

House Study Bill 617

Bill Text

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1 1 Section 1. NEW SECTION. 139A.1 TITLE.
1 2 This chapter shall be known as the "Communicable and
1 3 Infectious Disease Reporting and Control Act".
1 4 Sec. 2. NEW SECTION. 139A.2 DEFINITIONS.
1 5 For purposes of this chapter, unless the context otherwise
1 6 requires:
1 7 1. "Business" means and includes every trade, occupation,
1 8 or profession.
1 9 2. "Communicable disease" means any contagious or
1 10 infectious disease spread from person to person or animal to
1 11 person.
1 12 3. "Contagious or infectious disease" means hepatitis in
1 13 any form, meningococcal disease, tuberculosis, and any other
1 14 disease, with the exception of AIDS or HIV infection as
1 15 defined in section 141A.1, determined to be life-threatening
1 16 to a person exposed to the disease as established by rules
1 17 adopted by the department, based upon a determination by the
1 18 state epidemiologist and in accordance with guidelines of the
1 19 centers for disease control and prevention of the United
1 20 States department of health and human services.
1 21 4. "Department" means the Iowa department of public
1 22 health.
1 23 5. "Designated officer" means a person who is designated
1 24 by a department, agency, division, or service organization to
1 25 act as an infection control liaison officer.
1 26 6. "Emergency care provider" means a person who is trained
1 27 and authorized by federal or state law to provide emergency
1 28 medical assistance or treatment, for compensation or in a
1 29 voluntary capacity, including but not limited to all of the
1 30 following:
1 31 a. An emergency medical care provider as defined in
1 32 section 147A.1.
1 33 b. A health care provider.
1 34 c. A fire fighter.
1 35 d. A peace officer.
2 1 "Emergency care provider" also includes a person who renders
2 2 direct emergency aid without compensation.
2 3 7. "Exposure" means the risk of contracting disease.
2 4 8. "Exposure-prone procedure" means a procedure performed
2 5 by a health care provider which presents a recognized risk of
2 6 percutaneous injury to the health care provider and if such an
2 7 injury occurs, the health care provider's blood is likely to
2 8 contact a patient's body cavity, subcutaneous tissues, or
2 9 mucous membranes, or exposure-prone procedure as defined by
2 10 the centers for disease control and prevention of the United
2 11 States department of health and human services.
2 12 9. "HBV" means hepatitis B virus.
2 13 10. "Health care facility" means a health care facility as
2 14 defined in section 135C.1, an ambulatory surgical center, or a
2 15 clinic.
2 16 11. "Health care provider" means a person licensed to
2 17 practice medicine and surgery, osteopathic medicine and
2 18 surgery, osteopathy, chiropractic, podiatry, nursing,
2 19 dentistry, optometry, or as a physician assistant, dental
2 20 hygienist, or acupuncturist.
2 21 12. "HIV" means HIV as defined in section 141A.1.

2 22 13. "Hospital" means hospital as defined in section
2 23 135B.1.

2 24 14. "Isolation" means the separation of persons or animals
2 25 presumably or actually affected with a communicable disease or
2 26 who are disease carriers for the usual period of
2 27 communicability of that disease in such places, marked by
2 28 placards if necessary, and under such conditions as will
2 29 prevent the direct or indirect conveyance of the infectious
2 30 agent or contagion to susceptible persons.

2 31 15. "Local board" means the local board of health.

2 32 16. "Local department" means the local health department.

2 33 17. "Placard" means a warning sign to be erected and
2 34 displayed on the periphery of a quarantine area, forbidding
2 35 entry to or exit from the area.

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

3 4 19. "Quarantine" means the limitation of freedom of
3 5 movement of persons or animals that have been exposed to a
3 6 communicable disease within specified limits marked by
3 7 placards for a period of time equal to the longest usual
3 8 incubation period of the disease in such manner as to prevent
3 9 the spread of a communicable disease which affects people.

3 10 20. "Reportable disease" means any disease designated by
3 11 rule adopted by the department requiring its occurrence to be
3 12 reported to an appropriate authority.

3 13 21. "Sexually transmitted disease or infection" means a
3 14 disease or infection as identified by rules adopted by the
3 15 department, based upon a determination by the state
3 16 epidemiologist and in accordance with guidelines of the
3 17 centers for disease control and prevention of the United
3 18 States department of health and human services.

3 19 22. "Terminal cleaning" means cleaning procedures defined
3 20 in the isolation guidelines issued by the centers for disease
3 21 control and prevention of the United States department of
3 22 health and human services.

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

3 24 1. The health care provider or public, private, or
3 25 hospital clinical laboratory attending a person infected with
3 26 a reportable disease shall immediately report the case to the
3 27 department. However, when a case occurs within the
3 28 jurisdiction of a local health department, the report shall be
3 29 made to the local department and to the department. A health
3 30 care provider or public, private, or hospital clinical
3 31 laboratory who files such a report which identifies a person
3 32 infected with a reportable disease shall assist in the
3 33 investigation by the department, a local board, or a local
3 34 department. The department shall publish and distribute
3 35 instructions concerning the method of reporting. Reports
4 1 shall be made in accordance with rules adopted by the
4 2 department and shall require inclusion of all the following
4 3 information:

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

4 18 2. Failure to file the report required pursuant to

4 19 subsection 1 shall result in a report being made to the
4 20 licensing board governing the professional activities of the
4 21 individual failing to have made the report. Any public,
4 22 private, or hospital clinical laboratory failing to file the
4 23 report required under this section is subject to a civil fine
4 24 of one thousand dollars per occurrence.

4 25 3. a. Any person who, in good faith, files a report under
4 26 this section is immune from any liability, civil or criminal,
4 27 which might otherwise be incurred or imposed for making a
4 28 report.

4 29 b. A report to the department, to a local board, or to a
4 30 local department, which identifies a person infected with a
4 31 reportable disease, is confidential and shall not be
4 32 accessible to the public.

4 33 c. Notwithstanding paragraph "b", information contained in
4 34 the report may be reported in public health records in a
4 35 manner which prevents the identification of any person or
5 1 business named in the report. If information contained in the
5 2 report concerns a business, information disclosing the
5 3 identity of the business may be released to the public when
5 4 the state epidemiologist or the director of public health
5 5 determines such a release of information necessary for the
5 6 protection of the health of the public.

5 7 Sec. 4. NEW SECTION. 139A.4 TYPE AND LENGTH OF ISOLATION
5 8 OR QUARANTINE.

5 9 1. The type and length of isolation or quarantine imposed
5 10 for a specific communicable disease shall be in accordance
5 11 with rules adopted by the department.

5 12 2. The department and the local boards may impose and
5 13 enforce isolation and quarantine restrictions.

5 14 3. The department shall adopt rules governing terminal
5 15 cleaning.

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

5 18 When isolation or a quarantine is established, appropriate
5 19 placards prescribed by the department shall be erected to mark
5 20 the boundaries of the place of isolation or quarantine.

5 21 Sec. 6. NEW SECTION. 139A.6 COMMUNICABLE DISEASES.

5 22 If a person, whether or not a resident, is infected with a
5 23 communicable disease dangerous to the public health, the local
5 24 board shall issue orders in regard to the care of the person
5 25 as necessary to protect the public health. The orders shall
5 26 be executed by the designated officer as the local board
5 27 directs or provides by rules.

5 28 Sec. 7. NEW SECTION. 139A.7 DISEASED PERSONS MOVING
5 29 RECORD FORWARDED.

5 30 If a person known to be suffering from a communicable
5 31 disease dangerous to the public health moves from the
5 32 jurisdiction of a local board into the jurisdiction of another
5 33 local board, the local board from whose jurisdiction the
5 34 person moves shall notify the local board into whose
5 35 jurisdiction the person is moving.

6 1 Sec. 8. NEW SECTION. 139A.8 IMMUNIZATION OF CHILDREN.

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

6 8 2. a. A person shall not be enrolled in any licensed
6 9 child care center or elementary or secondary school in Iowa
6 10 without evidence of adequate immunizations against diphtheria,
6 11 pertussis, tetanus, poliomyelitis, rubeola, and rubella.

6 12 b. Evidence of adequate immunization against haemophilus
6 13 influenza B shall be required prior to enrollment in any
6 14 licensed child care center.

6 15 c. Evidence of hepatitis type B immunization shall be

6 16 required of a child born on or after July 1, 1994, prior to
6 17 enrollment in school in kindergarten or in a grade.

6 18 d. Immunizations shall be provided according to
6 19 recommendations provided by the department subject to the
6 20 provisions of subsections 3 and 4.

6 21 3. Subject to the provision of subsection 4, the state
6 22 board of health may modify or delete any of the immunizations
6 23 in subsection 2.

6 24 4. Immunization is not required for a person's enrollment
6 25 in any elementary or secondary school or licensed child care
6 26 center if that person submits to the admitting official either
6 27 of the following:

6 28 a. A statement signed by a physician, who is licensed by
6 29 the state board of medical examiners, that, in the physician's
6 30 opinion, the immunizations required would be injurious to the
6 31 health and well-being of the applicant or any member of the
6 32 applicant's family or household.

6 33 b. An affidavit signed by the applicant or, if a minor, by
6 34 a legally authorized representative, stating that the
6 35 immunizations conflict with the tenets and practice of a
7 1 recognized religious denomination of which the applicant is an
7 2 adherent or member; however, this exemption does not apply in
7 3 times of emergency or epidemic as determined by the state
7 4 board of health and as declared by the director of public
7 5 health.

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

7 13 6. The local board shall furnish the department, within
7 14 sixty days after the first official day of school, evidence
7 15 that each person enrolled in any elementary or secondary
7 16 school has been immunized as required in this section subject
7 17 to subsection 4. The department shall adopt rules pursuant to
7 18 chapter 17A relating to the reporting of evidence of
7 19 immunization.

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

7 23 8. The department, in consultation with the director of
7 24 the department of education, shall adopt rules for the
7 25 implementation of this section and shall provide those rules
7 26 to local school boards and local boards.

7 27 Sec. 9. NEW SECTION. 139A.9 FORCIBLE REMOVAL
7 28 ISOLATION QUARANTINE.

7 29 The forcible removal and isolation or quarantine of any
7 30 infected person shall be accomplished according to the rules
7 31 and regulations of the local board or the rules of the state
7 32 board of health.

7 33 Sec. 10. NEW SECTION. 139A.10 FEES FOR REMOVING.

7 34 The officers designated by the magistrate shall receive
7 35 reasonable compensation for their services as determined by
8 1 the local board. The amount determined shall be certified and
8 2 paid in the same manner as other expenses incurred under this
8 3 chapter.

8 4 Sec. 11. NEW SECTION. 139A.11 MEDICAL ATTENDANCE AND
8 5 SUPPLIES ISOLATION QUARANTINE.

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

8 13 Sec. 12. NEW SECTION. 139A.12 COUNTY LIABILITY FOR
8 14 SUPPLIES.

8 15 The local board shall provide proper care, provisions, and
8 16 medical attendance for any person removed and isolated or
8 17 quarantined in a separate house or hospital for detention and
8 18 treatment, and the care, provisions, and medical attendance
8 19 shall be paid for by the county in which the infected person
8 20 has a legal settlement, if the patient or legal guardian is
8 21 unable to pay.

8 22 Sec. 13. NEW SECTION. 139A.13 RIGHTS OF ISOLATED OR
8 23 QUARANTINED PERSONS.

8 24 Any person removed and isolated or quarantined in a
8 25 separate house or hospital may, at the person's own expense,
8 26 employ the health care provider of the person's choice, and
8 27 may provide such supplies and commodities as the person may
8 28 require.

8 29 Sec. 14. NEW SECTION. 139A.14 SERVICES OR SUPPLIES.

8 30 All services or supplies furnished to persons under this
8 31 chapter must be authorized by the local board or an officer of
8 32 the local board, and a written order designating the person
8 33 employed to furnish such services or supplies, issued before
8 34 the services or supplies are furnished, shall be attached to
8 35 the bill when presented for audit and payment.

9 1 Sec. 15. NEW SECTION. 139A.15 FILING OF BILLS.

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

9 11 Sec. 16. NEW SECTION. 139A.16 ALLOWING CLAIMS.

9 12 All bills for supplies furnished and services rendered for
9 13 persons removed and isolated or quarantined in a separate
9 14 house or hospital, or for persons financially unable to
9 15 provide their own sustenance and care during isolation or
9 16 quarantine, shall be allowed and paid for only on a basis of
9 17 the local market price for such provisions, services, and
9 18 supplies in the locality furnished. A bill for the terminal
9 19 cleaning of premises or effects shall not be allowed, unless
9 20 the infected person or those liable for the person's support
9 21 are financially unable to pay.

9 22 Sec. 17. NEW SECTION. 139A.17 APPROVAL AND PAYMENT OF
9 23 CLAIMS.

9 24 The board of supervisors is not bound by the action of the
9 25 local board in approving the bills, but shall pay the bills
9 26 for a reasonable amount and within a reasonable time.

9 27 Sec. 18. NEW SECTION. 139A.18 REIMBURSEMENT FROM COUNTY.

9 28 If any person receives services or supplies under this
9 29 chapter who does not have a legal settlement in the county in
9 30 which the bills were incurred and paid, the amount paid shall
9 31 be certified to the board of supervisors of the county in
9 32 which the person claims settlement or owns property, and the
9 33 board of supervisors of that county shall reimburse the county
9 34 from which the claim is certified, in the full amount
9 35 originally paid.

10 1 Sec. 19. NEW SECTION. 139A.19 EMERGENCY CARE PROVIDER
10 2 NOTIFICATION.

10 3 1. a. A hospital licensed under chapter 135B shall have
10 4 written policies and procedures for notification of an
10 5 emergency care provider who renders assistance or treatment to
10 6 an individual when in the course of admission, care, or
10 7 treatment of the individual, the individual is diagnosed or is
10 8 confirmed as having a contagious or infectious disease.

10 9 b. If an individual is diagnosed or confirmed as having a

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

10 20 c. A person who renders direct emergency aid without
10 21 compensation and is exposed to an individual who has a
10 22 contagious or infectious disease shall also receive
10 23 notification from the hospital upon the filing with the
10 24 hospital of an exposure report form developed by the
10 25 department.

10 26 d. The notification shall advise the emergency care
10 27 provider of possible exposure to a particular contagious or
10 28 infectious disease and recommend that the provider seek
10 29 medical attention. The notification shall be provided as soon
10 30 as is reasonably possible following determination that the
10 31 individual has a contagious or infectious disease.

10 32 e. This subsection does not require a hospital to
10 33 administer a test for the express purpose of determining the
10 34 presence of a contagious or infectious disease. The
10 35 notification shall not include the name of the individual with
11 1 the contagious or infectious disease unless the individual
11 2 consents.

11 3 f. The department shall adopt rules pursuant to chapter
11 4 17A to administer this subsection.

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

11 13 3. This section does not preclude a hospital from
11 14 providing notification to an emergency care provider or health
11 15 care provider under circumstances in which the hospital's
11 16 policy provides for notification of the hospital's own
11 17 employees of exposure to a contagious or infectious disease
11 18 that is not life-threatening if the notice does not reveal a
11 19 patient's name unless the patient consents.

11 20 4. A hospital, health care provider, or other person
11 21 participating in good faith in complying with provisions
11 22 authorized or required under this section, is immune from any
11 23 liability, civil or criminal, which may otherwise be incurred
11 24 or imposed.

11 25 5. A hospital's or health care provider's duty of
11 26 notification under this section is not continuing but is
11 27 limited to a diagnosis of a contagious or infectious disease
11 28 made in the course of admission, care, and treatment following
11 29 the rendering of emergency assistance or treatment to which
11 30 notification under this section applies.

11 31 Sec. 20. NEW SECTION. 139A.20 EXPOSING TO COMMUNICABLE
11 32 DISEASE.

11 33 A person who knowingly exposes another to a communicable
11 34 disease, or who knowingly subjects another to the danger of
11 35 contracting a communicable disease from a child or other
12 1 legally incapacitated person, shall be liable for all
12 2 resulting damages and shall be punished as provided in this
12 3 chapter.

12 4 Sec. 21. NEW SECTION. 139A.21 REPORTABLE POISONINGS AND
12 5 ILLNESSES EMERGENCY INFORMATION SYSTEM.

12 6 1. If the results of an examination by a public, private,

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

12 16 2. The health care provider attending a person infected
12 17 with a reportable poisoning or a reportable illness from a
12 18 toxic agent, including methemoglobinemia, shall immediately
12 19 report the case to the department. The department shall
12 20 publish and distribute instructions concerning the method of
12 21 reporting. Reports shall be made in accordance with rules
12 22 adopted by the department.

12 23 3. A person in charge of a poison control information
12 24 center shall report to the department cases of reportable
12 25 poisoning, including methemoglobinemia, about which inquiries
12 26 have been received.

12 27 4. The department shall adopt rules designating reportable
12 28 poisonings, including methemoglobinemia, and illnesses which
12 29 must be reported under this section.

12 30 5. The department shall establish and maintain a central
12 31 registry to collect and store data reported pursuant to this
12 32 section.

12 33 6. The department shall timely provide copies of all
12 34 reports of pesticide poisonings or illnesses received pursuant
12 35 to this section to the secretary of agriculture who shall
13 1 timely forward these reports and any reports of pesticide
13 2 poisonings or illnesses received pursuant to section 206.14 to
13 3 the registrant of a pesticide which is the subject of any
13 4 reports.

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

13 16 Sec. 22. NEW SECTION. 139A.22 PREVENTION OF TRANSMISSION
13 17 OF HIV OR HBV TO PATIENTS.

13 18 1. A hospital shall adopt procedures requiring the
13 19 establishment of protocols applicable on a case-by-case basis
13 20 to a health care provider determined to be infected with HIV
13 21 or HBV who ordinarily performs exposure-prone procedures as
13 22 determined by an expert review panel, within the hospital
13 23 setting. The protocols established shall be in accordance
13 24 with the recommendations issued by the centers for disease
13 25 control and prevention of the United States department of
13 26 health and human services. The expert review panel may be an
13 27 established committee of the hospital. The procedures may
13 28 provide for referral of the health care provider to the expert
13 29 review panel established by the department pursuant to
13 30 subsection 3 for establishment of the protocols. The
13 31 procedures shall require reporting noncompliance with the
13 32 protocols by a health care provider to the examining board
13 33 with jurisdiction over the relevant health care providers.

13 34 2. A health care facility shall adopt procedures in
13 35 accordance with recommendations issued by the centers for
14 1 disease control and prevention of the United States department
14 2 of health and human services, applicable to a health care
14 3 provider determined to be infected with HIV or HBV who

14 4 ordinarily performs or assists with exposure-prone procedures
14 5 within the health care facility. The procedures shall require
14 6 referral of the health care provider to the expert review
14 7 panel established by the department pursuant to subsection 3.
14 8 3. The department shall establish an expert review panel
14 9 to determine on a case-by-case basis under what circumstances,
14 10 if any, a health care provider determined to be infected with
14 11 HIV or HBV practicing outside the hospital or referred to the
14 12 panel by a hospital or health care facility setting may
14 13 perform exposure-prone procedures. If a health care provider
14 14 determined to be infected with HIV or HBV does not comply with
14 15 the determination of the expert review panel, the panel shall
14 16 report the noncompliance to the examining board with
14 17 jurisdiction over the health care provider. A determination
14 18 of an expert review panel pursuant to this section is a final
14 19 agency action appealable pursuant to section 17A.19.
14 20 4. The health care provider determined to be infected with
14 21 HIV or HBV, who works in a hospital setting, may elect either
14 22 the expert review panel established by the hospital or the
14 23 expert review panel established by the department for the
14 24 purpose of making a determination of the circumstances under
14 25 which the health care provider may perform exposure-prone
14 26 procedures.
14 27 5. A health care provider determined to be infected with
14 28 HIV or HBV shall not perform an exposure-prone procedure
14 29 except as approved by the expert review panel established by
14 30 the department pursuant to subsection 3, or in compliance with
14 31 the protocol established by the hospital pursuant to
14 32 subsection 1 or the procedures established by the health care
14 33 facility pursuant to subsection 2.
14 34 6. The board of medical examiners, the board of physician
15 1 assistant examiners, the board of podiatry examiners, the
15 2 board of nursing, the board of dental examiners, and the board
15 3 of optometry examiners shall require that licensees comply
15 4 with the recommendations issued by the centers for disease
15 5 control and prevention of the United States department of
15 6 health and human services for preventing transmission of human
15 7 immunodeficiency virus and hepatitis B virus to patients
15 8 during exposure-prone invasive procedures, with the
15 9 recommendations of the expert review panel established
15 10 pursuant to subsection 3, with hospital protocols established
15 11 pursuant to subsection 1 and with health care facility
15 12 procedures established pursuant to subsection 2, as
15 13 applicable.
15 14 7. Information relating to the HIV status of a health care
15 15 provider is confidential and subject to the provisions of
15 16 section 141A.9. A person who intentionally or recklessly
15 17 makes an unauthorized disclosure of such information is
15 18 subject to a civil penalty of one thousand dollars. The
15 19 attorney general or the attorney general's designee may
15 20 maintain a civil action to enforce this section. Proceedings
15 21 maintained under this section shall provide for the anonymity
15 22 of the health care provider and all documentation shall be
15 23 maintained in a confidential manner. Information relating to
15 24 the HBV status of a health care provider is confidential and
15 25 shall not be accessible to the public. Information regulated
15 26 by this section, however, may be disclosed to members of the
15 27 expert review panel established by the department or a panel
15 28 established by hospital protocol under this section. The
15 29 information may also be disclosed to the appropriate examining
15 30 board by filing a report as required by this section. The
15 31 examining board shall consider the report a complaint subject
15 32 to the confidentiality provisions of section 272C.6. A
15 33 licensee, upon the filing of a formal charge or notice of
15 34 hearing by the examining board based on such a complaint, may
15 35 seek a protective order from the board.
15 36 8. The expert review panel established by the department

16 1 and individual members of the panel shall be immune from any
16 2 liability, civil or criminal, for the good faith performance
16 3 of functions authorized or required by this section. A
16 4 hospital, an expert review panel established by the hospital,
16 5 and individual members of the panel shall be immune from any
16 6 liability, civil or criminal, for the good faith performance
16 7 of functions authorized or required by this section.
16 8 Complaints, investigations, reports, deliberations, and
16 9 findings of the hospital and its panel with respect to a named
16 10 health care provider suspected, alleged, or found to be in
16 11 violation of the protocol required by this section, constitute
16 12 peer review records under section 147.135, and are subject to
16 13 the specific confidentiality requirements and limitations of
16 14 that section.

16 15 Sec. 23. NEW SECTION. 139A.23 CONTINGENT REPEAL.

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

16 20 Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE
16 21 PENALTY.

16 22 A person suffering from a communicable disease dangerous to
16 23 the public health who knowingly gives false information
16 24 regarding the person's infected state on a blood plasma sale
16 25 application to blood plasma-taking personnel commits a serious
16 26 misdemeanor.

16 27 Sec. 25. NEW SECTION. 139A.25 PENALTIES.

16 28 1. Unless otherwise provided in this chapter, a person who
16 29 knowingly violates any provision of this chapter, or of the
16 30 rules of the department or a local board, or any lawful order,
16 31 written or oral, of the department or board, or of their
16 32 officers or authorized agents, is guilty of a simple
16 33 misdemeanor.

16 34 2. Notwithstanding subsection 1, failure of an individual
16 35 to file any mandatory report specified in this chapter shall
17 1 result in a report being made to the licensing board governing
17 2 the professional activities of the individual failing to have
17 3 made the report.

17 4 3. Notwithstanding subsection 1, any public, private, or
17 5 hospital clinical laboratory failing to make the mandatory
17 6 report specified in this chapter is subject to a civil fine of
17 7 one thousand dollars per occurrence.

17 8 SUBCHAPTER I

17 9 CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

17 10 Sec. 26. NEW SECTION. 139A.30 CONFIDENTIAL REPORTS.

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

17 22 Sec. 27. NEW SECTION. 139A.31 REPORT TO DEPARTMENT.

17 23 Immediately after the first examination or treatment of any
17 24 person infected with any sexually transmitted disease or
17 25 infection, the health care provider who performed the
17 26 examination or treatment shall transmit to the department a
17 27 report stating the name of the infected person, the address of
17 28 the infected person, the infected person's date of birth, the
17 29 sex of the infected person, the race and ethnicity of the
17 30 infected person, the infected person's marital status, the
17 31 infected person's telephone number, if the infected person is
17 32 female, whether the infected person is pregnant, the name and

17 33 address of the laboratory that performed the test, the date
17 34 the test was found to be positive and the collection date, and
17 35 the name of the health care provider who performed the test.

18 1 However, when a case occurs within the jurisdiction of a local
18 2 health department, the report shall be made directly to the
18 3 local health department which shall immediately forward the
18 4 information to the department. Reports shall be made in
18 5 accordance with rules adopted by the department. Reports
18 6 shall be confidential. Any person filing a report of a
18 7 sexually transmitted disease or infection in good faith is
18 8 immune from any liability, civil or criminal, which might
18 9 otherwise be incurred or imposed as a result of such report.

18 10 Sec. 28. NEW SECTION. 139A.32 EXAMINATION RESULTS.

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

18 29 Sec. 29. NEW SECTION. 139A.33 DETERMINATION OF SOURCE.

18 30 The local board or the department shall use every available
18 31 means to determine the source and spread of any infectious
18 32 case of sexually transmitted disease or infection which is
18 33 reported.

18 34 Sec. 30. NEW SECTION. 139A.34 EXAMINATION OF PERSONS
18 35 SUSPECTED.

19 1 The local board shall cause an examination to be made of
19 2 every person reasonably suspected, on the basis of
19 3 epidemiological investigation, of having any sexually
19 4 transmitted disease or infection in the infectious stages to
19 5 ascertain if such person is infected, and if infected, to
19 6 cause such person to be treated. A person who is under the
19 7 care and treatment of a health care provider for the suspected
19 8 condition shall not be subjected to such examination. If a
19 9 person suspected of having a sexually transmitted disease or
19 10 infection refuses to submit to an examination voluntarily,
19 11 application may be made by the local board to the district
19 12 court for an order compelling the person to submit to
19 13 examination and, if infected, to treatment. The person shall
19 14 be treated until certified as no longer infectious to the
19 15 local board or to the department. If treatment is ordered by
19 16 the district court, the attending health care provider shall
19 17 certify that the person is no longer infectious.

19 18 Sec. 31. NEW SECTION. 139A.35 MINORS.

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

19 30 necessary.

19 31 Sec. 32. NEW SECTION. 139A.36 CERTIFICATE NOT TO BE
19 32 ISSUED.

19 33 A certificate of freedom from sexually transmitted disease
19 34 or infection shall not be issued to any person by any official
19 35 health agency.

20 1 Sec. 33. NEW SECTION. 139A.37 PREGNANT WOMEN.

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

20 21 Sec. 34. NEW SECTION. 139A.38 BLOOD TESTS IN PREGNANCY
20 22 CASES.

20 23 Physicians and others attending pregnancy cases and
20 24 required to report births and still births shall state on the
20 25 appropriate birth or stillbirth certificate whether a blood
20 26 test for syphilis was made during the pregnancy upon a
20 27 specimen of blood taken from the mother of the subject child
20 28 and if made, the date when the test was made, and if not made,
20 29 the reason why the test was not made. The birth certificate
20 30 shall not state the result of the test.

20 31 Sec. 35. NEW SECTION. 139A.39 MEDICAL TREATMENT OF NEWLY
20 32 BORN.

20 33 A physician attending the birth of a child shall cause to
20 34 be instilled into the eyes of the newly born infant a
20 35 prophylactic solution approved by the department. This
21 1 section shall not be construed to require medical treatment of
21 2 the child of any person who is a member of a church or
21 3 religious denomination and whose religious convictions, in
21 4 accordance with the tenets or principles of the person's
21 5 church or religious denomination, oppose medical prophylaxis
21 6 or treatment for disease.

21 7 Sec. 36. NEW SECTION. 139A.40 RELIGIOUS EXCEPTIONS.

21 8 A provision of this chapter shall not be construed to
21 9 require or compel any person whose religious convictions are
21 10 as described in section 139A.39 to take or follow a course of
21 11 medical treatment prescribed by law or a health care provider.
21 12 However, such person while in an infectious stage of disease
21 13 shall be subject to isolation and such other measures
21 14 appropriate for the prevention of the spread of the disease to
21 15 other persons.

21 16 Sec. 37. NEW SECTION. 139A.41 FILING FALSE REPORTS.

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

21 22 Sec. 38. Section [135.11](#), subsections 8, 16, and 20, Code
21 23 Supplement 1999, are amended to read as follows:

21 24 8. Exercise general supervision over the administration
21 25 and enforcement of the

~~—venerical disease~~

~~—sexually transmitted~~

21 26 diseases and infections law, chapter

~~—140~~

~~—139A, subchapter I.~~

21 27 16. Administer chapters 125, 136A, 136C,

~~—139~~

~~—139A,~~

~~—140,~~

~~—~~

21 28 142, 144, and 147A.

21 29 20. Establish, publish, and enforce rules requiring prompt

21 30 reporting of methemoglobinemia, pesticide poisoning, and the

21 31 reportable poisonings and illnesses established pursuant to

21 32 section

~~—139.35~~

~~—139A.21.~~

21 33 Sec. 39. Section [141A.6](#), Code Supplement 1999, is amended

21 34 by adding the following new subsection:

21 35 NEW SUBSECTION. 7. Failure to file the report required

22 1 under this section shall result in a report being made to the

22 2 licensing board governing the professional activities of the

22 3 individual failing to have made the report. Any public,

22 4 private, or hospital clinical laboratory failing to make the

22 5 report required under this section shall be subject to a civil

22 6 fine of one thousand dollars per occurrence.

22 7 Sec. 40. Section [141A.9](#), Code Supplement 1999, is amended

22 8 to read as follows:

22 9 141A.9 CONFIDENTIALITY OF INFORMATION.

22 10 1. Any information, including reports and records,

22 11 obtained, submitted, and maintained pursuant to this chapter

22 12 is strictly confidential medical information. The information

22 13 shall not be released, shared with an agency or institution,

22 14 or made public upon subpoena, search warrant, discovery

22 15 proceedings, or by any other means except as provided in this

22 16 chapter. A person shall not be compelled to disclose the

22 17 identity of any person upon whom an HIV-related test is

22 18 performed, or the results of the test in a manner which

22 19 permits identification of the subject of the test, except to

22 20 persons entitled to that information under this chapter.

22 21 Information shall be made available for release to the

22 22 following individuals or under the following circumstances:

22 23

~~—1.~~

~~—a.~~ To the subject of the test or the subject's legal

22 24 guardian subject to the provisions of section 141A.7,

22 25 subsection 3, when applicable.

22 26

~~—2.~~

~~—b.~~ To any person who secures a written release of test

22 27 results executed by the subject of the test or the subject's

22 28 legal guardian.

22 29

~~—3.~~

~~—c.~~ To an authorized agent or employee of a health

22 30 facility or health care provider, if the health facility or

22 31 health care provider ordered or participated in the testing or

22 32 is otherwise authorized to obtain the test results, the agent

22 33 or employee provides patient care or handles or processes

22 34 samples, and the agent or employee has a medical need to know

22 35 such information.

23 1

~~4.~~

- d. To a health care provider providing care to the
23 2 subject of the test when knowledge of the test results is
23 3 necessary to provide care or treatment.
23 4

~~5.~~

- e. To the department in accordance with reporting
23 5 requirements for an HIV-related condition.
23 6

~~6.~~

- f. To a health facility or health care provider which
23 7 procures, processes, distributes, or uses a human body part
23 8 from a deceased person with respect to medical information
23 9 regarding that person, or semen provided prior to July 1,
23 10 1988, for the purpose of artificial insemination.
23 11

~~7.~~

- g. Release may be made of medical or epidemiological
23 12 information for statistical purposes in a manner such that no
23 13 individual person can be identified.
23 14

~~8.~~

- h. Release may be made of medical or epidemiological
23 15 information to the extent necessary to enforce the provisions
23 16 of this chapter and related rules concerning the treatment,
23 17 control, and investigation of HIV infection by public health
23 18 officials.
23 19

~~9.~~

- i. Release may be made of medical or epidemiological
23 20 information to medical personnel to the extent necessary to
23 21 protect the health or life of the named party.
23 22

~~10.~~

- j. Release may be made of test results concerning a
23 23 patient pursuant to procedures established under section
23 24 141A.5, subsection 3, paragraph "c".
23 25

~~11.~~

- k. To a person allowed access to a record by a court
23 26 order which is issued in compliance with the following
23 27 provisions:
23 28

~~a.~~

- (1) A court has found that the person seeking the test
23 29 results has demonstrated a compelling need for the test
23 30 results which need cannot be accommodated by other means. In
23 31 assessing compelling need, the court shall weigh the need for
23 32 disclosure against the privacy interest of the test subject
23 33 and the public interest which may be disserved by disclosure
23 34 due to its deterrent effect on future testing or due to its
23 35 effect in leading to discrimination.
24 1

~~b.~~

- (2) Pleadings pertaining to disclosure of test results

24 2 shall substitute a pseudonym for the true name of the subject
24 3 of the test. The disclosure to the parties of the subject's
24 4 true name shall be communicated confidentially in documents
24 5 not filed with the court.
24 6

~~e.~~

- (3) Before granting an order, the court shall provide
24 7 the person whose test results are in question with notice and
24 8 a reasonable opportunity to participate in the proceedings if
24 9 the person is not already a party.
24 10

~~d.~~

- (4) Court proceedings as to disclosure of test results
24 11 shall be conducted in camera unless the subject of the test
24 12 agrees to a hearing in open court or unless the court
24 13 determines that a public hearing is necessary to the public
24 14 interest and the proper administration of justice.
24 15

~~e.~~

- (5) Upon the issuance of an order to disclose test
24 16 results, the court shall impose appropriate safeguards against
24 17 unauthorized disclosure, which shall specify the persons who
24 18 may gain access to the information, the purposes for which the
24 19 information shall be used, and appropriate prohibitions on
24 20 future disclosure.
24 21

~~12.~~

- 1. To an employer, if the test is authorized to be
24 22 required under any other provision of law.
24 23

~~13.~~

- m. To a convicted or alleged sexual assault offender;
24 24 the physician or other health care provider who orders the
24 25 test of a convicted or alleged offender; the victim; the
24 26 parent, guardian, or custodian of the victim if the victim is
24 27 a minor; the physician of the victim; the victim counselor or
24 28 person requested by the victim to provide counseling regarding
24 29 the HIV-related test and results; the victim's spouse; persons
24 30 with whom the victim has engaged in vaginal, anal, or oral
24 31 intercourse subsequent to the sexual assault; members of the
24 32 victim's family within the third degree of consanguinity; and
24 33 the county attorney who may use the results as evidence in the
24 34 prosecution of sexual assault under chapter 915, subchapter
24 35 IV, or prosecution of the offense of criminal transmission of
25 1 HIV under chapter 709C. For the purposes of this paragraph,
25 2 "victim" means victim as defined in section 915.40.
25 3

~~14.~~

- n. To employees of state correctional institutions
25 4 subject to the jurisdiction of the department of corrections,
25 5 employees of secure facilities for juveniles subject to the
25 6 department of human services, and employees of city and county
25 7 jails, if the employees have direct supervision over inmates
25 8 of those facilities or institutions in the exercise of the
25 9 duties prescribed pursuant to section 80.9, subsection 2,
25 10 paragraph "d".
25 11 2. Medical information secured pursuant to subsection 1
25 12 may be shared between employees of the department who shall
25 13 use the information collected only for the purposes of
25 14 carrying out their official duties in preventing the spread of
25 15 the disease or the spread of other reportable diseases as

25 16 defined in section 139A.2.

25 17 Sec. 41. Section [206.12](#), subsection 2, paragraph c,
25 18 subparagraph (2), Code 1999, is amended to read as follows:
25 19 (2) The registrant operates an emergency information
25 20 system as provided in section

~~139.35~~

- 139A.21 that is available

25 21 to poison control centers twenty-four hours a day every day of
25 22 the year. The emergency information system must provide
25 23 information to medical professionals required for the sole
25 24 purpose of treating a specific patient for exposure or adverse
25 25 reaction to the registrant's product, including the
25 26 identification of all ingredients which are toxic to humans,
25 27 and toxicological and medical management information.

25 28 Sec. 42. Section [232.69](#), subsection 1, paragraph a, Code
25 29 Supplement 1999, is amended to read as follows:

25 30 a. Every health practitioner who in the scope of
25 31 professional practice, examines, attends, or treats a child
25 32 and who reasonably believes the child has been abused.

25 33 Notwithstanding section

~~140.3~~

- 139A.30, this provision applies

25 34 to a health practitioner who receives information confirming
25 35 that a child is infected with a sexually transmitted disease.

26 1 Sec. 43. Section [239B.12](#), subsection 1, Code 1999, is
26 2 amended to read as follows:

26 3 1. To the extent feasible, the department shall determine
26 4 the immunization status of children receiving assistance under
26 5 this chapter. The status shall be determined in accordance
26 6 with the immunization recommendations adopted by the Iowa
26 7 department of public health under section

~~139.9~~

- 139A.8,

26 8 including the exemption provisions in section

~~139.9~~

- 139A.8,

26 9 subsection 4. If the department determines a child is not in
26 10 compliance with the immunization recommendations, the
26 11 department shall refer the child's parent or guardian to a
26 12 local public health agency for immunization services for the
26 13 child and other members of the child's family.

26 14 Sec. 44. Section [252.24](#), unnumbered paragraph 2, Code
26 15 1999, is amended to read as follows:

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

~~139.30~~

- 139A.18.

26 27 Sec. 45. Section [299.4](#), Code 1999, is amended to read as
26 28 follows:

26 29 299.4 REPORTS AS TO PRIVATE INSTRUCTION.

26 30 The parent, guardian, or legal custodian of a child who is
26 31 of compulsory attendance age, who places the child under
26 32 competent private instruction under either section 299A.2 or

26 33 299A.3, not in an accredited school or a home school
26 34 assistance program operated by a public or accredited
26 35 nonpublic school, shall furnish a report in duplicate on forms
27 1 provided by the public school district, to the district by the
27 2 earliest starting date specified in section 279.10, subsection
27 3 1. The secretary shall retain and file one copy and forward
27 4 the other copy to the district's area education agency. The
27 5 report shall state the name and age of the child, the period
27 6 of time during which the child has been or will be under
27 7 competent private instruction for the year, an outline of the
27 8 course of study, texts used, and the name and address of the
27 9 instructor. The parent, guardian, or legal custodian of a
27 10 child, who is placing the child under competent private
27 11 instruction, for the first time, shall also provide the
27 12 district with evidence that the child has had the
27 13 immunizations required under section

~~139.9~~

- 139A.8. The term

27 14 "outline of course of study" shall include subjects covered,
27 15 lesson plans, and time spent on the areas of study.

27 16 Sec. 46. Section [455E.11](#), subsection 2, paragraph a,
27 17 subparagraph (2), subparagraph subdivision (a), subparagraph
27 18 subdivision part (i), Code 1999, is amended to read as
27 19 follows:

27 20 (i) Eight thousand dollars shall be transferred to the
27 21 Iowa department of public health for departmental duties
27 22 required under section 135.11, subsections 20 and 21, and
27 23 section

~~139.35~~

- 139A.21.

27 24 Sec. 47. Section [455E.11](#), subsection 2, paragraph b,
27 25 subparagraph (1), Code 1999, is amended to read as follows:

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

~~139.35~~

- 139A.31.

27 30 Sec. 48. Section [455E.11](#), subsection 2, paragraph c,
27 31 unnumbered paragraph 1, Code 1999, is amended to read as
27 32 follows:

27 33 A household hazardous waste account. The moneys collected
27 34 pursuant to section 455F.7 and moneys collected pursuant to
27 35 section 29C.8A which are designated for deposit, shall be
28 1 deposited in the household hazardous waste account. Two
28 2 thousand dollars is appropriated annually to the Iowa
28 3 department of public health to carry out departmental duties
28 4 under section 135.11, subsections 20 and 21, and section
28 5

~~139.35~~

- 139A.21. The remainder of the account shall be used to

28 6 fund toxic cleanup days and the efforts of the department to
28 7 support a collection system for household hazardous materials,
28 8 including public education programs, training, and
28 9 consultation of local governments in the establishment and
28 10 operation of permanent collection systems, and the management
28 11 of collection sites, education programs, and other activities
28 12 pursuant to chapter 455F, including the administration of the
28 13 household hazardous materials permit program by the department
28 14 of revenue and finance.

28 15 Sec. 49. Section [455E.11](#), subsection 2, paragraph d,
28 16 subparagraph (1), Code 1999, is amended to read as follows:

28 17 (1) One thousand dollars is appropriated annually to the

28 18 Iowa department of public health to carry out departmental
28 19 duties under section 135.11, subsections 20 and 21, and
28 20 section

~~139.35~~

~~139A.21.~~

28 21 Sec. 50. Chapters 139, 139B, 139C, and 140, Code 1999 and
28 22 Code Supplement 1999, are repealed.

28 23 Sec. 51. Section [137C.19](#), Code 1999, is repealed.

28 24 EXPLANATION

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

28 32 The bill makes minor changes in the existing language in
28 33 combining the chapters. Definitions used in the four chapters
28 34 are combined. The current term "disinfection" is replaced
28 35 with "terminal cleaning" and is defined. "Venereal disease"
29 1 is replaced with the broader term "sexually transmitted
29 2 disease or infection".

29 3 With regard to reporting of reportable diseases, the bill
29 4 retains the same process, but also specifies information to be
29 5 included in any report made.

29 6 The bill repeals Code section 137C.19 which prohibits a
29 7 person with a communicable disease from being employed in a
29 8 hotel.

29 9 Code chapter 140, which applies only to venereal disease
29 10 control, is replaced with subchapter I of new Code chapter
29 11 139A and is expanded to cover sexually transmitted diseases
29 12 and infections.

29 13 The remainder of the bill makes conforming changes
29 14 throughout the Code resulting from the repeal of Code chapters
29 15 139, 139B, 139C, and 140.

29 16 LSB 5321DP 78

29 17 pf/gg/8.1