

Senate Study Bill 3205

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 a
6 27 statement signed by a physician, who is licensed by the state
6 28 board of medical examiners, that, in the physician's opinion,
6 29 the immunizations required would be injurious to the health
6 30 and well-being of the applicant or any member of the
6 31 applicant's family or household.

6 32 5. A person may be provisionally enrolled in an elementary
6 33 or secondary school or licensed child care center if the
6 34 person has begun the required immunizations and if the person
6 35 continues to receive the necessary immunizations as rapidly as
7 1 is medically feasible. The department shall adopt rules
7 2 relating to the provisional admission of persons to an
7 3 elementary or secondary school or licensed child care center.

7 4 6. The local board shall furnish the department, within
7 5 sixty days after the first official day of school, evidence
7 6 that each person enrolled in any elementary or secondary
7 7 school has been immunized as required in this section subject
7 8 to subsection 4. The department shall adopt rules pursuant to
7 9 chapter 17A relating to the reporting of evidence of
7 10 immunization.

7 11 7. Local boards shall provide the required immunizations
7 12 to children in areas where no local provision of these
7 13 services exists.

7 14 8. The department, in consultation with the director of
7 15 the department of education, shall adopt rules for the
7 16 implementation of this section and shall provide those rules
7 17 to local school boards and local boards.

7 18 Sec. 9. NEW SECTION. 139A.9 FORCIBLE REMOVAL
7 19 ISOLATION QUARANTINE.

7 20 The forcible removal and isolation or quarantine of any
7 21 infected person shall be accomplished according to the rules
7 22 and regulations of the local board or the rules of the state
7 23 board of health.

7 24 Sec. 10. NEW SECTION. 139A.10 FEES FOR REMOVING.

7 25 The officers designated by the magistrate shall receive
7 26 reasonable compensation for their services as determined by
7 27 the local board. The amount determined shall be certified and
7 28 paid in the same manner as other expenses incurred under this
7 29 chapter.

7 30 Sec. 11. NEW SECTION. 139A.11 MEDICAL ATTENDANCE AND
7 31 SUPPLIES ISOLATION QUARANTINE.

7 32 If a person under isolation or quarantine or the persons
7 33 liable for the support of the person shall, in the opinion of
7 34 the local board, be financially unable to secure proper care,
7 35 provisions, or medical attendance, the local board shall
8 1 furnish supplies and services during the period of isolation
8 2 or quarantine and may delegate the duty, by rules, to one of
8 3 its designated officers.

8 4 Sec. 12. NEW SECTION. 139A.12 COUNTY LIABILITY FOR
8 5 SUPPLIES.

8 6 The local board shall provide proper care, provisions, and
8 7 medical attendance for any person removed and isolated or
8 8 quarantined in a separate house or hospital for detention and
8 9 treatment, and the care, provisions, and medical attendance
8 10 shall be paid for by the county in which the infected person
8 11 has a legal settlement, if the patient or legal guardian is
8 12 unable to pay.

8 13 Sec. 13. NEW SECTION. 139A.13 RIGHTS OF ISOLATED OR
8 14 QUARANTINED PERSONS.

8 15 Any person removed and isolated or quarantined in a
8 16 separate house or hospital may, at the person's own expense,
8 17 employ the health care provider of the person's choice, and
8 18 may provide such supplies and commodities as the person may
8 19 require.

8 20 Sec. 14. NEW SECTION. 139A.14 SERVICES OR SUPPLIES.

8 21 All services or supplies furnished to persons under this
8 22 chapter must be authorized by the local board or an officer of
8 23 the local board, and a written order designating the person
8 24 employed to furnish such services or supplies, issued before
8 25 the services or supplies are furnished, shall be attached to
8 26 the bill when presented for audit and payment.

8 27 Sec. 15. NEW SECTION. 139A.15 FILING OF BILLS.

8 28 All bills incurred under this chapter in establishing,
8 29 maintaining, and terminating isolation and quarantine, in
8 30 providing a necessary house or hospital for isolation or
8 31 quarantine, and in making terminal cleanings, shall be filed
8 32 with the local board. The local board at its next regular
8 33 meeting or special meeting called for this purpose shall
8 34 examine and audit the bills and, if found correct, approve and
8 35 certify the bills to the county board of supervisors for
9 1 payment.

9 2 Sec. 16. NEW SECTION. 139A.16 ALLOWING CLAIMS.

9 3 All bills for supplies furnished and services rendered for
9 4 persons removed and isolated or quarantined in a separate
9 5 house or hospital, or for persons financially unable to
9 6 provide their own sustenance and care during isolation or
9 7 quarantine, shall be allowed and paid for only on a basis of
9 8 the local market price for such provisions, services, and
9 9 supplies in the locality furnished. A bill for the terminal
9 10 cleaning of premises or effects shall not be allowed, unless
9 11 the infected person or those liable for the person's support
9 12 are financially unable to pay.

9 13 Sec. 17. NEW SECTION. 139A.17 APPROVAL AND PAYMENT OF
9 14 CLAIMS.

9 15 The board of supervisors is not bound by the action of the
9 16 local board in approving the bills, but shall pay the bills
9 17 for a reasonable amount and within a reasonable time.

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

9 19 If any person receives services or supplies under this
9 20 chapter who does not have a legal settlement in the county in
9 21 which the bills were incurred and paid, the amount paid shall
9 22 be certified to the board of supervisors of the county in
9 23 which the person claims settlement or owns property, and the
9 24 board of supervisors of that county shall reimburse the county
9 25 from which the claim is certified, in the full amount
9 26 originally paid.

9 27 Sec. 19. NEW SECTION. 139A.19 EMERGENCY CARE PROVIDER
9 28 NOTIFICATION.

9 29 1. a. A hospital licensed under chapter 135B shall have
9 30 written policies and procedures for notification of an
9 31 emergency care provider who renders assistance or treatment to
9 32 an individual when in the course of admission, care, or
9 33 treatment of the individual, the individual is diagnosed or is
9 34 confirmed as having a contagious or infectious disease.

9 35 b. If an individual is diagnosed or confirmed as having a
10 1 contagious or infectious disease, the hospital shall notify
10 2 the designated officer of an emergency care provider service
10 3 who shall notify persons involved in attending or transporting
10 4 the individual. For blood-borne contagious or infectious
10 5 diseases, notification shall only take place upon filing of an
10 6 exposure report form with the hospital. The exposure report
10 7 form may be incorporated into the Iowa prehospital care
10 8 report, the Iowa prehospital advanced care report, or a
10 9 similar report used by an ambulance, rescue, or first response

10 10 service or law enforcement agency.

10 11 c. A person who renders direct emergency aid without
10 12 compensation and is exposed to an individual who has a
10 13 contagious or infectious disease shall also receive
10 14 notification from the hospital upon the filing with the
10 15 hospital of an exposure report form developed by the
10 16 department.

10 17 d. The notification shall advise the emergency care
10 18 provider of possible exposure to a particular contagious or
10 19 infectious disease and recommend that the provider seek
10 20 medical attention. The notification shall be provided as soon
10 21 as is reasonably possible following determination that the
10 22 individual has a contagious or infectious disease.

10 23 e. This subsection does not require a hospital to
10 24 administer a test for the express purpose of determining the
10 25 presence of a contagious or infectious disease. The
10 26 notification shall not include the name of the individual with
10 27 the contagious or infectious disease unless the individual
10 28 consents.

10 29 f. The department shall adopt rules pursuant to chapter
10 30 17A to administer this subsection.

10 31 2. A health care provider may provide the notification
10 32 required of hospitals in this section to emergency care
10 33 providers if an individual who has a contagious or infectious
10 34 disease is delivered by an emergency care provider to the
10 35 office or clinic of a health care provider for treatment. The
11 1 notification shall not include the name of the individual who
11 2 has the contagious or infectious disease unless the individual
11 3 consents.

11 4 3. This section does not preclude a hospital from
11 5 providing notification to an emergency care provider or health
11 6 care provider under circumstances in which the hospital's
11 7 policy provides for notification of the hospital's own
11 8 employees of exposure to a contagious or infectious disease
11 9 that is not life-threatening if the notice does not reveal a
11 10 patient's name unless the patient consents.

11 11 4. A hospital, health care provider, or other person
11 12 participating in good faith in complying with provisions
11 13 authorized or required under this section, is immune from any
11 14 liability, civil or criminal, which may otherwise be incurred
11 15 or imposed.

11 16 5. A hospital's or health care provider's duty of
11 17 notification under this section is not continuing but is
11 18 limited to a diagnosis of a contagious or infectious disease
11 19 made in the course of admission, care, and treatment following
11 20 the rendering of emergency assistance or treatment to which
11 21 notification under this section applies.

11 22 Sec. 20. NEW SECTION. 139A.20 EXPOSING TO COMMUNICABLE
11 23 DISEASE.

11 24 A person who knowingly exposes another to a communicable
11 25 disease, or who knowingly subjects another to the danger of
11 26 contracting a communicable disease from a child or other
11 27 legally incapacitated person, shall be liable for all
11 28 resulting damages and shall be punished as provided in this
11 29 chapter.

11 30 Sec. 21. NEW SECTION. 139A.21 REPORTABLE POISONINGS AND
11 31 ILLNESSES EMERGENCY INFORMATION SYSTEM.

11 32 1. If the results of an examination by a public, private,
11 33 or hospital clinical laboratory of a specimen from a person in
11 34 Iowa yield evidence of or are reactive for a reportable
11 35 poisoning or a reportable illness from a toxic agent,
12 1 including methemoglobinemia, the results shall be reported to
12 2 the department on forms prescribed by the department. If the
12 3 laboratory is located in Iowa, the person in charge of the
12 4 laboratory shall report the results. If the laboratory is not
12 5 in Iowa, the health care provider submitting the specimen
12 6 shall report the results.

12 7 2. The health care provider attending a person infected
12 8 with a reportable poisoning or a reportable illness from a
12 9 toxic agent, including methemoglobinemia, shall immediately
12 10 report the case to the department. The department shall
12 11 publish and distribute instructions concerning the method of
12 12 reporting. Reports shall be made in accordance with rules
12 13 adopted by the department.

12 14 3. A person in charge of a poison control information
12 15 center shall report to the department cases of reportable
12 16 poisoning, including methemoglobinemia, about which inquiries
12 17 have been received.

12 18 4. The department shall adopt rules designating reportable
12 19 poisonings, including methemoglobinemia, and illnesses which
12 20 must be reported under this section.

12 21 5. The department shall establish and maintain a central
12 22 registry to collect and store data reported pursuant to this
12 23 section.

12 24 6. The department shall timely provide copies of all
12 25 reports of pesticide poisonings or illnesses received pursuant
12 26 to this section to the secretary of agriculture who shall
12 27 timely forward these reports and any reports of pesticide
12 28 poisonings or illnesses received pursuant to section 206.14 to
12 29 the registrant of a pesticide which is the subject of any
12 30 reports.

12 31 7. The department shall adopt rules specifying the
12 32 requirements for the operation of an emergency information
12 33 system operated by a registrant pursuant to section 206.12,
12 34 subsection 2, paragraph "c", which shall not exceed
12 35 requirements adopted by a poison control center as defined in
13 1 section 206.2. The rules shall specify the qualifications of
13 2 individuals staffing an emergency information system and shall
13 3 specify the maximum amount of time that a registrant may take
13 4 to provide the information to a poison control center or an
13 5 attending physician treating a patient exposed to the
13 6 registrant's product.

13 7 Sec. 22. NEW SECTION. 139A.22 PREVENTION OF TRANSMISSION
13 8 OF HIV OR HBV TO PATIENTS.

13 9 1. A hospital shall adopt procedures requiring the
13 10 establishment of protocols applicable on a case-by-case basis
13 11 to a health care provider determined to be infected with HIV
13 12 or HBV who ordinarily performs exposure-prone procedures as
13 13 determined by an expert review panel, within the hospital
13 14 setting. The protocols established shall be in accordance
13 15 with the recommendations issued by the centers for disease
13 16 control and prevention of the United States department of
13 17 health and human services. The expert review panel may be an
13 18 established committee of the hospital. The procedures may
13 19 provide for referral of the health care provider to the expert
13 20 review panel established by the department pursuant to
13 21 subsection 3 for establishment of the protocols. The
13 22 procedures shall require reporting noncompliance with the
13 23 protocols by a health care provider to the examining board
13 24 with jurisdiction over the relevant health care providers.

13 25 2. A health care facility shall adopt procedures in
13 26 accordance with recommendations issued by the centers for
13 27 disease control and prevention of the United States department
13 28 of health and human services, applicable to a health care
13 29 provider determined to be infected with HIV or HBV who
13 30 ordinarily performs or assists with exposure-prone procedures
13 31 within the health care facility. The procedures shall require
13 32 referral of the health care provider to the expert review
13 33 panel established by the department pursuant to subsection 3.

13 34 3. The department shall establish an expert review panel
13 35 to determine on a case-by-case basis under what circumstances,
14 1 if any, a health care provider determined to be infected with
14 2 HIV or HBV practicing outside the hospital or referred to the
14 3 panel by a hospital or health care facility setting may

14 4 perform exposure-prone procedures. If a health care provider
14 5 determined to be infected with HIV or HBV does not comply with
14 6 the determination of the expert review panel, the panel shall
14 7 report the noncompliance to the examining board with
14 8 jurisdiction over the health care provider. A determination
14 9 of an expert review panel pursuant to this section is a final
14 10 agency action appealable pursuant to section 17A.19.

14 11 4. The health care provider determined to be infected with
14 12 HIV or HBV, who works in a hospital setting, may elect either
14 13 the expert review panel established by the hospital or the
14 14 expert review panel established by the department for the
14 15 purpose of making a determination of the circumstances under
14 16 which the health care provider may perform exposure-prone
14 17 procedures.

14 18 5. A health care provider determined to be infected with
14 19 HIV or HBV shall not perform an exposure-prone procedure
14 20 except as approved by the expert review panel established by
14 21 the department pursuant to subsection 3, or in compliance with
14 22 the protocol established by the hospital pursuant to
14 23 subsection 1 or the procedures established by the health care
14 24 facility pursuant to subsection 2.

14 25 6. The board of medical examiners, the board of physician
14 26 assistant examiners, the board of podiatry examiners, the
14 27 board of nursing, the board of dental examiners, and the board
14 28 of optometry examiners shall require that licensees comply
14 29 with the recommendations issued by the centers for disease
14 30 control and prevention of the United States department of
14 31 health and human services for preventing transmission of human
14 32 immunodeficiency virus and hepatitis B virus to patients
14 33 during exposure-prone invasive procedures, with the
14 34 recommendations of the expert review panel established
14 35 pursuant to subsection 3, with hospital protocols established
15 1 pursuant to subsection 1 and with health care facility
15 2 procedures established pursuant to subsection 2, as
15 3 applicable.

15 4 7. Information relating to the HIV status of a health care
15 5 provider is confidential and subject to the provisions of
15 6 section 141A.9. A person who intentionally or recklessly
15 7 makes an unauthorized disclosure of such information is
15 8 subject to a civil penalty of one thousand dollars. The
15 9 attorney general or the attorney general's designee may
15 10 maintain a civil action to enforce this section. Proceedings
15 11 maintained under this section shall provide for the anonymity
15 12 of the health care provider and all documentation shall be
15 13 maintained in a confidential manner. Information relating to
15 14 the HBV status of a health care provider is confidential and
15 15 shall not be accessible to the public. Information regulated
15 16 by this section, however, may be disclosed to members of the
15 17 expert review panel established by the department or a panel
15 18 established by hospital protocol under this section. The
15 19 information may also be disclosed to the appropriate examining
15 20 board by filing a report as required by this section. The
15 21 examining board shall consider the report a complaint subject
15 22 to the confidentiality provisions of section 272C.6. A
15 23 licensee, upon the filing of a formal charge or notice of
15 24 hearing by the examining board based on such a complaint, may
15 25 seek a protective order from the board.

15 26 8. The expert review panel established by the department
15 27 and individual members of the panel shall be immune from any
15 28 liability, civil or criminal, for the good faith performance
15 29 of functions authorized or required by this section. A
15 30 hospital, an expert review panel established by the hospital,
15 31 and individual members of the panel shall be immune from any
15 32 liability, civil or criminal, for the good faith performance
15 33 of functions authorized or required by this section.
15 34 Complaints, investigations, reports, deliberations, and
15 35 findings of the hospital and its panel with respect to a named

16 1 health care provider suspected, alleged, or found to be in
16 2 violation of the protocol required by this section, constitute
16 3 peer review records under section 147.135, and are subject to
16 4 the specific confidentiality requirements and limitations of
16 5 that section.

16 6 Sec. 23. NEW SECTION. 139A.23 CONTINGENT REPEAL.

16 7 If the provisions of Pub. L. No. 102-141 relating to
16 8 requirements for prevention of transmission of HIV or HBV to
16 9 patients in the performance of exposure-prone procedures are
16 10 repealed, section 139A.22 is repealed.

16 11 Sec. 24. NEW SECTION. 139A.24 BLOOD DONATION OR SALE
16 12 PENALTY.

16 13 A person suffering from a communicable disease dangerous to
16 14 the public health who knowingly gives false information
16 15 regarding the person's infected state on a blood plasma sale
16 16 application to blood plasma-taking personnel commits a serious
16 17 misdemeanor.

16 18 Sec. 25. NEW SECTION. 139A.25 PENALTIES.

16 19 1. Unless otherwise provided in this chapter, a person who
16 20 knowingly violates any provision of this chapter, or of the
16 21 rules of the department or a local board, or any lawful order,
16 22 written or oral, of the department or board, or of their
16 23 officers or authorized agents, is guilty of a simple
16 24 misdemeanor.

16 25 2. Notwithstanding subsection 1, failure of an individual
16 26 to file any mandatory report specified in this chapter shall
16 27 result in a report being made to the licensing board governing
16 28 the professional activities of the individual failing to have
16 29 made the report.

16 30 3. Notwithstanding subsection 1, any public, private, or
16 31 hospital clinical laboratory failing to make the mandatory
16 32 report specified in this chapter is subject to a civil fine of
16 33 one thousand dollars per occurrence.

16 34 SUBCHAPTER I

16 35 CONTROL OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS

17 1 Sec. 26. NEW SECTION. 139A.30 CONFIDENTIAL REPORTS.

17 2 Reports to the department which include the identity of
17 3 persons infected with a sexually transmitted disease or
17 4 infection, and all such related information, records, and
17 5 reports concerning the person shall be confidential and shall
17 6 not be accessible to the public. However, such reports,
17 7 information, and records shall be confidential only to the
17 8 extent necessary to prevent identification of persons named in
17 9 such reports, information, and records; the other parts of
17 10 such reports, information, and records shall be public
17 11 records. The preceding sentence shall prevail over any
17 12 inconsistent provision of this chapter.

17 13 Sec. 27. NEW SECTION. 139A.31 REPORT TO DEPARTMENT.

17 14 Immediately after the first examination or treatment of any
17 15 person infected with any sexually transmitted disease or
17 16 infection, the health care provider who performed the
17 17 examination or treatment shall transmit to the department a
17 18 report stating the name of the infected person, the address of
17 19 the infected person, the infected person's date of birth, the
17 20 sex of the infected person, the race and ethnicity of the
17 21 infected person, the infected person's marital status, the
17 22 infected person's telephone number, if the infected person is
17 23 female, whether the infected person is pregnant, the name and
17 24 address of the laboratory that performed the test, the date
17 25 the test was found to be positive and the collection date, and
17 26 the name of the health care provider who performed the test.
17 27 However, when a case occurs within the jurisdiction of a local
17 28 health department, the report shall be made directly to the
17 29 local health department which shall immediately forward the
17 30 information to the department. Reports shall be made in
17 31 accordance with rules adopted by the department. Reports
17 32 shall be confidential. Any person filing a report of a

17 33 sexually transmitted disease or infection in good faith is
17 34 immune from any liability, civil or criminal, which might
17 35 otherwise be incurred or imposed as a result of such report.

18 1 Sec. 28. NEW SECTION. 139A.32 EXAMINATION RESULTS.

18 2 A person in charge of a public, private, or hospital
18 3 clinical laboratory shall report to the department, on forms
18 4 prescribed by the department, results obtained in the
18 5 examination of all specimens which yield evidence of or are
18 6 reactive for those diseases defined as sexually transmitted
18 7 diseases or infections, and listed in the Iowa administrative
18 8 code. The report shall state the name of the infected person
18 9 from whom the specimen was obtained, the address of the
18 10 infected person, the infected person's date of birth, the sex
18 11 of the infected person, the race and ethnicity of the infected
18 12 person, the infected person's marital status, the infected
18 13 person's telephone number, if the infected person is female
18 14 whether the infected person is pregnant, the name and address
18 15 of the laboratory that performed the test, the laboratory
18 16 results, the test employed, the date the test was found to be
18 17 positive and the collection date, the name of the health care
18 18 provider who performed the test, and the name and address of
18 19 the person submitting the specimen.

18 20 Sec. 29. NEW SECTION. 139A.33 DETERMINATION OF SOURCE.

18 21 The local board or the department shall use every available
18 22 means to determine the source and spread of any infectious
18 23 case of sexually transmitted disease or infection which is
18 24 reported.

18 25 Sec. 30. NEW SECTION. 139A.34 EXAMINATION OF PERSONS
18 26 SUSPECTED.

18 27 The local board shall cause an examination to be made of
18 28 every person reasonably suspected, on the basis of
18 29 epidemiological investigation, of having any sexually
18 30 transmitted disease or infection in the infectious stages to
18 31 ascertain if such person is infected, and if infected, to
18 32 cause such person to be treated. A person who is under the
18 33 care and treatment of a health care provider for the suspected
18 34 condition shall not be subjected to such examination. If a
18 35 person suspected of having a sexually transmitted disease or
19 1 infection refuses to submit to an examination voluntarily,
19 2 application may be made by the local board to the district
19 3 court for an order compelling the person to submit to
19 4 examination and, if infected, to treatment. The person shall
19 5 be treated until certified as no longer infectious to the
19 6 local board or to the department. If treatment is ordered by
19 7 the district court, the attending health care provider shall
19 8 certify that the person is no longer infectious.

19 9 Sec. 31. NEW SECTION. 139A.35 MINORS.

19 10 A minor who seeks diagnosis or treatment for a sexually
19 11 transmitted disease or infection shall have the legal capacity
19 12 to act and give consent to medical care and service for the
19 13 sexually transmitted disease or infection by a hospital,
19 14 clinic, or health care provider. Such medical diagnosis and
19 15 treatment shall be provided by a physician licensed to
19 16 practice medicine and surgery, osteopathy, or osteopathic
19 17 medicine and surgery. Consent shall not be subject to later
19 18 disaffirmance by reason of such minority. The consent of
19 19 another person, including but not limited to the consent of a
19 20 spouse, parent, custodian, or guardian, shall not be
19 21 necessary.

19 22 Sec. 32. NEW SECTION. 139A.36 CERTIFICATE NOT TO BE
19 23 ISSUED.

19 24 A certificate of freedom from sexually transmitted disease
19 25 or infection shall not be issued to any person by any official
19 26 health agency.

19 27 Sec. 33. NEW SECTION. 139A.37 PREGNANT WOMEN.

19 28 A physician attending a pregnant woman in this state shall
19 29 take or cause to be taken a sample of blood of the woman

19 30 within fourteen days of the first examination, and shall
19 31 submit the sample for standard serological tests for syphilis
19 32 to the university hygienic laboratory of the state university
19 33 at Iowa City or other laboratory approved by the department.
19 34 Every other person attending a pregnant woman in this state,
19 35 but not permitted by law to take blood tests, shall cause a
20 1 sample of blood of the woman to be taken by a duly licensed
20 2 physician, who shall submit such sample for standard
20 3 serological tests for syphilis to the state hygienic
20 4 laboratory of the state university at Iowa City or other
20 5 laboratory approved by the department. If the blood of the
20 6 pregnant woman reacts positively to the test if the woman is
20 7 married, the husband and other biological children of the
20 8 woman shall be subjected to the same blood tests. If the
20 9 pregnant woman is single, the person responsible for
20 10 impregnating the woman and other biological children by the
20 11 same woman shall be subjected to the same blood tests.

20 12 Sec. 34. NEW SECTION. 139A.38 BLOOD TESTS IN PREGNANCY
20 13 CASES.

20 14 Physicians and others attending pregnancy cases and
20 15 required to report births and still births shall state on the
20 16 appropriate birth or stillbirth certificate whether a blood
20 17 test for syphilis was made during the pregnancy upon a
20 18 specimen of blood taken from the mother of the subject child
20 19 and if made, the date when the test was made, and if not made,
20 20 the reason why the test was not made. The birth certificate
20 21 shall not state the result of the test.

20 22 Sec. 35. NEW SECTION. 139A.39 MEDICAL TREATMENT OF NEWLY
20 23 BORN.

20 24 A physician attending the birth of a child shall cause to
20 25 be instilled into the eyes of the newly born infant a
20 26 prophylactic solution approved by the department.

20 27 Sec. 36. NEW SECTION. 139A.40 RELIGIOUS EXCEPTIONS.

20 28 A provision of this chapter shall not be construed to
20 29 require or compel any person to take or follow a course of
20 30 medical treatment prescribed by law or a health care provider
20 31 if the person is a member of a church or religious
20 32 denomination and in accordance with the tenets or principles
20 33 of the person's church or religious denomination the person
20 34 opposes the specific course of medical treatment. However,
20 35 such person while in an infectious stage of disease shall be
21 1 subject to isolation and such other measures appropriate for
21 2 the prevention of the spread of the disease to other persons.
21 3 For the purposes of this section, "person" means an individual
21 4 eighteen years of age or older or an individual who attains
21 5 majority by marriage.

21 6 Sec. 37. NEW SECTION. 139A.41 FILING FALSE REPORTS.

21 7 Any person who falsely makes any of the reports required by
21 8 this subchapter concerning persons infected with any sexually
21 9 transmitted disease or infection, or who discloses the
21 10 identity of such person, except as authorized by this
21 11 subchapter, shall be punished as provided in section 139A.25.

21 12 Sec. 38. Section [135.11](#), subsections 8, 16, and 20, Code
21 13 Supplement 1999, are amended to read as follows:

21 14 8. Exercise general supervision over the administration
21 15 and enforcement of the

~~venereal disease~~

~~sexually transmitted~~

21 16 diseases and infections law, chapter

~~140~~

~~139A, subchapter I.~~

21 17 16. Administer chapters 125, 136A, 136C,

~~139~~

~~139A,~~

21 18 142, 144, and 147A.

21 19 20. Establish, publish, and enforce rules requiring prompt
21 20 reporting of methemoglobinemia, pesticide poisoning, and the
21 21 reportable poisonings and illnesses established pursuant to
21 22 section

~~139A.21.~~

21 23 Sec. 39. Section [141A.6](#), Code Supplement 1999, is amended
21 24 by adding the following new subsection:

21 25 NEW SUBSECTION. 7. Failure to file the report required
21 26 under this section shall result in a report being made to the
21 27 licensing board governing the professional activities of the
21 28 individual failing to have made the report. Any public,
21 29 private, or hospital clinical laboratory failing to make the
21 30 report required under this section shall be subject to a civil
21 31 fine of one thousand dollars per occurrence.

21 32 Sec. 40. Section [141A.9](#), Code Supplement 1999, is amended
21 33 to read as follows:

21 34 141A.9 CONFIDENTIALITY OF INFORMATION.

21 35 1. Any information, including reports and records,
22 1 obtained, submitted, and maintained pursuant to this chapter
22 2 is strictly confidential medical information. The information
22 3 shall not be released, shared with an agency or institution,
22 4 or made public upon subpoena, search warrant, discovery
22 5 proceedings, or by any other means except as provided in this
22 6 chapter. A person shall not be compelled to disclose the
22 7 identity of any person upon whom an HIV-related test is
22 8 performed, or the results of the test in a manner which
22 9 permits identification of the subject of the test, except to
22 10 persons entitled to that information under this chapter.
22 11 Information shall be made available for release to the
22 12 following individuals or under the following circumstances:
22 13

~~1.~~

- a. To the subject of the test or the subject's legal
22 14 guardian subject to the provisions of section 141A.7,
22 15 subsection 3, when applicable.
22 16

~~2.~~

- b. To any person who secures a written release of test
22 17 results executed by the subject of the test or the subject's
22 18 legal guardian.
22 19

~~3.~~

- c. To an authorized agent or employee of a health
22 20 facility or health care provider, if the health facility or
22 21 health care provider ordered or participated in the testing or
22 22 is otherwise authorized to obtain the test results, the agent
22 23 or employee provides patient care or handles or processes
22 24 samples, and the agent or employee has a medical need to know
22 25 such information.
22 26

~~4.~~

- d. To a health care provider providing care to the
22 27 subject of the test when knowledge of the test results is
22 28 necessary to provide care or treatment.
22 29

~~5.~~

- e. To the department in accordance with reporting
22 30 requirements for an HIV-related condition.
22 31

~~6.~~

- f. To a health facility or health care provider which
22 32 procures, processes, distributes, or uses a human body part
22 33 from a deceased person with respect to medical information
22 34 regarding that person, or semen provided prior to July 1,
22 35 1988, for the purpose of artificial insemination.
23 1

~~7.~~

- g. Release may be made of medical or epidemiological
23 2 information for statistical purposes in a manner such that no
23 3 individual person can be identified.
23 4

~~8.~~

- h. Release may be made of medical or epidemiological
23 5 information to the extent necessary to enforce the provisions
23 6 of this chapter and related rules concerning the treatment,
23 7 control, and investigation of HIV infection by public health
23 8 officials.
23 9

~~9.~~

- i. Release may be made of medical or epidemiological
23 10 information to medical personnel to the extent necessary to
23 11 protect the health or life of the named party.
23 12

~~10.~~

- j. Release may be made of test results concerning a
23 13 patient pursuant to procedures established under section
23 14 141A.5, subsection 3, paragraph "c".
23 15

~~11.~~

- k. To a person allowed access to a record by a court
23 16 order which is issued in compliance with the following
23 17 provisions:
23 18

~~a.~~

- (1) A court has found that the person seeking the test
23 19 results has demonstrated a compelling need for the test
23 20 results which need cannot be accommodated by other means. In
23 21 assessing compelling need, the court shall weigh the need for
23 22 disclosure against the privacy interest of the test subject
23 23 and the public interest which may be disserved by disclosure
23 24 due to its deterrent effect on future testing or due to its
23 25 effect in leading to discrimination.
23 26

~~b.~~

- (2) Pleadings pertaining to disclosure of test results
23 27 shall substitute a pseudonym for the true name of the subject
23 28 of the test. The disclosure to the parties of the subject's
23 29 true name shall be communicated confidentially in documents
23 30 not filed with the court.
23 31

~~c.~~

- (3) Before granting an order, the court shall provide
23 32 the person whose test results are in question with notice and
23 33 a reasonable opportunity to participate in the proceedings if

23 34 the person is not already a party.
23 35

~~d.~~

- (4) Court proceedings as to disclosure of test results
24 1 shall be conducted in camera unless the subject of the test
24 2 agrees to a hearing in open court or unless the court
24 3 determines that a public hearing is necessary to the public
24 4 interest and the proper administration of justice.
24 5

~~e.~~

- (5) Upon the issuance of an order to disclose test
24 6 results, the court shall impose appropriate safeguards against
24 7 unauthorized disclosure, which shall specify the persons who
24 8 may gain access to the information, the purposes for which the
24 9 information shall be used, and appropriate prohibitions on
24 10 future disclosure.
24 11

~~12.~~

- 1. To an employer, if the test is authorized to be
24 12 required under any other provision of law.
24 13

~~13.~~

- m. To a convicted or alleged sexual assault offender;
24 14 the physician or other health care provider who orders the
24 15 test of a convicted or alleged offender; the victim; the
24 16 parent, guardian, or custodian of the victim if the victim is
24 17 a minor; the physician of the victim; the victim counselor or
24 18 person requested by the victim to provide counseling regarding
24 19 the HIV-related test and results; the victim's spouse; persons
24 20 with whom the victim has engaged in vaginal, anal, or oral
24 21 intercourse subsequent to the sexual assault; members of the
24 22 victim's family within the third degree of consanguinity; and
24 23 the county attorney who may use the results as evidence in the
24 24 prosecution of sexual assault under chapter 915, subchapter
24 25 IV, or prosecution of the offense of criminal transmission of
24 26 HIV under chapter 709C. For the purposes of this paragraph,
24 27 "victim" means victim as defined in section 915.40.
24 28

~~14.~~

- n. To employees of state correctional institutions
24 29 subject to the jurisdiction of the department of corrections,
24 30 employees of secure facilities for juveniles subject to the
24 31 department of human services, and employees of city and county
24 32 jails, if the employees have direct supervision over inmates
24 33 of those facilities or institutions in the exercise of the
24 34 duties prescribed pursuant to section 80.9, subsection 2,
24 35 paragraph "d".
25 1 2. Medical information secured pursuant to subsection 1
25 2 may be shared between employees of the department who shall
25 3 use the information collected only for the purposes of
25 4 carrying out their official duties in preventing the spread of
25 5 the disease or the spread of other reportable diseases as
25 6 defined in section 139A.2.
25 7 Sec. 41. Section 206.12, subsection 2, paragraph c,
25 8 subparagraph (2), Code 1999, is amended to read as follows:
25 9 (2) The registrant operates an emergency information
25 10 system as provided in section

~~139.35~~

- 139A.21 that is available
25 11 to poison control centers twenty-four hours a day every day of
25 12 the year. The emergency information system must provide

25 13 information to medical professionals required for the sole
25 14 purpose of treating a specific patient for exposure or adverse
25 15 reaction to the registrant's product, including the
25 16 identification of all ingredients which are toxic to humans,
25 17 and toxicological and medical management information.
25 18 Sec. 42. Section [232.69](#), subsection 1, paragraph a, Code
25 19 Supplement 1999, is amended to read as follows:
25 20 a. Every health practitioner who in the scope of
25 21 professional practice, examines, attends, or treats a child
25 22 and who reasonably believes the child has been abused.
25 23 Notwithstanding section

~~140.3~~

- [139A.30](#), this provision applies

25 24 to a health practitioner who receives information confirming
25 25 that a child is infected with a sexually transmitted disease.

25 26 Sec. 43. Section [239B.12](#), subsection 1, Code 1999, is
25 27 amended to read as follows:

25 28 1. To the extent feasible, the department shall determine
25 29 the immunization status of children receiving assistance under
25 30 this chapter. The status shall be determined in accordance
25 31 with the immunization recommendations adopted by the Iowa
25 32 department of public health under section

~~139.9~~

- [139A.8](#),

25 33 including the exemption provisions in section

~~139.9~~

- [139A.8](#),

25 34 subsection 4. If the department determines a child is not in
25 35 compliance with the immunization recommendations, the
26 1 department shall refer the child's parent or guardian to a
26 2 local public health agency for immunization services for the
26 3 child and other members of the child's family.

26 4 Sec. 44. Section [252.24](#), unnumbered paragraph 2, Code
26 5 1999, is amended to read as follows:

26 6 When assistance is furnished by any governmental agency of
26 7 the county, township, or city, the assistance shall be deemed
26 8 to have been furnished by the county in which the agency is
26 9 located and the agency furnishing the assistance shall certify
26 10 the correctness of the costs of the assistance to the board of
26 11 supervisors of that county and that county shall collect from
26 12 the county of the person's settlement. The amounts collected
26 13 by the county where the agency is located shall be paid to the
26 14 agency furnishing the assistance. This statute applies to
26 15 services and supplies furnished as provided in section

~~139.30~~

- [139A.18](#).

26 17 Sec. 45. Section [299.4](#), Code 1999, is amended to read as
26 18 follows:

26 19 299.4 REPORTS AS TO PRIVATE INSTRUCTION.

26 20 The parent, guardian, or legal custodian of a child who is
26 21 of compulsory attendance age, who places the child under
26 22 competent private instruction under either section 299A.2 or
26 23 299A.3, not in an accredited school or a home school
26 24 assistance program operated by a public or accredited

26 25 nonpublic school, shall furnish a report in duplicate on forms
26 26 provided by the public school district, to the district by the
26 27 earliest starting date specified in section 279.10, subsection

26 28 1. The secretary shall retain and file one copy and forward
26 29 the other copy to the district's area education agency. The
26 30 report shall state the name and age of the child, the period
26 31 of time during which the child has been or will be under
26 32 competent private instruction for the year, an outline of the

26 33 course of study, texts used, and the name and address of the
26 34 instructor. The parent, guardian, or legal custodian of a
26 35 child, who is placing the child under competent private
27 1 instruction, for the first time, shall also provide the
27 2 district with evidence that the child has had the
27 3 immunizations required under section

~~139.9~~

- 139A.8. The term

27 4 "outline of course of study" shall include subjects covered,
27 5 lesson plans, and time spent on the areas of study.

27 6 Sec. 46. Section [455E.11](#), subsection 2, paragraph a,
27 7 subparagraph (2), subparagraph subdivision (a), subparagraph
27 8 subdivision part (i), Code 1999, is amended to read as
27 9 follows:

27 10 (i) Eight thousand dollars shall be transferred to the
27 11 Iowa department of public health for departmental duties
27 12 required under section 135.11, subsections 20 and 21, and
27 13 section

~~139.35~~

- 139A.21.

27 14 Sec. 47. Section [455E.11](#), subsection 2, paragraph b,
27 15 subparagraph (1), Code 1999, is amended to read as follows:

27 16 (1) Nine thousand dollars of the account is appropriated
27 17 to the Iowa department of public health for carrying out the
27 18 departmental duties under section 135.11, subsections 20 and
27 19 21, and section

~~139.35~~

- 139A.31.

27 20 Sec. 48. Section [455E.11](#), subsection 2, paragraph c,
27 21 unnumbered paragraph 1, Code 1999, is amended to read as
27 22 follows:

27 23 A household hazardous waste account. The moneys collected
27 24 pursuant to section 455F.7 and moneys collected pursuant to
27 25 section 29C.8A which are designated for deposit, shall be
27 26 deposited in the household hazardous waste account. Two
27 27 thousand dollars is appropriated annually to the Iowa
27 28 department of public health to carry out departmental duties
27 29 under section 135.11, subsections 20 and 21, and section
27 30

~~139.35~~

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

27 31 fund toxic cleanup days and the efforts of the department to
27 32 support a collection system for household hazardous materials,
27 33 including public education programs, training, and
27 34 consultation of local governments in the establishment and
27 35 operation of permanent collection systems, and the management
28 1 of collection sites, education programs, and other activities
28 2 pursuant to chapter 455F, including the administration of the
28 3 household hazardous materials permit program by the department
28 4 of revenue and finance.

28 5 Sec. 49. Section [455E.11](#), subsection 2, paragraph d,
28 6 subparagraph (1), Code 1999, is amended to read as follows:

28 7 (1) One thousand dollars is appropriated annually to the
28 8 Iowa department of public health to carry out departmental
28 9 duties under section 135.11, subsections 20 and 21, and
28 10 section

~~139.35~~

- 139A.21.

28 11 Sec. 50. Chapters 139, 139B, 139C, and 140, Code 1999 and
28 12 Code Supplement 1999, are repealed.

28 13 Sec. 51. Section [137C.19](#), Code 1999, is repealed.

28 14 EXPLANATION

28 15 This bill combines the existing communicable and reportable
28 16 diseases and poisonings Code chapter (139), emergency care
28 17 providers exposure to disease Code chapter (139B),
28 18 exposure-prone procedures Code chapter (139C), and venereal
28 19 disease control Code chapter (140) into a new Code chapter
28 20 (139A), entitled the communicable and infectious disease
28 21 reporting and control Act.

28 22 The bill makes minor changes in the existing language in
28 23 combining the chapters. Definitions used in the four chapters
28 24 are combined. The current term "disinfection" is replaced
28 25 with "terminal cleaning" and is defined. "Venereal disease"
28 26 is replaced with the broader term "sexually transmitted
28 27 disease or infection".

28 28 With regard to reporting of reportable diseases, the bill
28 29 retains the same process, but also specifies information to be
28 30 included in any report made.

28 31 The bill repeals Code section 137C.19 which prohibits a
28 32 person with a communicable disease from being employed in a
28 33 hotel.

28 34 Code chapter 140, which applies only to venereal disease
28 35 control, is replaced with subchapter I of new Code chapter
29 1 139A and is expanded to cover sexually transmitted diseases
29 2 and infections.

29 3 The remainder of the bill makes conforming changes
29 4 throughout the Code resulting from the repeal of Code chapters
29 5 139, 139B, 139C, and 140.

29 6 LSB 6957XC 78

29 7 pf/gg/8