide the notification required of hospitals in this section to emergency care providers if an individual who has a contagious or infectious disease is delivered by an emergency care provider to the office or clinic of a health care provider for treatment. The notification shall not include the name of the individual who has the contagious or infectious disease unless the individual consents.

3. This section does not preclude a hospital from providing notification to an emergency care provider or health care provider under circumstances in which the hospital's policy provides for notification of the hospital's own employees of exposure to a contagious or infectious disease that is not life-threatening if the notice does not reveal a patient's name unless the patient consents.

4. A hospital, health care provider, or other person acting reasonably and in good faith in complying with provisions authorized or required under this section, is immune from any liability, civil or criminal, which may otherwise be incurred or imposed.

5. A hospital's or health care provider's duty of notification under this section is not continuing but is limited to a diagnosis of a contagious or infectious disease made in the course of admission, care, and treatment following the rendering of emergency assistance or treatment to which notification under this section applies.

Sec. 20. NEW SECTION. 139A.20 EXPOSING TO COMMUNICABLE DISEASE.

A person who knowingly exposes another to a communicable disease or who knowingly subjects another to a child or other legally incapacitated person who has contracted a communicable disease, with the intent that another person contract the communicable disease, shall be liable for all resulting damages and shall be punished as provided in this chapter.

Sec. 21. NEW SECTION. 139A.21 REPORTABLE POISONINGS AND ILLNESSES -- EMERGENCY INFORMATION SYSTEM.

1. If the results of an examination by a public, private, or hospital clinical laboratory of a specimen from a person in Iowa yield evidence of or are reactive for a reportable poisoning or a reportable illness from a toxic agent, including methemoglobinemia, the results shall be reported to the department on forms prescribed by the department. If the laboratory is located in Iowa, the person in charge of the laboratory shall report the results. If the laboratory is not in Iowa, the health care provider submitting the specimen shall report the results.

2. The health care provider attending a person infected with a reportable poisoning or a reportable illness from a toxic agent, including methemoglobinemia, shall immediately report the case to the department. The department shall publish and distribute instructions concerning the method of reporting. Reports shall be made in accordance with rules adopted by the department.

3. A person in charge of a poison control information center shall report to the department cases of reportable poisoning, including methemoglobinemia, about which inquiries have been received.

4. The department shall adopt rules designating reportable poisonings, including methemoglobinemia, and illnesses which must be reported under this section.

5. The department shall establish and maintain a central registry to collect and store data reported pursuant to this section.

6. The department shall timely provide copies of all reports of pesticide poisonings or illnesses received pursuant to this section to the secretary of agriculture who shall timely forward these reports and any reports of pesticide poisonings or illnesses received pursuant to section 206.14 to the registrant of a pesticide which is the subject of any reports.

7. The department shall adopt rules specifying the requirements for the operation of an emergency information system operated by a registrant pursuant to section 206.12, subsection 2, paragraph "c", which shall not exceed requirements adopted by a poison control center as defined in section 206.2. The rules shall specify the qualifications of individuals staffing an emergency information system and shall specify the maximum amount of time that a registrant may take to provide the information to a poison control center or an attending physician treating a patient exposed to the registrant's product.

Sec. 22. NEW SECTION. 139A.22 PREVENTION OF TRANSMISSION OF HIV OR HBV TO PATIENTS.

1. A hospital shall adopt procedures requiring the establishment of protocols applicable on a case-by-case basis to a health care provider determined to be infected with HIV or HBV who ordinarily performs exposure-prone procedures as determined by an expert review panel, within the hospital setting. The protocols established shall be in accordance with the recommendations issued by the centers for disease control and prevention of the United States department of health and human services. The expert review panel may be an established committee of the hospital. The procedures may provide for referral of the health care provider to the expert review panel established by the department pursuant to subsection 3 for establishment of the protocols. The procedures shall require reporting noncompliance with the protocols by a health care provider to the examining board with jurisdiction over the relevant health care providers.

2. A health care facility shall adopt procedures in accordance with recommendations issued by the centers for disease control and prevention of the United States department of health and human services, applicable to a health care provider determined to be infected with HIV or HBV who ordinarily performs or assists with exposure-prone procedures within the health care facility. The procedures shall require referral of the health care provider to the expert review panel established by the department pursuant to subsection 3.

3. The department shall establish an expert review panel to determine on a case-by-case basis under what circumstances, if any, a health care provider determined to be infected with HIV or HBV practicing outside the hospital or referred to the panel by a hospital or health care facility setting may perform exposure-prone procedures. If a health care provider determined to be infected with HIV or HBV does not comply with the determination of the expert review panel, the panel shall report the noncompliance to the examining board with jurisdiction over the health care provider. A determination of an expert review panel pursuant to this section is a final agency action appealable pursuant to section 17A.19.

4. The health care provider determined to be infected with HIV or HBV, who works in a hospital setting, may elect either the expert review panel established by the hospital or the expert review panel established by the department for the purpose of making a determination of the circumstances under which the health care provider may perform exposure-prone procedures.

5. A health care provider determined to be infected with HIV or HBV shall not perform an exposure-prone procedure except as approved by the expert review panel established by the department pursuant to subsection 3, or in compliance with the protocol established by the hospital pursuant to subsection 1 or the procedures established by the health care facility pursuant to subsection 2.

6. The board of medical examiners, the board of physician assistant examiners, the board of podiatry examiners, the board of nursing, the board of dental examiners, and the board of optometry examiners shall require that licensees comply with the recommendations issued by the centers for disease control and prevention of the United States department of health and human services for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures, with the recommendations of the expert review panel established pursuant to subsection 3, with hospital protocols established pursuant to subsection 1 and with health care facility procedures established pursuant to subsection 2, as applicable.

7. Information relating to the HIV status of a health care provider is confidential and subject to the provisions of section 141A.9. A person who intentionally or recklessly makes an unauthorized disclosure of such information is subject to a civil penalty of one thousand dollars. The attorney general or the attorney general's designee may maintain a civil action to enforce this section. Proceedings maintained under this section shall provide for the anonymity of the health care provider and all documentation shall be maintained in a confidential manner. Information relating to the HBV status of a health care provider is confidential and shall not be accessible to the public. Information regulated by this section, however, may be disclosed to members of the expert review panel established by the department or a panel established by hospital protocol under this section. The information may also be disclosed to the appropriate examining board by filing a report as required by this section. The examining board shall consider the report a complaint subject to the confidentiality provisions of section 272C.6. A licensee, upon the filing of a formal charge or notice of hearing by the examining board based on such a complaint, may seek a protective order from the board.

8. The expert review panel established by the department and individual members of the panel shall be immune from any liability, civil or criminal, for reasonable actions taken in the good faith performance of functions authorized or required by this section. A hospital, an expert review panel established by the hospital, and individual members of the panel shall be immune from any liability, civil or criminal, for reasonable actions taken in the good faith performance of functions authorized or required by this section. Complaints, investigations, reports, deliberations, and findings of the hospital and its panel with respect to a named health care provider suspected, alleged, or found to be in violation of the protocol required by this section, constitute peer review records under section 147.135, and are subject to the specific confidentiality requirements and limitations of that section.

Sec. 23. NEW SECTION. 139A.23 CONTINGENT REPEAL.

If the provisions of Pub. L. No. 102-141 relating to requirements for prevention of transmission of HIV or HBV to patients in the performance of exposure-prone procedures are repealed, section 139A.22 is repealed.

Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE -- PENALTY.

A person suffering from a communicable disease dangerous to the public health who knowingly gives false information regarding the person's infected state on a blood plasma sale application to blood plasma-taking personnel commits a serious misdemeanor.

Sec. 25. NEW SECTION. 139A.25 PENALTIES.

1. Unless otherwise provided in this chapter, a person who knowingly violates any provision of this chapter, or of the rules of the department or a local board, or any lawful order, written or oral, of the department or board, or of their officers or authorized agents, is guilty of a simple misdemeanor.

2. Notwithstanding subsection 1, an individual who repeatedly fails to file any mandatory report specified in this chapter is subject to a report being made to the licensing board governing the professional activities of the individual. The department shall notify the individual each time that the department determines that the individual has failed to file a required report. The department shall inform the individual in the notification that the individual may provide information to the department to explain or dispute the failure to report.

3. Notwithstanding subsection 1, a public, private or hospital clinical laboratory that repeatedly fails to file a mandatory report specified in this chapter is subject to a civil penalty of not more than one thousand dollars per occurrence. The department shall not impose the penalty under this subsection without prior written notice and opportunity for hearing.

SUBCHAPTER I

CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

Sec. 26. NEW SECTION. 139A.30 CONFIDENTIAL REPORTS.

Reports to the department which include the identity of persons infected with a sexually transmitted disease or infection, and all such related information, records, and reports concerning the person shall be confidential and shall not be accessible to the public. However, such reports, information, and records shall be confidential only to the extent necessary to prevent identification of persons named in such reports, information, and records; the other parts of such reports, information, and records shall be public records. The preceding sentence shall prevail over any inconsistent provision of this chapter.

Sec. 27. NEW SECTION. 139A.31 REPORT TO DEPARTMENT.

Immediately after the first examination or treatment of any person infected with any sexually transmitted disease or infection, the health care provider who performed the

examination or treatment shall transmit to the department a report stating the name of the infected person, the address of the infected person, the infected person's date of birth, the sex of the infected person, the race and ethnicity of the infected person, the infected person's marital status, the infected person's telephone number, if the infected person is female, whether the infected person is pregnant, the name and address of the laboratory that performed the test, the date the test was found to be positive and the collection date, and the name of the health care provider who performed the test. However, when a case occurs within the jurisdiction of a local health department, the report shall be made directly to the local health department which shall immediately forward the information to the department. Reports shall be made in accordance with rules adopted by the department. Reports shall be confidential. Any person filing a report of a sexually transmitted disease or infection who is acting reasonably and in good faith is immune from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of such report.

Sec. 28. NEW SECTION. 139A.32 EXAMINATION RESULTS.

A person in charge of a public, private, or hospital clinical laboratory shall report to the department, on forms prescribed by the department, results obtained in the examination of all specimens which yield evidence of or are reactive for those diseases defined as sexually transmitted diseases or infections, and listed in the Iowa administrative code. The report shall state the name of the infected person from whom the specimen was obtained, the address of the infected person, the infected person's date of birth, the sex of the infected person, the race and ethnicity of the infected person, the infected person's marital status, the infected person's telephone number, if the infected person is female whether the infected person is pregnant, the name and address of the laboratory that performed the test, the laboratory

results, the test employed, the date the test was found to be positive and the collection date, the name of the health care provider who performed the test, and the name and address of the person submitting the specimen.

Sec. 29. NEW SECTION. 139A.33 DETERMINATION OF SOURCE.

The local board or the department shall use every available means to determine the source and spread of any infectious case of sexually transmitted disease or infection which is reported.

Sec. 30. NEW SECTION. 139A.34 EXAMINATION OF PERSONS SUSPECTED.

The local board shall cause an examination to be made of every person reasonably suspected, on the basis of epidemiological investigation, of having any sexually transmitted disease or infection in the infectious stages to ascertain if such person is infected, and if infected, to cause such person to be treated. A person who is under the care and treatment of a health care provider for the suspected condition shall not be subjected to such examination. If a person suspected of having a sexually transmitted disease or infection refuses to submit to an examination voluntarily, application may be made by the local board to the district court for an order compelling the person to submit to examination and, if infected, to treatment. The person shall be treated until certified as no longer infectious to the local board or to the department. If treatment is ordered by the district court, the attending health care provider shall certify that the person is no longer infectious.

Sec. 31. NEW SECTION. 139A.35 MINORS.

A minor who seeks diagnosis or treatment for a sexually transmitted disease or infection shall have the legal capacity to act and give consent to medical care and service for the sexually transmitted disease or infection by a hospital, clinic, or health care provider. Such medical diagnosis and treatment shall be provided by a physician licensed to

practice medicine and surgery, osteopathy, or osteopathic medicine and surgery. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.

Sec. 32. NEW SECTION. 139A.36 CERTIFICATE NOT TO BE ISSUED.

A certificate of freedom from sexually transmitted disease or infection shall not be issued to any person by any official health agency.

Sec. 33. NEW SECTION. 139A.37 PREGNANT WOMEN.

The department shall adopt rules which incorporate the prenatal guidelines established by the centers for disease control and prevention of the United States department of health and human services as the state guidelines for prenatal testing and care relative to infectious disease.

Sec. 34. NEW SECTION. 139A.38 MEDICAL TREATMENT OF NEWLY BORN.

A physician attending the birth of a child shall cause to be instilled into the eyes of the newly born infant a prophylactic solution approved by the department. This section shall not be construed to require treatment of the infant's eyes with a prophylactic solution if the infant's parent or legal guardian states that such treatment conflicts with the tenets and practices of a recognized religious denomination of which the parent or legal guardian is an adherent or member.

Sec. 35. NEW SECTION. 139A.39 RELIGIOUS EXCEPTIONS.

A provision of this chapter shall not be construed to require or compel any person to take or follow a course of medical treatment prescribed by law or a health care provider if the person is an adherent or member of a church or religious denomination and in accordance with the tenets or principles of the person's church or religious denomination

the person opposes the specific course of medical treatment. However, such person while in an infectious stage of disease shall be subject to isolation and such other measures appropriate for the prevention of the spread of the disease to other persons.

Sec. 36. NEW SECTION. 139A.40 FILING FALSE REPORTS.

A person who knowingly makes a false statement in any of the reports required by this subchapter concerning persons infected with any sexually transmitted disease or infection, or who discloses the identity of such person, except as authorized by this subchapter, shall be punished as provided in section 139A.25.

Sec. 37. Section 135.11, subsections 8, 16, and 20, Code Supplement 1999, are amended to read as follows:

8. Exercise general supervision over the administration and enforcement of the ~~venereal-disease~~ sexually transmitted diseases and infections law, chapter ~~140~~ 139A, subchapter I.

16. Administer chapters 125, 136A, 136C, ~~139~~ 139A, ~~140~~ 142, 144, and 147A.

20. Establish, publish, and enforce rules requiring prompt reporting of methemoglobinemia, pesticide poisoning, and the reportable poisonings and illnesses established pursuant to section ~~139-35~~ 139A.21.

Sec. 38. Section 135G.14, subsection 2, Code 1999, is amended to read as follows:

2. A prophylactic shall be instilled in the eyes of each newborn in accordance with section ~~140-13~~ 139A.38.

Sec. 39. Section 141A.6, Code Supplement 1999, is amended by adding the following new subsections:

NEW SUBSECTION. 7. An individual who repeatedly fails to file the report required under this section is subject to a report being made to the licensing board governing the professional activities of the individual. The department shall notify the individual each time the department determines that the individual has failed to file a required

report. The department shall inform the individual in the notification that the individual may provide information to the department to explain or dispute the failure to report.

NEW SUBSECTION. 8. A public, private or hospital clinical laboratory that repeatedly fails to make the report required under this section is subject to a civil penalty of not more than one thousand dollars per occurrence. The department shall not impose the penalty under this subsection without prior written notice and opportunity for hearing.

Sec. 40. Section 141A.9, Code Supplement 1999, is amended to read as follows:

141A.9 CONFIDENTIALITY OF INFORMATION.

1. Any information, including reports and records, obtained, submitted, and maintained pursuant to this chapter is strictly confidential medical information. The information shall not be released, shared with an agency or institution, or made public upon subpoena, search warrant, discovery proceedings, or by any other means except as provided in this chapter. A person shall not be compelled to disclose the identity of any person upon whom an HIV-related test is performed, or the results of the test in a manner which permits identification of the subject of the test, except to persons entitled to that information under this chapter. Information shall be made available for release to the following individuals or under the following circumstances:

1- a. To the subject of the test or the subject's legal guardian subject to the provisions of section 141A.7, subsection 3, when applicable.

2- b. To any person who secures a written release of test results executed by the subject of the test or the subject's legal guardian.

3- c. To an authorized agent or employee of a health facility or health care provider, if the health facility or health care provider ordered or participated in the testing or is otherwise authorized to obtain the test results, the agent

or employee provides patient care or handles or processes samples, and the agent or employee has a medical need to know such information.

4- d. To a health care provider providing care to the subject of the test when knowledge of the test results is necessary to provide care or treatment.

5- e. To the department in accordance with reporting requirements for an HIV-related condition.

6- f. To a health facility or health care provider which procures, processes, distributes, or uses a human body part from a deceased person with respect to medical information regarding that person, or semen provided prior to July 1, 1988, for the purpose of artificial insemination.

7- g. Release may be made of medical or epidemiological information for statistical purposes in a manner such that no individual person can be identified.

8- h. Release may be made of medical or epidemiological information to the extent necessary to enforce the provisions of this chapter and related rules concerning the treatment, control, and investigation of HIV infection by public health officials.

9- i. Release may be made of medical or epidemiological information to medical personnel to the extent necessary to protect the health or life of the named party.

10- j. Release may be made of test results concerning a patient pursuant to procedures established under section 141A.5, subsection 3, paragraph "c".

11- k. To a person allowed access to a record by a court order which is issued in compliance with the following provisions:

a- (1) A court has found that the person seeking the test results has demonstrated a compelling need for the test results which need cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for disclosure against the privacy interest of the test subject

and the public interest which may be disserved by disclosure due to its deterrent effect on future testing or due to its effect in leading to discrimination.

b- (2) Pleadings pertaining to disclosure of test results shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be communicated confidentially in documents not filed with the court.

c- (3) Before granting an order, the court shall provide the person whose test results are in question with notice and a reasonable opportunity to participate in the proceedings if the person is not already a party.

d- (4) Court proceedings as to disclosure of test results shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

e- (5) Upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may gain access to the information, the purposes for which the information shall be used, and appropriate prohibitions on future disclosure.

12- l. To an employer, if the test is authorized to be required under any other provision of law.

13- m. To a convicted or alleged sexual assault offender; the physician or other health care provider who orders the test of a convicted or alleged offender; the victim; the parent, guardian, or custodian of the victim if the victim is a minor; the physician of the victim; the victim counselor or person requested by the victim to provide counseling regarding the HIV-related test and results; the victim's spouse; persons with whom the victim has engaged in vaginal, anal, or oral intercourse subsequent to the sexual assault; members of the victim's family within the third degree of consanguinity; and

the county attorney who may use the results as evidence in the prosecution of sexual assault under chapter 915, subchapter IV, or prosecution of the offense of criminal transmission of HIV under chapter 709C. For the purposes of this paragraph, "victim" means victim as defined in section 915.40.

4. n. To employees of state correctional institutions subject to the jurisdiction of the department of corrections, employees of secure facilities for juveniles subject to the department of human services, and employees of city and county jails, if the employees have direct supervision over inmates of those facilities or institutions in the exercise of the duties prescribed pursuant to section 80.9, subsection 2, paragraph "d".

2. Medical information secured pursuant to subsection 1 may be shared between employees of the department who shall use the information collected only for the purposes of carrying out their official duties in preventing the spread of the disease or the spread of other reportable diseases as defined in section 139A.2.

Sec. 41. Section 206.12, subsection 2, paragraph c, subparagraph (2), Code 1999, is amended to read as follows:

(2) The registrant operates an emergency information system as provided in section ~~139-35~~ 139A.21 that is available to poison control centers twenty-four hours a day every day of the year. The emergency information system must provide information to medical professionals required for the sole purpose of treating a specific patient for exposure or adverse reaction to the registrant's product, including the identification of all ingredients which are toxic to humans, and toxicological and medical management information.

Sec. 42. Section 232.69, subsection 1, paragraph a, Code Supplement 1999, is amended to read as follows:

a. Every health practitioner who in the scope of professional practice, examines, attends, or treats a child and who reasonably believes the child has been abused.

Notwithstanding section ~~140-3~~ 139A.30, this provision applies to a health practitioner who receives information confirming that a child is infected with a sexually transmitted disease.

Sec. 43. Section 239B.12, subsection 1, Code 1999, is amended to read as follows:

1. To the extent feasible, the department shall determine the immunization status of children receiving assistance under this chapter. The status shall be determined in accordance with the immunization recommendations adopted by the Iowa department of public health under section ~~139-9~~ 139A.8, including the exemption provisions in section ~~139-9~~ 139A.8, subsection 4. If the department determines a child is not in compliance with the immunization recommendations, the department shall refer the child's parent or guardian to a local public health agency for immunization services for the child and other members of the child's family.

Sec. 44. Section 252.24, unnumbered paragraph 2, Code 1999, is amended to read as follows:

When assistance is furnished by any governmental agency of the county, township, or city, the assistance shall be deemed to have been furnished by the county in which the agency is located and the agency furnishing the assistance shall certify the correctness of the costs of the assistance to the board of supervisors of that county and that county shall collect from the county of the person's settlement. The amounts collected by the county where the agency is located shall be paid to the agency furnishing the assistance. This statute applies to services and supplies furnished as provided in section ~~139-30~~ 139A.18.

Sec. 45. Section 299.4, Code 1999, is amended to read as follows:

299.4 REPORTS AS TO PRIVATE INSTRUCTION.

The parent, guardian, or legal custodian of a child who is of compulsory attendance age, who places the child under competent private instruction under either section 299A.2 or

299A.3, not in an accredited school or a home school assistance program operated by a public or accredited nonpublic school, shall furnish a report in duplicate on forms provided by the public school district, to the district by the earliest starting date specified in section 279.10, subsection 1. The secretary shall retain and file one copy and forward the other copy to the district's area education agency. The report shall state the name and age of the child, the period of time during which the child has been or will be under competent private instruction for the year, an outline of the course of study, texts used, and the name and address of the instructor. The parent, guardian, or legal custodian of a child, who is placing the child under competent private instruction, for the first time, shall also provide the district with evidence that the child has had the immunizations required under section ~~139.9~~ 139A.8. The term "outline of course of study" shall include subjects covered, lesson plans, and time spent on the areas of study.

Sec. 46. Section 455E.11, subsection 2, paragraph a, subparagraph (2), subparagraph subdivision (a), subparagraph subdivision part (i), Code 1999, is amended to read as follows:

(i) Eight thousand dollars shall be transferred to the Iowa department of public health for departmental duties required under section 135.11, subsections 20 and 21, and section ~~139.35~~ 139A.21.

Sec. 47. Section 455E.11, subsection 2, paragraph b, subparagraph (1), Code 1999, is amended to read as follows:

(1) Nine thousand dollars of the account is appropriated to the Iowa department of public health for carrying out the departmental duties under section 135.11, subsections 20 and 21, and section ~~139.35~~ 139A.31.

Sec. 48. Section 455E.11, subsection 2, paragraph c, unnumbered paragraph 1, Code 1999, is amended to read as follows:

A household hazardous waste account. The moneys collected pursuant to section 455F.7 and moneys collected pursuant to section 29C.8A which are designated for deposit, shall be deposited in the household hazardous waste account. Two thousand dollars is appropriated annually to the Iowa department of public health to carry out departmental duties under section 135.11, subsections 20 and 21, and section ~~139.35~~ 139A.21. The remainder of the account shall be used to fund toxic cleanup days and the efforts of the department to support a collection system for household hazardous materials, including public education programs, training, and consultation of local governments in the establishment and operation of permanent collection systems, and the management of collection sites, education programs, and other activities pursuant to chapter 455F, including the administration of the household hazardous materials permit program by the department of revenue and finance.

Sec. 49. Section 455E.11, subsection 2, paragraph d, subparagraph (1), Code 1999, is amended to read as follows:

(1) One thousand dollars is appropriated annually to the Iowa department of public health to carry out departmental duties under section 135.11, subsections 20 and 21, and section ~~139.35~~ 139A.21.

Sec. 50. POSTSECONDARY EDUCATION STUDENTS -- IMMUNIZATION REQUIREMENTS -- TASK FORCE. The director of public health shall establish a task force to review and recommend appropriate immunization requirements for postsecondary education students. The task force shall include representatives of the Iowa department of public health and the department of education, postsecondary education students, and others with interest and expertise in the areas of public health and education. The task force shall submit a report of its findings and recommendations to the governor and the general assembly on or before December 1, 2000.

Sec. 51. Chapters 139, 139B, 139C, and 140, Code 1999 and Code Supplement 1999, are repealed.

Sec. 52. Section 137C.19, Code 1999, is repealed.

MARY E. KRAMER
President of the Senate

BRENT SIEGRIST
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 2314, Seventy-eighth General Assembly.

MICHAEL E. MARSHALL
Secretary of the Senate

Approved 4/7, 2000

THOMAS J. VILSACK
Governor