

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
5 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 either
27 of the following:

28 a. A statement signed by a physician, who is licensed by
29 the state board of medical examiners, that, in the physician's
30 opinion, the immunizations required would be injurious to the
31 health and well-being of the applicant or any member of the
32 applicant's family or household.

33 b. An affidavit signed by the applicant or, if a minor, by
34 a legally authorized representative, stating that the
35 immunizations conflict with the tenets and practice of a

1 recognized religious denomination of which the applicant is an
2 adherent or member; however, this exemption does not apply in
3 times of emergency or epidemic as determined by the state
4 board of health and as declared by the director of public
5 health.

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

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

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

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

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

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

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

34 The officers designated by the magistrate shall receive
35 reasonable compensation for their services as determined by

1 the local board. The amount determined shall be certified and
2 paid in the same manner as other expenses incurred under this
3 chapter.

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

6 If a person under isolation or quarantine or the persons
7 liable for the support of the person shall, in the opinion of
8 the local board, be financially unable to secure proper care,
9 provisions, or medical attendance, the local board shall
10 furnish supplies and services during the period of isolation
11 or quarantine and may delegate the duty, by rules, to one of
12 its designated officers.

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

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

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

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

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

30 All services or supplies furnished to persons under this
31 chapter must be authorized by the local board or an officer of
32 the local board, and a written order designating the person
33 employed to furnish such services or supplies, issued before
34 the services or supplies are furnished, shall be attached to
35 the bill when presented for audit and payment.

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

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

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

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

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

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

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

28 If any person receives services or supplies under this
29 chapter who does not have a legal settlement in the county in
30 which the bills were incurred and paid, the amount paid shall
31 be certified to the board of supervisors of the county in
32 which the person claims settlement or owns property, and the
33 board of supervisors of that county shall reimburse the county
34 from which the claim is certified, in the full amount
35 originally paid.

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

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

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

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

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

32 e. This subsection does not require a hospital to
33 administer a test for the express purpose of determining the
34 presence of a contagious or infectious disease. The
35 notification shall not include the name of the individual with

1 the contagious or infectious disease unless the individual
2 consents.

3 f. The department shall adopt rules pursuant to chapter
4 17A to administer this subsection.

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

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

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

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

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

33 A person who knowingly exposes another to a communicable
34 disease, or who knowingly subjects another to the danger of
35 contracting a communicable disease from a child or other

1 legally incapacitated person, shall be liable for all
2 resulting damages and shall be punished as provided in this
3 chapter.

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

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

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

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

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

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

33 6. The department shall timely provide copies of all
34 reports of pesticide poisonings or illnesses received pursuant
35 to this section to the secretary of agriculture who shall

1 timely forward these reports and any reports of pesticide
2 poisonings or illnesses received pursuant to section 206.14 to
3 the registrant of a pesticide which is the subject of any
4 reports.

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

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

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

34 2. A health care facility shall adopt procedures in
35 accordance with recommendations issued by the centers for

1 disease control and prevention of the United States department
 2 of health and human services, applicable to a health care
 3 provider determined to be infected with HIV or HBV who
 4 ordinarily performs or assists with exposure-prone procedures
 5 within the health care facility. The procedures shall require
 6 referral of the health care provider to the expert review
 7 panel established by the department pursuant to subsection 3.

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

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

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

34 6. The board of medical examiners, the board of physician
 35 assistant examiners, the board of podiatry examiners, the

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

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

35 8. The expert review panel established by the department

1 and individual members of the panel shall be immune from any
 2 liability, civil or criminal, for the good faith performance
 3 of functions authorized or required by this section. A
 4 hospital, an expert review panel established by the hospital,
 5 and individual members of the panel shall be immune from any
 6 liability, civil or criminal, for the good faith performance
 7 of functions authorized or required by this section.
 8 Complaints, investigations, reports, deliberations, and
 9 findings of the hospital and its panel with respect to a named
 10 health care provider suspected, alleged, or found to be in
 11 violation of the protocol required by this section, constitute
 12 peer review records under section 147.135, and are subject to
 13 the specific confidentiality requirements and limitations of
 14 that section.

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

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

20 Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE --
 21 PENALTY.

22 A person suffering from a communicable disease dangerous to
 23 the public health who knowingly gives false information
 24 regarding the person's infected state on a blood plasma sale
 25 application to blood plasma-taking personnel commits a serious
 26 misdemeanor.

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

28 1. Unless otherwise provided in this chapter, a person who
 29 knowingly violates any provision of this chapter, or of the
 30 rules of the department or a local board, or any lawful order,
 31 written or oral, of the department or board, or of their
 32 officers or authorized agents, is guilty of a simple
 33 misdemeanor.

34 2. Notwithstanding subsection 1, failure of an individual
 35 to file any mandatory report specified in this chapter shall

1 result in a report being made to the licensing board governing
2 the professional activities of the individual failing to have
3 made the report.

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

8 SUBCHAPTER I

9 CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

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

11 Reports to the department which include the identity of
12 persons infected with a sexually transmitted disease or
13 infection, and all such related information, records, and
14 reports concerning the person shall be confidential and shall
15 not be accessible to the public. However, such reports,
16 information, and records shall be confidential only to the
17 extent necessary to prevent identification of persons named in
18 such reports, information, and records; the other parts of
19 such reports, information, and records shall be public
20 records. The preceding sentence shall prevail over any
21 inconsistent provision of this chapter.

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

23 Immediately after the first examination or treatment of any
24 person infected with any sexually transmitted disease or
25 infection, the health care provider who performed the
26 examination or treatment shall transmit to the department a
27 report stating the name of the infected person, the address of
28 the infected person, the infected person's date of birth, the
29 sex of the infected person, the race and ethnicity of the
30 infected person, the infected person's marital status, the
31 infected person's telephone number, if the infected person is
32 female, whether the infected person is pregnant, the name and
33 address of the laboratory that performed the test, the date
34 the test was found to be positive and the collection date, and
35 the name of the health care provider who performed the test.

1 However, when a case occurs within the jurisdiction of a local
 2 health department, the report shall be made directly to the
 3 local health department which shall immediately forward the
 4 information to the department. Reports shall be made in
 5 accordance with rules adopted by the department. Reports
 6 shall be confidential. Any person filing a report of a
 7 sexually transmitted disease or infection in good faith is
 8 immune from any liability, civil or criminal, which might
 9 otherwise be incurred or imposed as a result of such report.

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

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

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

30 The local board or the department shall use every available
 31 means to determine the source and spread of any infectious
 32 case of sexually transmitted disease or infection which is
 33 reported.

34 Sec. 30. NEW SECTION. 139A.34 EXAMINATION OF PERSONS

35 SUSPECTED.

1 The local board shall cause an examination to be made of
2 every person reasonably suspected, on the basis of
3 epidemiological investigation, of having any sexually
4 transmitted disease or infection in the infectious stages to
5 ascertain if such person is infected, and if infected, to
6 cause such person to be treated. A person who is under the
7 care and treatment of a health care provider for the suspected
8 condition shall not be subjected to such examination. If a
9 person suspected of having a sexually transmitted disease or
10 infection refuses to submit to an examination voluntarily,
11 application may be made by the local board to the district
12 court for an order compelling the person to submit to
13 examination and, if infected, to treatment. The person shall
14 be treated until certified as no longer infectious to the
15 local board or to the department. If treatment is ordered by
16 the district court, the attending health care provider shall
17 certify that the person is no longer infectious.

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

19 A minor who seeks diagnosis or treatment for a sexually
20 transmitted disease or infection shall have the legal capacity
21 to act and give consent to medical care and service for the
22 sexually transmitted disease or infection by a hospital,
23 clinic, or health care provider. Such medical diagnosis and
24 treatment shall be provided by a physician licensed to
25 practice medicine and surgery, osteopathy, or osteopathic
26 medicine and surgery. Consent shall not be subject to later
27 disaffirmance by reason of such minority. The consent of
28 another person, including but not limited to the consent of a
29 spouse, parent, custodian, or guardian, shall not be
30 necessary.

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

33 A certificate of freedom from sexually transmitted disease
34 or infection shall not be issued to any person by any official
35 health agency.

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

2 A physician attending a pregnant woman in this state shall
3 take or cause to be taken a sample of blood of the woman
4 within fourteen days of the first examination, and shall
5 submit the sample for standard serological tests for syphilis
6 to the university hygienic laboratory of the state university
7 at Iowa City or other laboratory approved by the department.
8 Every other person attending a pregnant woman in this state,
9 but not permitted by law to take blood tests, shall cause a
10 sample of blood of the woman to be taken by a duly licensed
11 physician, who shall submit such sample for standard
12 serological tests for syphilis to the state hygienic
13 laboratory of the state university at Iowa City or other
14 laboratory approved by the department. If the blood of the
15 pregnant woman reacts positively to the test if the woman is
16 married, the husband and other biological children of the
17 woman shall be subjected to the same blood tests. If the
18 pregnant woman is single, the person responsible for
19 impregnating the woman and other biological children by the
20 same woman shall be subjected to the same blood tests.

21 Sec. 34. NEW SECTION. 139A.38 BLOOD TESTS IN PREGNANCY
22 CASES.

23 Physicians and others attending pregnancy cases and
24 required to report births and still births shall state on the
25 appropriate birth or stillbirth certificate whether a blood
26 test for syphilis was made during the pregnancy upon a
27 specimen of blood taken from the mother of the subject child
28 and if made, the date when the test was made, and if not made,
29 the reason why the test was not made. The birth certificate
30 shall not state the result of the test.

31 Sec. 35. NEW SECTION. 139A.39 MEDICAL TREATMENT OF NEWLY
32 BORN.

33 A physician attending the birth of a child shall cause to
34 be instilled into the eyes of the newly born infant a
35 prophylactic solution approved by the department. This

1 section shall not be construed to require medical treatment of
2 the child of any person who is a member of a church or
3 religious denomination and whose religious convictions, in
4 accordance with the tenets or principles of the person's
5 church or religious denomination, oppose medical prophylaxis
6 or treatment for disease.

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

8 A provision of this chapter shall not be construed to
9 require or compel any person whose religious convictions are
10 as described in section 139A.39 to take or follow a course of
11 medical treatment prescribed by law or a health care provider.
12 However, such person while in an infectious stage of disease
13 shall be subject to isolation and such other measures
14 appropriate for the prevention of the spread of the disease to
15 other persons.

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

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

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

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

27 16. Administer chapters 125, 136A, 136C, ~~139~~ 139A, ~~140~~
28 142, 144, and 147A.

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

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

35 NEW SUBSECTION. 7. Failure to file the report required

1 under this section shall result in a report being made to the
2 licensing board governing the professional activities of the
3 individual failing to have made the report. Any public,
4 private, or hospital clinical laboratory failing to make the
5 report required under this section shall be subject to a civil
6 fine of one thousand dollars per occurrence.

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

9 141A.9 CONFIDENTIALITY OF INFORMATION.

10 1. Any information, including reports and records,
11 obtained, submitted, and maintained pursuant to this chapter
12 is strictly confidential medical information. The information
13 shall not be released, shared with an agency or institution,
14 or made public upon subpoena, search warrant, discovery
15 proceedings, or by any other means except as provided in this
16 chapter. A person shall not be compelled to disclose the
17 identity of any person upon whom an HIV-related test is
18 performed, or the results of the test in a manner which
19 permits identification of the subject of the test, except to
20 persons entitled to that information under this chapter.

21 Information shall be made available for release to the
22 following individuals or under the following circumstances:

23 ~~1-~~ a. To the subject of the test or the subject's legal
24 guardian subject to the provisions of section 141A.7,
25 subsection 3, when applicable.

26 ~~2-~~ b. To any person who secures a written release of test
27 results executed by the subject of the test or the subject's
28 legal guardian.

29 ~~3-~~ c. To an authorized agent or employee of a health
30 facility or health care provider, if the health facility or
31 health care provider ordered or participated in the testing or
32 is otherwise authorized to obtain the test results, the agent
33 or employee provides patient care or handles or processes
34 samples, and the agent or employee has a medical need to know
35 such information.

1 4- d. To a health care provider providing care to the
2 subject of the test when knowledge of the test results is
3 necessary to provide care or treatment.

4 5- e. To the department in accordance with reporting
5 requirements for an HIV-related condition.

6 6- f. To a health facility or health care provider which
7 procures, processes, distributes, or uses a human body part
8 from a deceased person with respect to medical information
9 regarding that person, or semen provided prior to July 1,
10 1988, for the purpose of artificial insemination.

11 7- g. Release may be made of medical or epidemiological
12 information for statistical purposes in a manner such that no
13 individual person can be identified.

14 8- h. Release may be made of medical or epidemiological
15 information to the extent necessary to enforce the provisions
16 of this chapter and related rules concerning the treatment,
17 control, and investigation of HIV infection by public health
18 officials.

19 9- i. Release may be made of medical or epidemiological
20 information to medical personnel to the extent necessary to
21 protect the health or life of the named party.

22 10- j. Release may be made of test results concerning a
23 patient pursuant to procedures established under section
24 141A.5, subsection 3, paragraph "c".

25 11- k. To a person allowed access to a record by a court
26 order which is issued in compliance with the following
27 provisions:

28 a- (1) A court has found that the person seeking the test
29 results has demonstrated a compelling need for the test
30 results which need cannot be accommodated by other means. In
31 assessing compelling need, the court shall weigh the need for
32 disclosure against the privacy interest of the test subject
33 and the public interest which may be disserved by disclosure
34 due to its deterrent effect on future testing or due to its
35 effect in leading to discrimination.

1 b- (2) Pleadings pertaining to disclosure of test results
2 shall substitute a pseudonym for the true name of the subject
3 of the test. The disclosure to the parties of the subject's
4 true name shall be communicated confidentially in documents
5 not filed with the court.

6 e- (3) Before granting an order, the court shall provide
7 the person whose test results are in question with notice and
8 a reasonable opportunity to participate in the proceedings if
9 the person is not already a party.

10 d- (4) Court proceedings as to disclosure of test results
11 shall be conducted in camera unless the subject of the test
12 agrees to a hearing in open court or unless the court
13 determines that a public hearing is necessary to the public
14 interest and the proper administration of justice.

15 e- (5) Upon the issuance of an order to disclose test
16 results, the court shall impose appropriate safeguards against
17 unauthorized disclosure, which shall specify the persons who
18 may gain access to the information, the purposes for which the
19 information shall be used, and appropriate prohibitions on
20 future disclosure.

21 ~~12-~~ 1. To an employer, if the test is authorized to be
22 required under any other provision of law.

23 ~~13-~~ m. To a convicted or alleged sexual assault offender;
24 the physician or other health care provider who orders the
25 test of a convicted or alleged offender; the victim; the
26 parent, guardian, or custodian of the victim if the victim is
27 a minor; the physician of the victim; the victim counselor or
28 person requested by the victim to provide counseling regarding
29 the HIV-related test and results; the victim's spouse; persons
30 with whom the victim has engaged in vaginal, anal, or oral
31 intercourse subsequent to the sexual assault; members of the
32 victim's family within the third degree of consanguinity; and
33 the county attorney who may use the results as evidence in the
34 prosecution of sexual assault under chapter 915, subchapter
35 IV, or prosecution of the offense of criminal transmission of

1 HIV under chapter 709C. For the purposes of this paragraph,
2 "victim" means victim as defined in section 915.40.

3 ~~14~~ n. To employees of state correctional institutions
4 subject to the jurisdiction of the department of corrections,
5 employees of secure facilities for juveniles subject to the
6 department of human services, and employees of city and county
7 jails, if the employees have direct supervision over inmates
8 of those facilities or institutions in the exercise of the
9 duties prescribed pursuant to section 80.9, subsection 2,
10 paragraph "d".

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

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

19 (2) The registrant operates an emergency information
20 system as provided in section ~~139-35~~ 139A.21 that is available
21 to poison control centers twenty-four hours a day every day of
22 the year. The emergency information system must provide
23 information to medical professionals required for the sole
24 purpose of treating a specific patient for exposure or adverse
25 reaction to the registrant's product, including the
26 identification of all ingredients which are toxic to humans,
27 and toxicological and medical management information.

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

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

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

3 1. To the extent feasible, the department shall determine
4 the immunization status of children receiving assistance under
5 this chapter. The status shall be determined in accordance
6 with the immunization recommendations adopted by the Iowa
7 department of public health under section ~~139-9~~ 139A.8,
8 including the exemption provisions in section ~~139-9~~ 139A.8,
9 subsection 4. If the department determines a child is not in
10 compliance with the immunization recommendations, the
11 department shall refer the child's parent or guardian to a
12 local public health agency for immunization services for the
13 child and other members of the child's family.

14 Sec. 44. Section 252.24, unnumbered paragraph 2, Code
15 1999, is amended to read as follows:

16 When assistance is furnished by any governmental agency of
17 the county, township, or city, the assistance shall be deemed
18 to have been furnished by the county in which the agency is
19 located and the agency furnishing the assistance shall certify
20 the correctness of the costs of the assistance to the board of
21 supervisors of that county and that county shall collect from
22 the county of the person's settlement. The amounts collected
23 by the county where the agency is located shall be paid to the
24 agency furnishing the assistance. This statute applies to
25 services and supplies furnished as provided in section ~~139-30~~
26 139A.18.

27 Sec. 45. Section 299.4, Code 1999, is amended to read as
28 follows:

29 299.4 REPORTS AS TO PRIVATE INSTRUCTION.

30 The parent, guardian, or legal custodian of a child who is
31 of compulsory attendance age, who places the child under
32 competent private instruction under either section 299A.2 or
33 299A.3, not in an accredited school or a home school
34 assistance program operated by a public or accredited
35 nonpublic school, shall furnish a report in duplicate on forms

1 provided by the public school district, to the district by the
2 earliest starting date specified in section 279.10, subsection
3 1. The secretary shall retain and file one copy and forward
4 the other copy to the district's area education agency. The
5 report shall state the name and age of the child, the period
6 of time during which the child has been or will be under
7 competent private instruction for the year, an outline of the
8 course of study, texts used, and the name and address of the
9 instructor. The parent, guardian, or legal custodian of a
10 child, who is placing the child under competent private
11 instruction, for the first time, shall also provide the
12 district with evidence that the child has had the
13 immunizations required under section ~~139-9~~ 139A.8. The term
14 "outline of course of study" shall include subjects covered,
15 lesson plans, and time spent on the areas of study.

16 Sec. 46. Section 455E.11, subsection 2, paragraph a,
17 subparagraph (2), subparagraph subdivision (a), subparagraph
18 subdivision part (i), Code 1999, is amended to read as
19 follows:

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

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

26 (1) Nine thousand dollars of the account is appropriated
27 to the Iowa department of public health for carrying out the
28 departmental duties under section 135.11, subsections 20 and
29 21, and section ~~139-35~~ 139A.31.

30 Sec. 48. Section 455E.11, subsection 2, paragraph c,
31 unnumbered paragraph 1, Code 1999, is amended to read as
32 follows:

33 A household hazardous waste account. The moneys collected
34 pursuant to section 455F.7 and moneys collected pursuant to
35 section 29C.8A which are designated for deposit, shall be

1 deposited in the household hazardous waste account. Two
2 thousand dollars is appropriated annually to the Iowa
3 department of public health to carry out departmental duties
4 under section 135.11, subsections 20 and 21, and section
5 ~~139-35~~ 139A.21. The remainder of the account shall be used to
6 fund toxic cleanup days and the efforts of the department to
7 support a collection system for household hazardous materials,
8 including public education programs, training, and
9 consultation of local governments in the establishment and
10 operation of permanent collection systems, and the management
11 of collection sites, education programs, and other activities
12 pursuant to chapter 455F, including the administration of the
13 household hazardous materials permit program by the department
14 of revenue and finance.

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

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

21 Sec. 50. Chapters 139, 139B, 139C, and 140, Code 1999 and
22 Code Supplement 1999, are repealed.

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

24 EXPLANATION

25 This bill combines the existing communicable and reportable
26 diseases and poisonings Code chapter (139), emergency care
27 providers -- exposure to disease Code chapter (139B),
28 exposure-prone procedures Code chapter (139C), and venereal
29 disease control Code chapter (140) into a new Code chapter
30 (139A), entitled the communicable and infectious disease
31 reporting and control Act.

32 The bill makes minor changes in the existing language in
33 combining the chapters. Definitions used in the four chapters
34 are combined. The current term "disinfection" is replaced
35 with "terminal cleaning" and is defined. "Venereal disease"

1 is replaced with the broader term "sexually transmitted
2 disease or infection".

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

6 The bill repeals Code section 137C.19 which prohibits a
7 person with a communicable disease from being employed in a
8 hotel.

9 Code chapter 140, which applies only to venereal disease
10 control, is replaced with subchapter I of new Code chapter
11 139A and is expanded to cover sexually transmitted diseases
12 and infections.

13 The remainder of the bill makes conforming changes
14 throughout the Code resulting from the repeal of Code chapters
15 139, 139B, 139C, and 140.

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3/16/00 Unfinished Business Calendar

FEB 24 2000
Place On Calendar

HOUSE FILE **2418**
BY COMMITTEE ON HUMAN RESOURCES

WITHDRAWN
3/22/00
(P. 891)

(SUCCESSOR TO HSB 617)

Passed House, Date _____ Passed Senate, 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:

HOUSE FILE 2418

H-8187

- 1 Amend House File 2418 as follows:
- 2 1. Page 8, by striking lines 6 through 8, and
- 3 inserting the following:
- 4 "If a person under isolation or quarantine or the
- 5 person liable for the support of the person, in the
- 6 opinion of the local board, is financially unable to
- 7 secure proper care,".
- 8 2. Page 11, line 5, by striking the word "may"
- 9 and inserting the following: "shall".
- 10 3. Page 20, line 6, by striking the "university"
- 11 and inserting the following: "state".
- 12 4. Page 20, line 24, by striking the words "still
- 13 births" and inserting the following: "stillbirths".

By BLODGETT of Cerro Gordo

H-8187 FILED MARCH 6, 2000

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HF 2418

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 either
27 of the following:

28 a. A statement signed by a physician, who is licensed by
29 the state board of medical examiners, that, in the physician's
30 opinion, the immunizations required would be injurious to the
31 health and well-being of the applicant or any member of the
32 applicant's family or household.

33 b. An affidavit signed by the applicant or, if a minor, by
34 a legally authorized representative, stating that the
35 immunizations conflict with the tenets and practice of a

1 recognized religious denomination of which the applicant is an
2 adherent or member; however, this exemption does not apply in
3 times of emergency or epidemic as determined by the state
4 board of health and as declared by the director of public
5 health.

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

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

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

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

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

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

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

34 The officers designated by the magistrate shall receive
35 reasonable compensation for their services as determined by

1 the local board. The amount determined shall be certified and
2 paid in the same manner as other expenses incurred under this
3 chapter.

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

6 If a person under isolation or quarantine or the persons
7 liable for the support of the person shall, in the opinion of
8 the local board, be financially unable to secure proper care,
9 provisions, or medical attendance, the local board shall
10 furnish supplies and services during the period of isolation
11 or quarantine and may delegate the duty, by rules, to one of
12 its designated officers.

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

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

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

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

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

30 All services or supplies furnished to persons under this
31 chapter must be authorized by the local board or an officer of
32 the local board, and a written order designating the person
33 employed to furnish such services or supplies, issued before
34 the services or supplies are furnished, shall be attached to
35 the bill when presented for audit and payment.

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

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

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

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

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

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

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

28 If any person receives services or supplies under this
29 chapter who does not have a legal settlement in the county in
30 which the bills were incurred and paid, the amount paid shall
31 be certified to the board of supervisors of the county in
32 which the person claims settlement or owns property, and the
33 board of supervisors of that county shall reimburse the county
34 from which the claim is certified, in the full amount
35 originally paid.

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

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

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

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

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

32 e. This subsection does not require a hospital to
33 administer a test for the express purpose of determining the
34 presence of a contagious or infectious disease. The
35 notification shall not include the name of the individual with

1 the contagious or infectious disease unless the individual
2 consents.

3 f. The department shall adopt rules pursuant to chapter
4 17A to administer this subsection.

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

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

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

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

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

33 A person who knowingly exposes another to a communicable
34 disease, or who knowingly subjects another to the danger of
35 contracting a communicable disease from a child or other

1 legally incapacitated person, shall be liable for all
2 resulting damages and shall be punished as provided in this
3 chapter.

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

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

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

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

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

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

33 6. The department shall timely provide copies of all
34 reports of pesticide poisonings or illnesses received pursuant
35 to this section to the secretary of agriculture who shall

1 timely forward these reports and any reports of pesticide
2 poisonings or illnesses received pursuant to section 206.14 to
3 the registrant of a pesticide which is the subject of any
4 reports.

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

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

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

34 2. A health care facility shall adopt procedures in
35 accordance with recommendations issued by the centers for

1 disease control and prevention of the United States department
2 of health and human services, applicable to a health care
3 provider determined to be infected with HIV or HBV who
4 ordinarily performs or assists with exposure-prone procedures
5 within the health care facility. The procedures shall require
6 referral of the health care provider to the expert review
7 panel established by the department pursuant to subsection 3.

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

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

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

34 6. The board of medical examiners, the board of physician
35 assistant examiners, the board of podiatry examiners, the

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

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

35 8. The expert review panel established by the department

1 and individual members of the panel shall be immune from any
2 liability, civil or criminal, for the good faith performance
3 of functions authorized or required by this section. A
4 hospital, an expert review panel established by the hospital,
5 and individual members of the panel shall be immune from any
6 liability, civil or criminal, for the good faith performance
7 of functions authorized or required by this section.
8 Complaints, investigations, reports, deliberations, and
9 findings of the hospital and its panel with respect to a named
10 health care provider suspected, alleged, or found to be in
11 violation of the protocol required by this section, constitute
12 peer review records under section 147.135, and are subject to
13 the specific confidentiality requirements and limitations of
14 that section.

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

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

20 Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE --
21 PENALTY.

22 A person suffering from a communicable disease dangerous to
23 the public health who knowingly gives false information
24 regarding the person's infected state on a blood plasma sale
25 application to blood plasma-taking personnel commits a serious
26 misdemeanor.

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

28 1. Unless otherwise provided in this chapter, a person who
29 knowingly violates any provision of this chapter, or of the
30 rules of the department or a local board, or any lawful order,
31 written or oral, of the department or board, or of their
32 officers or authorized agents, is guilty of a simple
33 misdemeanor.

34 2. Notwithstanding subsection 1, failure of an individual
35 to file any mandatory report specified in this chapter shall

1 result in a report being made to the licensing board governing
2 the professional activities of the individual failing to have
3 made the report.

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

8

SUBCHAPTER I

9 CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

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

11 Reports to the department which include the identity of
12 persons infected with a sexually transmitted disease or
13 infection, and all such related information, records, and
14 reports concerning the person shall be confidential and shall
15 not be accessible to the public. However, such reports,
16 information, and records shall be confidential only to the
17 extent necessary to prevent identification of persons named in
18 such reports, information, and records; the other parts of
19 such reports, information, and records shall be public
20 records. The preceding sentence shall prevail over any
21 inconsistent provision of this chapter.

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

23 Immediately after the first examination or treatment of any
24 person infected with any sexually transmitted disease or
25 infection, the health care provider who performed the
26 examination or treatment shall transmit to the department a
27 report stating the name of the infected person, the address of
28 the infected person, the infected person's date of birth, the
29 sex of the infected person, the race and ethnicity of the
30 infected person, the infected person's marital status, the
31 infected person's telephone number, if the infected person is
32 female, whether the infected person is pregnant, the name and
33 address of the laboratory that performed the test, the date
34 the test was found to be positive and the collection date, and
35 the name of the health care provider who performed the test.

1 However, when a case occurs within the jurisdiction of a local
2 health department, the report shall be made directly to the
3 local health department which shall immediately forward the
4 information to the department. Reports shall be made in
5 accordance with rules adopted by the department. Reports
6 shall be confidential. Any person filing a report of a
7 sexually transmitted disease or infection in good faith is
8 immune from any liability, civil or criminal, which might
9 otherwise be incurred or imposed as a result of such report.

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

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

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

30 The local board or the department shall use every available
31 means to determine the source and spread of any infectious
32 case of sexually transmitted disease or infection which is
33 reported.

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

1 The local board shall cause an examination to be made of
2 every person reasonably suspected, on the basis of
3 epidemiological investigation, of having any sexually
4 transmitted disease or infection in the infectious stages to
5 ascertain if such person is infected, and if infected, to
6 cause such person to be treated. A person who is under the
7 care and treatment of a health care provider for the suspected
8 condition shall not be subjected to such examination. If a
9 person suspected of having a sexually transmitted disease or
10 infection refuses to submit to an examination voluntarily,
11 application may be made by the local board to the district
12 court for an order compelling the person to submit to
13 examination and, if infected, to treatment. The person shall
14 be treated until certified as no longer infectious to the
15 local board or to the department. If treatment is ordered by
16 the district court, the attending health care provider shall
17 certify that the person is no longer infectious.

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

19 A minor who seeks diagnosis or treatment for a sexually
20 transmitted disease or infection shall have the legal capacity
21 to act and give consent to medical care and service for the
22 sexually transmitted disease or infection by a hospital,
23 clinic, or health care provider. Such medical diagnosis and
24 treatment shall be provided by a physician licensed to
25 practice medicine and surgery, osteopathy, or osteopathic
26 medicine and surgery. Consent shall not be subject to later
27 disaffirmance by reason of such minority. The consent of
28 another person, including but not limited to the consent of a
29 spouse, parent, custodian, or guardian, shall not be
30 necessary.

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

33 A certificate of freedom from sexually transmitted disease
34 or infection shall not be issued to any person by any official
35 health agency.

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

2 A physician attending a pregnant woman in this state shall
3 take or cause to be taken a sample of blood of the woman
4 within fourteen days of the first examination, and shall
5 submit the sample for standard serological tests for syphilis
6 to the university hygienic laboratory of the state university
7 at Iowa City or other laboratory approved by the department.
8 Every other person attending a pregnant woman in this state,
9 but not permitted by law to take blood tests, shall cause a
10 sample of blood of the woman to be taken by a duly licensed
11 physician, who shall submit such sample for standard
12 serological tests for syphilis to the state hygienic
13 laboratory of the state university at Iowa City or other
14 laboratory approved by the department. If the blood of the
15 pregnant woman reacts positively to the test if the woman is
16 married, the husband and other biological children of the
17 woman shall be subjected to the same blood tests. If the
18 pregnant woman is single, the person responsible for
19 impregnating the woman and other biological children by the
20 same woman shall be subjected to the same blood tests.

21 Sec. 34. NEW SECTION. 139A.38 BLOOD TESTS IN PREGNANCY
22 CASES.

23 Physicians and others attending pregnancy cases and
24 required to report births and still births shall state on the
25 appropriate birth or stillbirth certificate whether a blood
26 test for syphilis was made during the pregnancy upon a
27 specimen of blood taken from the mother of the subject child
28 and if made, the date when the test was made, and if not made,
29 the reason why the test was not made. The birth certificate
30 shall not state the result of the test.

31 Sec. 35. NEW SECTION. 139A.39 MEDICAL TREATMENT OF NEWLY
32 BORN.

33 A physician attending the birth of a child shall cause to
34 be instilled into the eyes of the newly born infant a
35 prophylactic solution approved by the department. This

1 section shall not be construed to require medical treatment of
2 the child of any person who is a member of a church or
3 religious denomination and whose religious convictions, in
4 accordance with the tenets or principles of the person's
5 church or religious denomination, oppose medical prophylaxis
6 or treatment for disease.

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

8 A provision of this chapter shall not be construed to
9 require or compel any person whose religious convictions are
10 as described in section 139A.39 to take or follow a course of
11 medical treatment prescribed by law or a health care provider.
12 However, such person while in an infectious stage of disease
13 shall be subject to isolation and such other measures
14 appropriate for the prevention of the spread of the disease to
15 other persons.

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

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

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

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

27 16. Administer chapters 125, 136A, 136C, ~~139~~ 139A, ~~140~~
28 142, 144, and 147A.

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

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

35 NEW SUBSECTION. 7. Failure to file the report required

1 under this section shall result in a report being made to the
2 licensing board governing the professional activities of the
3 individual failing to have made the report. Any public,
4 private, or hospital clinical laboratory failing to make the
5 report required under this section shall be subject to a civil
6 fine of one thousand dollars per occurrence.

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

9 141A.9 CONFIDENTIALITY OF INFORMATION.

10 1. Any information, including reports and records,
11 obtained, submitted, and maintained pursuant to this chapter
12 is strictly confidential medical information. The information
13 shall not be released, shared with an agency or institution,
14 or made public upon subpoena, search warrant, discovery
15 proceedings, or by any other means except as provided in this
16 chapter. A person shall not be compelled to disclose the
17 identity of any person upon whom an HIV-related test is
18 performed, or the results of the test in a manner which
19 permits identification of the subject of the test, except to
20 persons entitled to that information under this chapter.

21 Information shall be made available for release to the
22 following individuals or under the following circumstances:

23 1- a. To the subject of the test or the subject's legal
24 guardian subject to the provisions of section 141A.7,
25 subsection 3, when applicable.

26 2- b. To any person who secures a written release of test
27 results executed by the subject of the test or the subject's
28 legal guardian.

29 3- c. To an authorized agent or employee of a health
30 facility or health care provider, if the health facility or
31 health care provider ordered or participated in the testing or
32 is otherwise authorized to obtain the test results, the agent
33 or employee provides patient care or handles or processes
34 samples, and the agent or employee has a medical need to know
35 such information.

1 4- d. To a health care provider providing care to the
2 subject of the test when knowledge of the test results is
3 necessary to provide care or treatment.

4 5- e. To the department in accordance with reporting
5 requirements for an HIV-related condition.

6 6- f. To a health facility or health care provider which
7 procures, processes, distributes, or uses a human body part
8 from a deceased person with respect to medical information
9 regarding that person, or semen provided prior to July 1,
10 1988, for the purpose of artificial insemination.

11 7- g. Release may be made of medical or epidemiological
12 information for statistical purposes in a manner such that no
13 individual person can be identified.

14 8- h. Release may be made of medical or epidemiological
15 information to the extent necessary to enforce the provisions
16 of this chapter and related rules concerning the treatment,
17 control, and investigation of HIV infection by public health
18 officials.

19 9- i. Release may be made of medical or epidemiological
20 information to medical personnel to the extent necessary to
21 protect the health or life of the named party.

22 10- j. Release may be made of test results concerning a
23 patient pursuant to procedures established under section
24 141A.5, subsection 3, paragraph "c".

25 11- k. To a person allowed access to a record by a court
26 order which is issued in compliance with the following
27 provisions:

28 a- (1) A court has found that the person seeking the test
29 results has demonstrated a compelling need for the test
30 results which need cannot be accommodated by other means. In
31 assessing compelling need, the court shall weigh the need for
32 disclosure against the privacy interest of the test subject
33 and the public interest which may be disserved by disclosure
34 due to its deterrent effect on future testing or due to its
35 effect in leading to discrimination.

1 b- (2) Pleadings pertaining to disclosure of test results
2 shall substitute a pseudonym for the true name of the subject
3 of the test. The disclosure to the parties of the subject's
4 true name shall be communicated confidentially in documents
5 not filed with the court.

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

10 d- (4) Court proceedings as to disclosure of test results
11 shall be conducted in camera unless the subject of the test
12 agrees to a hearing in open court or unless the court
13 determines that a public hearing is necessary to the public
14 interest and the proper administration of justice.

15 e- (5) Upon the issuance of an order to disclose test
16 results, the court shall impose appropriate safeguards against
17 unauthorized disclosure, which shall specify the persons who
18 may gain access to the information, the purposes for which the
19 information shall be used, and appropriate prohibitions on
20 future disclosure.

21 12- 1. To an employer, if the test is authorized to be
22 required under any other provision of law.

23 13- m. To a convicted or alleged sexual assault offender;
24 the physician or other health care provider who orders the
25 test of a convicted or alleged offender; the victim; the
26 parent, guardian, or custodian of the victim if the victim is
27 a minor; the physician of the victim; the victim counselor or
28 person requested by the victim to provide counseling regarding
29 the HIV-related test and results; the victim's spouse; persons
30 with whom the victim has engaged in vaginal, anal, or oral
31 intercourse subsequent to the sexual assault; members of the
32 victim's family within the third degree of consanguinity; and
33 the county attorney who may use the results as evidence in the
34 prosecution of sexual assault under chapter 915, subchapter
35 IV, or prosecution of the offense of criminal transmission of

1 HIV under chapter 709C. For the purposes of this paragraph,
2 "victim" means victim as defined in section 915.40.

3 ~~14~~ n. To employees of state correctional institutions
4 subject to the jurisdiction of the department of corrections,
5 employees of secure facilities for juveniles subject to the
6 department of human services, and employees of city and county
7 jails, if the employees have direct supervision over inmates
8 of those facilities or institutions in the exercise of the
9 duties prescribed pursuant to section 80.9, subsection 2,
10 paragraph "d".

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

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

19 (2) The registrant operates an emergency information
20 system as provided in section ~~139-35~~ 139A.21 that is available
21 to poison control centers twenty-four hours a day every day of
22 the year. The emergency information system must provide
23 information to medical professionals required for the sole
24 purpose of treating a specific patient for exposure or adverse
25 reaction to the registrant's product, including the
26 identification of all ingredients which are toxic to humans,
27 and toxicological and medical management information.

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

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

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

3 1. To the extent feasible, the department shall determine
4 the immunization status of children receiving assistance under
5 this chapter. The status shall be determined in accordance
6 with the immunization recommendations adopted by the Iowa
7 department of public health under section ~~139-9~~ 139A.8,
8 including the exemption provisions in section ~~139-9~~ 139A.8,
9 subsection 4. If the department determines a child is not in
10 compliance with the immunization recommendations, the
11 department shall refer the child's parent or guardian to a
12 local public health agency for immunization services for the
13 child and other members of the child's family.

14 Sec. 44. Section 252.24, unnumbered paragraph 2, Code
15 1999, is amended to read as follows:

16 When assistance is furnished by any governmental agency of
17 the county, township, or city, the assistance shall be deemed
18 to have been furnished by the county in which the agency is
19 located and the agency furnishing the assistance shall certify
20 the correctness of the costs of the assistance to the board of
21 supervisors of that county and that county shall collect from
22 the county of the person's settlement. The amounts collected
23 by the county where the agency is located shall be paid to the
24 agency furnishing the assistance. This statute applies to
25 services and supplies furnished as provided in section ~~139-30~~
26 139A.18.

27 Sec. 45. Section 299.4, Code 1999, is amended to read as
28 follows:

29 299.4 REPORTS AS TO PRIVATE INSTRUCTION.

30 The parent, guardian, or legal custodian of a child who is
31 of compulsory attendance age, who places the child under
32 competent private instruction under either section 299A.2 or
33 299A.3, not in an accredited school or a home school
34 assistance program operated by a public or accredited
35 nonpublic school, shall furnish a report in duplicate on forms

1 provided by the public school district, to the district by the
2 earliest starting date specified in section 279.10, subsection
3 1. The secretary shall retain and file one copy and forward
4 the other copy to the district's area education agency. The
5 report shall state the name and age of the child, the period
6 of time during which the child has been or will be under
7 competent private instruction for the year, an outline of the
8 course of study, texts used, and the name and address of the
9 instructor. The parent, guardian, or legal custodian of a
10 child, who is placing the child under competent private
11 instruction, for the first time, shall also provide the
12 district with evidence that the child has had the
13 immunizations required under section ~~139-9~~ 139A.8. The term
14 "outline of course of study" shall include subjects covered,
15 lesson plans, and time spent on the areas of study.

16 Sec. 46. Section 455E.11, subsection 2, paragraph a,
17 subparagraph (2), subparagraph subdivision (a), subparagraph
18 subdivision part (i), Code 1999, is amended to read as
19 follows:

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

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

26 (1) Nine thousand dollars of the account is appropriated
27 to the Iowa department of public health for carrying out the
28 departmental duties under section 135.11, subsections 20 and
29 21, and section ~~139-35~~ 139A.31.

30 Sec. 48. Section 455E.11, subsection 2, paragraph c,
31 unnumbered paragraph 1, Code 1999, is amended to read as
32 follows:

33 A household hazardous waste account. The moneys collected
34 pursuant to section 455F.7 and moneys collected pursuant to
35 section 29C.8A which are designated for deposit, shall be

1 deposited in the household hazardous waste account. Two
2 thousand dollars is appropriated annually to the Iowa
3 department of public health to carry out departmental duties
4 under section 135.11, subsections 20 and 21, and section
5 ~~139-35~~ 139A.21. The remainder of the account shall be used to
6 fund toxic cleanup days and the efforts of the department to
7 support a collection system for household hazardous materials,
8 including public education programs, training, and
9 consultation of local governments in the establishment and
10 operation of permanent collection systems, and the management
11 of collection sites, education programs, and other activities
12 pursuant to chapter 455F, including the administration of the
13 household hazardous materials permit program by the department
14 of revenue and finance.

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

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

21 Sec. 50. POSTSECONDARY EDUCATION STUDENTS -- IMMUNIZATION
22 REQUIREMENTS -- TASK FORCE. The director of public health
23 shall establish a task force to review and recommend
24 appropriate immunization requirements for postsecondary
25 education students. The task force shall include
26 representatives of the Iowa department of public health and
27 the department of education, postsecondary education students,
28 and others with interest and expertise in the areas of public
29 health and education. The task force shall submit a report of
30 its findings and recommendations to the governor and the
31 general assembly on or before December 1, 2000.

32 Sec. 51. Chapters 139, 139B, 139C, and 140, Code 1999 and
33 Code Supplement 1999, are repealed.

34 Sec. 52. Section 137C.19, Code 1999, is repealed.

35

EXPLANATION

1 This bill combines the existing communicable and reportable
2 diseases and poisonings Code chapter (139), emergency care
3 providers -- exposure to disease Code chapter (139B),
4 exposure-prone procedures Code chapter (139C), and venereal
5 disease control Code chapter (140) into a new Code chapter
6 (139A), entitled the communicable and infectious disease
7 reporting and control Act.

8 The bill makes minor changes in the existing language in
9 combining the chapters. Definitions used in the four chapters
10 are combined. The current term "disinfection" is replaced
11 with "terminal cleaning" and is defined. "Venereal disease"
12 is replaced with the broader term "sexually transmitted
13 disease or infection".

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

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

20 Code chapter 140, which applies only to venereal disease
21 control, is replaced with subchapter I of new Code chapter
22 139A and is expanded to cover sexually transmitted diseases
23 and infections.

24 The bill also requires the Iowa department of public health
25 to establish a task force to review and recommend appropriate
26 immunization requirements for postsecondary education
27 students. The task force is required to submit a report of
28 its findings and recommendations to the governor and the
29 general assembly on or before December 1, 2000.

30 The remainder of the bill makes conforming changes
31 throughout the Code resulting from the repeal of Code chapters
32 139, 139B, 139C, and 140.

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