

2-19-96 Amend/Do Pass
W/H- 5083
3-25-96 Referred to Human Res

FEB 8 1996
HUMAN RESOURCES

HOUSE FILE 2182

BY BLODGETT, MERTZ, KREMER, VEENSTRA,
DAGGETT, GREINER, THOMSON, MARTIN, LORD,
NUTT, GRIES, JACOBS, SALTON, BRANSTAD,
GREIG, NELSON of Marshall, HAHN, HANSON,
BODDICKER, VANDE HOEF, CARROLL, COON,
LAMBERTI, HUSEMAN, HAMMITT BARRY,
BOGGESS, TEIG, ARNOLD, CORMACK,
VAN FOSSEN, HALVORSON, WEIDMAN, RANTS,
SCHULTE, DISNEY, TYRRELL, BRAUNS, HURLEY,
EDDIE, VAN MAANEN, DODERER, McCOY,
O'BRIEN, MURPHY, OLLIE, NELSON of
Pottawattamie, COHOON, TAYLOR, DREES,
WARNSTADT, HARPER, KREIMAN, WEIGEL,
BURNETT, BERNAU, MYERS, MORELAND, BRAND,
MASCHER, JOCHUM, CONNORS, SHOULTZ,
LARKIN, MUNDIE, MAY, HOLVECK, SCHRADER,
and OSTERHAUS

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

A BILL FOR

1 An Act relating to prenatal testing for group B streptococcus,
2 and providing an effective date.

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

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HF 2182

1 Section 1. NEW SECTION. 135.23 GROUP B STREPTOCOCCUS
2 TESTING.

3 1. A standard of care protocol is established for
4 physicians providing prenatal care regarding group B
5 streptococcus in recognition of its potential for causing
6 life-threatening infections in newborn babies. A physician
7 shall test a pregnant patient for group B streptococcus,
8 inform the patient and the hospital to which the patient is
9 admitted of the results, and discuss treatment options with
10 the patient if the patient tests positive.

11 2. A physician providing prenatal care to a pregnant
12 patient shall routinely perform screening cultures for group B
13 streptococcus between the thirty-fifth and thirty-seventh
14 weeks of pregnancy. The physician shall inform the patient of
15 the test result, and shall give the patient information
16 regarding group B streptococcus risks, diagnosis, prevention,
17 and, if the test result is positive, treatment.

18 3. A patient testing positive for group B streptococcus
19 shall have this status reported to the hospital or birth
20 facility to which the patient is admitted by the physician or
21 a designated member of the physician's staff. This
22 information shall be entered upon a patient's medical records
23 by a physician or by a designated hospital or birth facility
24 staff member at the time of delivery.

25 4. As used in this section, "physician" means a physician
26 licensed to practice medicine and surgery or osteopathic
27 medicine and surgery.

28 Sec. 2. The director of public health shall adopt rules
29 pursuant to section 17A.4, subsection 2, and section 17A.5,
30 subsection 2, paragraph "b", necessary to administer this
31 section and the rules shall become effective July 1, 1996.

32 Sec. 3. This Act, being deemed of immediate importance,
33 takes effect upon enactment.

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EXPLANATION

35 This bill provides for the routine testing of pregnant

1 patients for group B streptococcus (GBS), which causes life-
2 threatening infections in newborn babies, by physicians
3 providing prenatal care between the 35th and 37th weeks of
4 pregnancy. Prenatal care providers shall inform patients of
5 the results and supply information regarding GBS risks,
6 diagnosis, treatment, and prevention in the event of a
7 positive test result. Positive test results will be reported
8 to the patient's designated hospital or birth facility and
9 entered upon the patient's medical records.

10 The bill directs the director of public health to adopt
11 emergency rules pursuant to chapter 17A necessary to
12 administer this section, and includes an immediate effective
13 date.

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HOUSE FILE 2182

H-5083

1 Amend House File 2182 as follows:

2 1. Page 1, by inserting after line 27 the
3 following:

4 "5. The provisions of this section shall not apply
5 to any pregnant woman who objects to the test for
6 group B streptococcus on the ground that the test
7 conflicts with the pregnant woman's religious beliefs
8 and practices."

By COMMITTEE ON HUMAN RESOURCES
DAGGETT of Union, Chairperson

H-5083 FILED FEBRUARY 19, 1996

HOUSE FILE 2182

H-5089

1 Amend House File 2182 as follows:

2 1. Page 1, by striking lines 3 through 17 and
3 inserting the following:

4 "1. In recognition of the potential of group B
5 streptococcus for causing life-threatening infections
6 in newborn babies, a physician may test a pregnant
7 patient for group B streptococcus.

8 2. A physician providing prenatal care shall
9 routinely supply pregnant patients with concise
10 written information of less than one page in length,
11 to be developed by the department, regarding group B
12 streptococcus risks, diagnosis, prevention, and
13 treatment. If, after reading this information a
14 patient requests to be tested for group B
15 streptococcus, the physician shall perform a screening
16 culture between the thirty-fifth and thirty-seventh
17 weeks of pregnancy."

By FALLON of Polk

H-5089 FILED FEBRUARY 19, 1996

HOUSE FILE 2182

H-5111

1 Amend House File 2182 as follows:

2 1. Page 1, by inserting after line 24 the
3 following:

4 "3A. A group B streptococcus test shall not be
5 required if delivery is to be by cesarean section or
6 if other risk factors are present which require
7 intrapartum antibiotics to be administered during
8 labor or at the time of membrane rupture."

By BLODGETT of Cerro Gordo

H-5111 FILED FEBRUARY 22, 1996

HOUSE FILE 2182

H-5215

1 Amend House File 2182 as follows:

2 1. Page 1, by inserting after line 24 the
3 following:

4 "3A. A group B streptococcus culture screening
5 shall not be required if delivery of the baby is to be
6 by cesarean section or if other group B streptococcus
7 risk conditions are present and intrapartum
8 antibiotics are to be administered during labor or at
9 the time of membrane rupture."

By BLODGETT of Cerro Gordo

H-5215 FILED MARCH 6, 1996

HOUSE FILE 2182

H-5216

1 Amend House File 2182 as follows:

2 1. Page 1, by inserting after line 31 the
3 following:

4 "If the centers for disease control and prevention
5 of the United States department of health and human
6 services, with the concurrence of the American academy
7 of pediatrics and the American college of obstetrics
8 and gynecology, determines that culture screenings of
9 pregnant women to identify those who may have a
10 positive screening result as a strategy to prevent the
11 onset of group B streptococcus disease in newborns is
12 no longer the most appropriate strategy, is no longer
13 indicated, or is replaced by a treatment modality
14 which renders the screening unnecessary, the director
15 shall adopt rules pursuant to section 17A.4,
16 subsection 2, and section 17A.5, subsection 2,
17 paragraph "b", to reflect the determination."

By BLODGETT of Cerro Gordo

H-5216 FILED MARCH 6, 1996

H-5403

1 Amend House File 2182 as follows:

2 1. By striking everything after the enacting
3 clause and inserting the following:

4 "Section 1. NEW SECTION. 135.23 GROUP B
5 STREPTOCOCCUS TESTING.

6 1. A physician providing prenatal care shall
7 routinely furnish pregnant patients with concise
8 written information, to be developed by the
9 department, regarding group B streptococcus disease
10 incidence, risks, prevention strategies, diagnosis,
11 and treatment. If a patient requests to be tested for
12 the presence of group B streptococcus, the physician
13 shall perform a screening culture between the thirty-
14 fifth and thirty-seventh weeks of pregnancy.

15 2. The physician shall inform a patient who has
16 been tested of the test result. If a patient has
17 tested positive for group B streptococcus, the
18 physician or a designated member of the physician's
19 staff shall report this status to the hospital or
20 birth facility to which the patient is to be admitted.
21 This information shall be entered upon the patient's
22 medical records by a physician or designated hospital
23 or birth facility staff member prior to or at the time
24 of delivery.

25 3. As used in this section, "physician" means a
26 physician licensed to practice medicine and surgery or
27 osteopathic medicine and surgery.

28 4. If the centers for disease control and
29 prevention of the United States department of health
30 and human services, with the concurrence of the
31 American academy of pediatrics and the American
32 college of obstetrics and gynecology, determines that
33 culture screenings of pregnant women to identify those
34 who may have a positive screening result as a strategy
35 to prevent the onset of group B streptococcus disease
36 in newborns is no longer the most appropriate
37 strategy, is no longer indicated, or is replaced by a
38 treatment modality which renders the screening
39 unnecessary, the director shall adopt rules pursuant
40 to section 17A.4, subsection 2, and section 17A.5,
41 subsection 2, paragraph "b", to reflect the
42 determination.

43 Sec. 2. The director of public health shall adopt
44 rules pursuant to section 17A.4, subsection 2, and
45 section 17A.5, subsection 2, paragraph "b", necessary
46 to administer this section, and the rules shall become
47 effective July 1, 1996."

48 2. Title page, line 1, by striking the word
49 "streptococcus," and inserting the following:
50 "streptococcus."

H-5403

H-5403

Page 2

1 3. Title page, by striking line 2.

By BLODGETT of Cerro Gordo

H-5403 FILED MARCH 14, 1996

H-5416

1 Amend House File 2182 as follows:

2 1. By striking everything after the enacting
3 clause and inserting the following:

4 "Section 1. NEW SECTION. 135.23 GROUP B
5 STREPTOCOCCUS TESTING.

6 1. A physician providing prenatal care shall
7 routinely furnish pregnant patients with concise
8 written information, to be developed by the
9 department, regarding group B streptococcus disease
10 incidence, risks, prevention strategies, diagnosis,
11 and treatment. If a patient requests to be tested for
12 the presence of group B streptococcus, the physician
13 may perform a screening culture between the thirty-
14 fifth and thirty-seventh weeks of pregnancy.

15 2. The physician shall inform a patient who has
16 been tested of the test result. If a patient has
17 tested positive for group B streptococcus, the
18 physician or a designated member of the physician's
19 staff shall report this status to the hospital or
20 birth facility to which the patient is to be admitted.
21 This information shall be entered upon the patient's
22 medical records by a physician or designated hospital
23 or birth facility staff member prior to or at the time
24 of delivery.

25 3. As used in this section, "physician" means a
26 physician licensed to practice medicine and surgery or
27 osteopathic medicine and surgery.

28 4. If the centers for disease control and
29 prevention of the United States department of health
30 and human services, with the concurrence of the
31 American academy of pediatrics and the American
32 college of obstetrics and gynecology, determines that
33 culture screenings of pregnant women to identify those
34 who may have a positive screening result as a strategy
35 to prevent the onset of group B streptococcus disease
36 in newborns is no longer the most appropriate
37 strategy, is no longer indicated, or is replaced by a
38 treatment modality which renders the screening
39 unnecessary, the director shall adopt rules pursuant
40 to section 17A.4, subsection 2, and section 17A.5,
41 subsection 2, paragraph "b", to reflect the
42 determination.

43 Sec. 2. The director of public health shall adopt
44 rules pursuant to section 17A.4, subsection 2, and
45 section 17A.5, subsection 2, paragraph "b", necessary
46 to administer this section, and the rules shall become
47 effective July 1, 1996."

48 2. Title page, line 1, by striking the word
49 "streptococcus," and inserting the following:
50 "streptococcus."

H-5416

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H-5416

Page 2

1 3. Title page, by striking line 2.

By BLODGETT of Cerro Gordo

H-5416 FILED MARCH 14, 1996

HOUSE FILE 2182

H-5449

- 1 Amend the amendment, H-5403, to House File 2182 as
2 follows:
3 1. Page 1, by inserting after line 42 the
4 following:
5 "5. In addition to providing group B streptococcus
6 information and testing, the following additional
7 tests shall be routinely performed during pregnancy:
8 a. During an initial patient visit with a
9 physician providing prenatal care:
10 (1) Blood typing, including rh factor.
11 (2) Antibody screen
12 (3) Complete blood count.
13 (4) Urine test, protein and sugar.
14 (5) Hepatitis B antigen.
15 (6) Syphilis test.
16 (7) Gonorrhea and chlamydia, where indicated.
17 (8) German measles immunity.
18 b. At fifteen weeks' gestation, serum alpha-
19 fetoprotein test.
20 c. At twenty-six weeks' gestation:
21 (1) Glucose challenge screening for diabetes.
22 (2) Syphilis and diabetes recheck, when indicated.
23 d. At a point during pregnancy determined
24 appropriate by the physician providing prenatal care:
25 (1) Amniocentesis.
26 (2) Chorionic villus sampling.
27 (3) Pap smear.
28 (4) Herpes culture.
29 (5) Tay Sach's screening.
30 (6) Sickle cell screening.
31 (7) Tuberculosis screening.
32 (8) Hemoglobin-electrophoresis.
33 (9) Protime.
34 (10) Partial thromboplastintime prothrombintime.
35 (11) General chemistry screening.
36 (12) HIV screening.
37 (13) Glycohemoglobin.
38 (14) Serum iron.
39 (15) Stool screening.
40 (16) Thyroid function studies.
41 (17) TORCH battery.
42 (18) Toxoplasmosis titers.
43 (19) Varicella titers.
44 (20) Ferritin."
45 2. Page 1, line 50, by inserting after the word
46 "streptococcus" the following: "and other prenatal
47 testing".

By MILLAGE of Scott

H-5449 FILED MARCH 18, 1996

HOUSE FILE 2182

H-5456

- 1 Amend the amendment, H-5416, to House File 2182 as
2 follows:
- 3 1. Page 1, by inserting after line 42 the
4 following:
- 5 "5. In addition to providing group B streptococcus
6 information and testing, the following additional
7 tests shall be routinely performed during pregnancy:
- 8 a. During an initial patient visit with a
9 physician providing prenatal care:
- 10 (1) Blood typing, including rh factor.
11 (2) Antibody screen
12 (3) Complete blood count.
13 (4) Urine test, protein and sugar.
14 (5) Hepatitis B antigen.
15 (6) Syphilis test.
16 (7) Gonorrhea and chlamydia, where indicated.
17 (8) German measles immunity.
- 18 b. At fifteen weeks' gestation, serum alpha-
19 fetoprotein test.
- 20 c. At twenty-six weeks' gestation:
- 21 (1) Glucose challenge screening for diabetes.
22 (2) Syphilis and diabetes recheck, when indicated.
- 23 d. At a point during pregnancy determined
24 appropriate by the physician providing prenatal care:
- 25 (1) Amniocentesis.
26 (2) Chorionic villus sampling.
27 (3) Pap smear.
28 (4) Herpes culture.
29 (5) Tay Sach's screening.
30 (6) Sickle cell screening.
31 (7) Tuberculosis screening.
32 (8) Hemoglobin-electrophoresis.
33 (9) Protine.
34 (10) Partial thromboplastintime prothrombintime.
35 (11) General chemistry screening.
36 (12) HIV screening.
37 (13) Glycohemoglobin.
38 (14) Serum iron.
39 (15) Stool screening.
40 (16) Thyroid function studies.
41 (17) TORCH battery.
42 (18) Toxoplasmosis titers.
43 (19) Varicella titers.
44 (20) Ferritin."
- 45 2. Page 1, line 50, by inserting after the word
46 "streptococcus" the following: "and other prenatal
47 testing".

By MILLAGE of Scott

H-5456 FILED MARCH 19, 1996

Schutte Ch
Boddicker
Harper

HSB 523

HUMAN RESOURCES

Success By
S. 2181

HOUSE FILE _____

BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL BY
CHAIRPERSON DAGGETT)

Passed House, Date _____

Passed Senate, Date _____

Vote: Ayes _____ Nays _____

Vote: Ayes _____ Nays _____

Approved _____

A BILL FOR

1 An Act relating to the statistical reporting of terminations of
2 pregnancy and establishing penalties.

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

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1 Section 1. NEW SECTION. 144.29A TERMINATION OF PREGNANCY
2 REPORTING.

3 1. A health care provider who identifies a spontaneous
4 termination of pregnancy or who induces a termination of
5 pregnancy shall file with the department a report for each
6 termination within thirty days of the occurrence. The report
7 shall contain all of the following information with respect to
8 each termination:

9 a. The confidential health care provider code as assigned
10 by the department.

11 b. The health facility.

12 c. The patient number.

13 d. The state of residence and, if this state, the county
14 of residence of the patient.

15 e. The race of the patient.

16 f. The age of the patient.

17 g. The marital status of the patient.

18 h. The educational level of the patient.

19 i. The number of previous pregnancies, live births, and
20 spontaneous or induced termination of pregnancies.

21 j. The month and year in which the termination occurred.

22 k. The number of weeks since the patient's last menstrual
23 period.

24 l. Complications, if any.

25 m. The cause of spontaneous termination, if known.

26 n. The type of termination procedure, if the termination
27 is induced.

28 2. The information shall be collected in a manner
29 specified by rule of the department, pursuant to chapter 17A,
30 and which ensures the anonymity of the patient who experiences
31 a termination of pregnancy, the health care provider who
32 identifies or induces a termination of pregnancy, and the
33 hospital, clinic, or other health facility in which a termina-
34 tion of pregnancy is identified or induced. The department
35 may share information with national public health officials

1 and shall publish, annually, demographic summaries of the
2 information obtained pursuant to this section, except that the
3 department shall not disclose any information obtained
4 pursuant to this section which reveals the identify of any
5 patient, health care provider, or hospital, clinic, or other
6 health facility, and shall ensure anonymity in the following
7 ways:

8 a. The department may use information concerning the
9 patient number or concerning the identity of a specific
10 reporting hospital, clinic, or other health facility only for
11 purposes of data collection. The department shall not
12 reproduce this information for any purpose, and shall not
13 extrapolate this information for any purposes other than for
14 use in annually publishing the demographic summary under this
15 section.

16 b. The department shall enter the data from any report of
17 termination submitted within thirty days of receipt of the
18 report and shall immediately destroy the report following
19 entry of the data.

20 3. Except as specified in subsection 2, reports,
21 information, and records submitted and maintained pursuant to
22 this section are strictly confidential and shall not be
23 released or made public upon subpoena, search warrant,
24 discovery proceedings, or by any other means.

25 4. For the purposes of this section, "health care
26 provider" means a person providing health care services of any
27 kind.

28 Sec. 2. Section 144.52, Code 1995, is amended by adding
29 the following new subsection:

30 NEW SUBSECTION. 7. Violates a provision of section
31 144.29A.

32 EXPLANATION

33 This bill requires the reporting of both spontaneous and
34 induced terminations of pregnancy to the Iowa department of
35 public health within 30 days of the occurrence.

1 The bill lists the information to be included in a report
2 and requires the department to adopt rules which specify the
3 collection procedures to be used and which ensure anonymity of
4 all parties related to the report.

5 The bill authorizes the Iowa department of public health to
6 share information with national public health officials, and
7 requires the department to annually publish demographic
8 summaries of the information obtained through the reports.

9 The bill also establishes the manner of use of the information
10 in order to ensure confidentiality of all parties related to
11 the report, including limiting the use of the data collected
12 to the annual publishing of the demographic summary and
13 requiring that entry of data from reports be performed within
14 30 days of the receipt of a report and that the data then be
15 immediately destroyed. The bill also provides that except as
16 otherwise specified in the bill, reports, information, and
17 records submitted and maintained under the bill are
18 confidential and are not to be released or made public upon
19 subpoena, search warrant, discovery proceedings, or by any
20 other means.

21 The bill establishes a penalty of a serious misdemeanor for
22 violation of reporting requirements of the bill.

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