

CHAPTER 106
REPORTING OF TERMINATION OF PREGNANCY

641—106.1(144) Definitions.

“Aggregate form” means a compilation of the information received by the department on termination of pregnancies for each information item listed, with the exception of the report tracking number, the health care provider code, and any set of information for which the number is so small that the confidentiality of any person to whom the information relates may be compromised.

“Health care provider” means an individual licensed under Iowa Code chapter 148, 148C, 148D, 150, 150A, or 152 or any individual who provides medical services under the authorization of the licensee.

“Inducing a termination of pregnancy” means the use of any means to terminate the pregnancy of a woman known to be pregnant with the intent other than to produce a live birth or to remove a dead fetus.

“Spontaneous termination of pregnancy” means occurrence of an unintended termination of pregnancy at any time during the period from conception to 20 weeks’ gestation and which is not a spontaneous termination of pregnancy at any time during the period from 20 weeks or greater which is reported to the department as a fetal death under this chapter.

641—106.2(144) Report of termination of pregnancy. A health care provider who initially identifies and diagnoses a spontaneous termination of pregnancy or who induces a termination of pregnancy shall file with the department a report for each termination. The health care provider shall make a good-faith effort to obtain all of the following information that is available with respect to each termination:

1. The confidential health care provider code as assigned by the department;
2. The report tracking number;
3. The maternal health services region of the Iowa department of public health, as designated as of July 1, 1997, in which the patient resides. If the patient resides in another state, the residence shall be reported as nonresident;
4. The race of the patient;
5. The age of the patient;
6. The marital status of the patient;
7. The educational level of the patient;
8. The number of previous pregnancies, live births, and spontaneous or induced termination of pregnancies;
9. The month and year in which the termination occurred;
10. The number of weeks since the patient’s last menstrual period and clinical estimate of gestation.

The health care provider who identifies a spontaneous or induced termination shall prepare the report on the standard form and forward to the state registrar on or before the tenth day of each calendar month all records for the preceding month. Reports shall be sent certified restricted mail to the Bureau of Vital Statistics. Termination reports shall be returned within 30 days of the date of occurrence. Forms shall be provided by the department.

641—106.3(144) Confidentiality of released information. The information shall be collected, reproduced, released, and disclosed in a manner which ensures the anonymity of the patient who experiences a termination of pregnancy, the health care provider who identifies and diagnoses or induces a termination of pregnancy, and the hospital, clinic, or other health facility in which a termination of pregnancy is identified and diagnosed or induced. The department may share information with federal public health officials for the purpose of securing federal funding or conducting public health research. However, in sharing the information, the department shall not relinquish control of the information, and any agreement entered into by the department with federal public health officials to share information shall prohibit the use, reproduction, release, or disclosure of the information by federal public health officials in a manner which violates this chapter. The department shall annually publish a demographic summary of the information obtained pursuant to this chapter, except that the department shall not

reproduce, release, or disclose any information obtained pursuant to this chapter which reveals the identity of any patient, health care provider, hospital, clinic, or other health facility, and shall ensure anonymity in the following ways:

106.3(1) The department may use information concerning the report tracking number or concerning the identity of a reporting health care provider, hospital, clinic, or other health facility only for purposes of information collection. The department shall not reproduce, release, or disclose this information for any purpose other than for use in annually publishing the demographic summary under this chapter.

106.3(2) The department shall enter the information, from any report of termination submitted, within 30 days of receipt of the report, and shall immediately destroy by shredding the report following entry of the information. However, entry of the information from a report shall not include any health care provider, hospital, clinic, or other health facility identification information including, but not limited to, the confidential health care provider code, as assigned by the department.

106.3(3) To protect confidentiality, the department shall limit release of information to release in an aggregate form which prevents identification of any individual patient, health care provider, hospital, clinic, or other health facility.

The department shall establish and use a methodology to provide a statistically verifiable basis for any determination of the aggregate level at which information may be released so that the confidentiality of any person is not compromised. The methodology shall consider both the counts of the events for each item of information and the population that could be represented.

641—106.4(144) Confidentiality of reports submitted. Reports, information, and records submitted and maintained pursuant to this chapter are strictly confidential and shall not be released or made public upon subpoena, search warrant, discovery proceedings, or by any other means.

641—106.5(144) Provider codes. The department shall assign a code to any health care provider who may be required to report a termination under this chapter. An application procedure shall not be required for assignment of a code to a health care provider.

A health care provider shall assign a report tracking number which enables the health care provider to access the patient's medical information without identifying the patient. The report tracking number shall be maintained by the provider for a period of six months after the end of the calendar year.

To ensure proper performance of the reporting requirements under this chapter, it is preferred that a health care provider who practices within a hospital, clinic, or other health facility authorize one staff person to fulfill the reporting requirements.

641—106.6(144) Unlawful acts—punishment. Any person who knowingly violates a provision of these rules is guilty of a serious misdemeanor.

These rules are intended to implement 1997 Iowa Acts, Senate File 128.

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