

CHAPTER 1066**COMMUNICABLE AND INFECTIOUS DISEASES***S.F. 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.

f. 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 ~~venerereal 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.

~~14. 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.31.¹

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

¹ Iowa Code section 139A.21 probably intended

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.

Approved April 7, 2000

CHAPTER 1067
CHILD AND FAMILY SERVICES
S.F. 2344

AN ACT relating to child and family services administered by the department of human services.

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

DIVISION I
HOME CONDITION INVESTIGATIONS

Section 1. Section 598.12, subsections 2 and 3, Code 1999, are amended to read as follows:

2. The court may require that ~~the department of human services or an appropriate agency~~ make an investigation of both parties regarding the home conditions, parenting capabilities, and other matters pertinent to the best interests of the child or children in a dispute concerning custody of the child or children. The investigation report completed by the ~~department of human services or an appropriate agency~~ shall be submitted to the court and available to both parties. The investigation report completed by the ~~department of human services or an appropriate agency~~ shall be a part of the record unless otherwise ordered by the court.

3. The court shall enter an order in favor of the attorney, ~~the department of human services, or an appropriate agency~~ for fees and disbursements, ~~which and the~~ amount shall be charged against the party responsible for court costs unless the court determines that the party responsible for costs is indigent in which event the fees shall be borne by the county.

DIVISION II
ABUSE REGISTRY ACCESS

Sec. 2. Section 235A.19, subsection 2, paragraph b, Code 1999, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. (8) For statutorily authorized record checks for employment of an individual by a provider of adult home care, adult health facility care, or other adult placement facility care.

Sec. 3. Section 235B.6, subsection 2, paragraph e, Code Supplement 1999, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. (8) To the administrator of an agency providing care to a dependent adult in another state, for the purpose of performing an employment background check.