

**House Study Bill 90 - Introduced**

SENATE/HOUSE FILE \_\_\_\_\_  
BY (PROPOSED DEPARTMENT OF  
PUBLIC HEALTH BILL)

**A BILL FOR**

1 An Act relating to programs and activities under the purview of  
2 the department of public health.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I

IOWA HEALTH WORKFORCE CENTER

Section 1. Section 135.11, subsection 27, Code 2011, is amended by striking the subsection.

Sec. 2. NEW SECTION. 135.179 Iowa health workforce center — established — duties.

1. An Iowa health workforce center is established within the division of health promotion and chronic disease prevention of the department.

2. The center shall do all of the following:

a. Coordinate public and private efforts to develop and maintain an appropriate health care delivery infrastructure and a stable, well-qualified, diverse, and sustainable health care workforce in this state.

b. Develop a biennial strategic plan for health care delivery infrastructure and health care workforce resources in this state.

c. Provide for the continuous collection of data to provide a basis for health care strategic planning and health care policymaking.

d. Make recommendations regarding the health care delivery infrastructure and the health care workforce that assist in monitoring current needs, predicting future trends, and informing policymaking.

e. Leverage federal, state, and local resources to support programs under the purview of the center.

DIVISION II

TOBACCO ENFORCEMENT

Sec. 3. Section 142A.4, subsection 14, Code 2011, is amended by striking the subsection.

Sec. 4. Section 142A.5, subsection 1, paragraph e, Code 2011, is amended to read as follows:

~~e. Enter into contracts with the alcoholic beverages division of the department of commerce, to provide enforcement of tobacco laws and regulations. Such contracts shall require~~

1 Ensure that enforcement efforts to enforce tobacco laws and  
2 regulations include training of local authorities who issue  
3 retailer permits and education of retailers.

4 DIVISION III

5 COMMUNICABLE AND INFECTIOUS DISEASES AND POISONINGS

6 Sec. 5. Section 139A.2, subsections 5 and 8, Code 2011, are  
7 amended to read as follows:

8 5. "*Contagious or infectious disease*" means hepatitis in any  
9 form, meningococcal disease, AIDS or HIV as defined in section  
10 141A.1, tuberculosis, and any other disease, with the exception  
11 of AIDS or HIV infection as defined in section 141A.1,  
12 determined to be life-threatening to a person exposed to the  
13 disease as established by rules adopted by the department,  
14 based upon a determination by the state epidemiologist and in  
15 accordance with guidelines of the centers for disease control  
16 and prevention of the United States department of health and  
17 human services.

18 8. "*Exposure*" means ~~the risk of contracting disease as~~  
19 ~~determined by the centers for disease control and prevention~~  
20 ~~of the United States department of health and human services~~  
21 ~~and adopted by rule of the department~~ a specific eye, mouth,  
22 other mucous membrane, nonintact skin, or parenteral contact  
23 with blood or other potentially infectious bodily fluids.

24 Sec. 6. Section 139A.2, Code 2011, is amended by adding the  
25 following new subsection:

26 NEW SUBSECTION. 23A. "*Significant exposure*" means a  
27 situation in which there is a risk of contracting disease  
28 through exposure to a person's infectious bodily fluids  
29 in a manner capable of transmitting an infectious agent as  
30 determined by the centers for disease control and prevention of  
31 the United States department of health and human services and  
32 adopted by rule of the department.

33 Sec. 7. Section 139A.19, Code 2011, is amended to read as  
34 follows:

35 **139A.19 Care provider notification.**

1 1. *a.* Notwithstanding any provision of this chapter to the  
2 contrary, if a care provider sustains ~~an~~ a significant exposure  
3 from an individual while rendering health care services or  
4 other services, the individual to whom the care provider was  
5 exposed is deemed to consent to a test to determine if the  
6 individual has a contagious or infectious disease and is deemed  
7 to consent to notification of the care provider of the results  
8 of the test, upon submission of ~~an~~ a significant exposure  
9 report by the care provider to the hospital, clinic, other  
10 health facility, or other person specified in this section  
11 to whom the individual is delivered by the care provider  
12 as determined by rule. ~~The exposure report form may be~~  
13 ~~incorporated into the Iowa prehospital care report, the Iowa~~  
14 ~~prehospital advanced care report, or a similar report used~~  
15 ~~by an ambulance, rescue, or first response service or law~~  
16 ~~enforcement agency.~~

17 *b.* The hospital, clinic, or other health facility in which  
18 the significant exposure occurred or other person specified in  
19 this section to whom the individual is delivered shall conduct  
20 the test. If the individual is delivered by the care provider  
21 to an institution administered by the Iowa department of  
22 corrections, the test shall be conducted by the staff physician  
23 of the institution. If the individual is delivered by the  
24 care provider to a jail, the test shall be conducted by the  
25 attending physician of the jail or the county medical examiner.  
26 The sample and test results shall only be identified by a  
27 number ~~and shall not otherwise identify the individual tested.~~

28 *c.* A hospital, clinic, or other health facility,  
29 institutions administered by the department of corrections,  
30 and jails shall have written policies and procedures for  
31 notification of a care provider under this section. The  
32 policies and procedures shall include designation of a  
33 representative of the care provider to whom notification shall  
34 be provided and who shall, in turn, notify the care provider.  
35 The identity of the designated representative of the care

1 provider shall not be revealed to the individual tested.  
2 The designated representative shall inform the hospital,  
3 clinic, or other health facility, institution administered  
4 by the department of corrections, or jail of those parties  
5 who received the notification, and following receipt of  
6 this information and upon request of the individual tested,  
7 the hospital, clinic, or other health facility, institution  
8 administered by the department of corrections, or jail shall  
9 inform the individual of the parties to whom notification was  
10 provided.

11 *d.* Notwithstanding any other provision of law to the  
12 contrary, a care provider may transmit cautions regarding  
13 contagious or infectious disease information, with the  
14 exception of AIDS or HIV pursuant to section 80.9B, in the  
15 course of the care provider's duties over the police radio  
16 broadcasting system under chapter 693 or any other radio-based  
17 communications system if the information transmitted does not  
18 personally identify an individual.

19 2. *a.* If the test results are positive, the hospital,  
20 clinic, other health facility, or other person performing the  
21 test shall notify the subject of the test and make any required  
22 reports to the department pursuant to sections 139A.3 and  
23 141A.6. The report to the department shall include the name of  
24 the individual tested.

25 *b.* If the individual tested is diagnosed or confirmed  
26 as having a contagious or infectious disease, the hospital,  
27 clinic, other health facility, or other person conducting  
28 the test shall notify the care provider or the designated  
29 representative of the care provider who shall then notify the  
30 care provider.

31 ~~3. The notification to the care provider shall advise the~~  
32 ~~care provider of possible exposure to a particular contagious~~  
33 ~~or infectious disease and recommend that the care provider seek~~  
34 ~~medical attention.~~

35 *c.* The notification to the care provider shall be provided

1 as soon as is reasonably possible following determination  
2 that the ~~individual~~ subject of the test has a contagious or  
3 infectious disease. The notification shall not include the  
4 name of the individual tested for the contagious or infectious  
5 disease unless the individual consents. If the care provider  
6 who sustained ~~an~~ a significant exposure determines the identity  
7 of the individual diagnosed or confirmed as having a contagious  
8 or infectious disease, the identity of the individual shall be  
9 confidential information and shall not be disclosed by the care  
10 provider to any other person unless a specific written release  
11 is obtained from the individual diagnosed with or confirmed as  
12 having a contagious or infectious disease.

13 ~~4. This section does not require or permit, unless otherwise~~  
14 ~~provided, a hospital, health care provider, or other person to~~  
15 ~~administer a test for the express purpose of determining the~~  
16 ~~presence of a contagious or infectious disease, except that~~  
17 ~~testing may be performed if the individual consents and if the~~  
18 ~~requirements of this section are satisfied.~~

19 ~~5.~~ 3. This section does not preclude a hospital, clinic,  
20 other health facility, or a health care provider from providing  
21 notification to a care provider under circumstances in  
22 which the hospital's, clinic's, other health facility's, or  
23 health care provider's policy provides for notification of  
24 the hospital's, clinics, other health facility's, or health  
25 care provider's own employees of exposure to a contagious or  
26 infectious disease that is not life-threatening if the notice  
27 does not reveal a patient's name, unless the patient consents.

28 ~~6.~~ 4. A hospital, clinic, other health facility, or health  
29 care provider, or other person participating in good faith in  
30 complying with provisions authorized or required under this  
31 section is immune from any liability, civil or criminal, which  
32 might otherwise be incurred or imposed.

33 ~~7.~~ 5. A hospital's, clinic's, other health facility's, or  
34 health care provider's ~~duty of notification~~ duty to notify under  
35 this section is not continuing but is limited to a diagnosis

1 of a contagious or infectious disease made in the course of  
2 admission, care, and treatment following the rendering of  
3 health care services or other services to ~~which notification~~  
4 ~~under this section applies~~ the individual who was the source of  
5 the significant exposure.

6 6. Notwithstanding subsection 5, the hospital, clinic, or  
7 other health facility may provide a procedure for notifying  
8 the exposed care provider if, following discharge from or  
9 completion of care or treatment by the hospital, clinic, or  
10 other health facility, the individual who was the source of  
11 the significant exposure, and for whom a significant exposure  
12 report was submitted that did not result in notification of the  
13 exposed care provider, wishes to provide information regarding  
14 the source individual's contagious or infectious disease status  
15 to the exposed care provider.

16 ~~8.~~ 7. A hospital, clinic, other health facility, health  
17 care provider, or other person who is authorized to perform a  
18 test under this section who performs the test in compliance  
19 with this section or who fails to perform the test authorized  
20 under this section, is immune from any liability, civil or  
21 criminal, which might otherwise be incurred or imposed.

22 ~~9.~~ 8. A hospital, clinic, other health facility, health  
23 care provider, or other person who is authorized to perform  
24 a test under this section has no duty to perform the test  
25 authorized.

26 ~~10.~~ 9. The department shall adopt rules pursuant to chapter  
27 17A to administer this section. The department may determine  
28 by rule the contagious or infectious diseases for which testing  
29 is reasonable and appropriate and which may be administered  
30 under this section.

31 ~~11.~~ 10. The employer of a care provider who sustained  
32 an a significant exposure under this section shall pay the  
33 costs of testing for the individual who is the source of the  
34 significant exposure and of the testing of the care provider,  
35 if the significant exposure was sustained during the course

1 of employment. However, the department shall ~~pay the costs~~  
2 ~~of testing for the~~ assist an individual who is the source  
3 of the significant exposure ~~and~~ in finding resources to pay  
4 for the costs of the testing ~~of the~~ and shall assist a care  
5 provider who renders direct aid without compensation in finding  
6 resources to pay for the cost of the test.

7 Sec. 8. Section 139A.33, Code 2011, is amended to read as  
8 follows:

9 **139A.33 Determination of source — partner notification**  
10 **program.**

11 ~~The local board or the department shall use every available~~  
12 ~~means to determine the source and spread of any infectious case~~  
13 ~~of sexually transmitted disease or infection which is reported.~~

14 1. The department shall maintain a partner notification  
15 program for persons known to have tested positive for a  
16 reportable sexually transmitted disease or infection.

17 2. In administering the program, the department shall  
18 provide for all of the following:

19 a. A person who voluntarily participates in the program  
20 shall receive post-test counseling during which time the person  
21 shall be encouraged to refer for counseling and testing any  
22 person with whom the person has had sexual relations or has  
23 shared drug injecting equipment.

24 b. The physician or other health care provider attending the  
25 person may provide to the department any relevant information  
26 provided by the person regarding any person with whom the  
27 tested person has had sexual relations or has shared drug  
28 injecting equipment.

29 3. The department may delegate its partner notification  
30 duties under this section to local health authorities or a  
31 physician or other health care provider, as provided by rules  
32 adopted by the department.

33 4. In making contact with sexual or drug equipment-sharing  
34 partners, the department or its designee shall not disclose the  
35 identity of the person who provided the names of the persons

1 to be contacted and shall protect the confidentiality of the  
2 persons contacted.

3 5. a. This section shall not be interpreted as creating  
4 a duty to warn third parties of the danger of exposure to a  
5 sexually transmitted disease or infection through contact with  
6 a person who tests positive for a sexually transmitted disease.

7 b. This section shall not be interpreted to require the  
8 department to provide partner notification services to all  
9 persons who have tested positive for a sexually transmitted  
10 disease or infection.

11 DIVISION IV

12 AIDS UPDATE

13 Sec. 9. Section 141A.1, subsections 2, 11, 13, 15, and 18,  
14 Code 2011, are amended to read as follows:

15 2. "*AIDS-related conditions*" means any condition resulting  
16 from ~~the~~ human immunodeficiency virus infection that meets the  
17 definition of AIDS as established by the centers for disease  
18 control and prevention of the United States department of  
19 health and human services.

20 11. "*HIV-related condition*" means any condition resulting  
21 from ~~the~~ human immunodeficiency virus infection.

22 13. "*Infectious bodily fluids*" means bodily fluids capable  
23 of transmitting HIV ~~infection~~ as determined by the centers for  
24 disease control and prevention of the United States department  
25 of health and human services and adopted by rule of the  
26 department.

27 15. "*Nonblinded epidemiological studies*" means studies  
28 in which specimens are collected for the express purpose  
29 of testing for ~~the~~ HIV infection and persons included in  
30 the nonblinded study are selected according to established  
31 criteria.

32 18. "*Significant exposure*" means the a situation in which  
33 there is a risk of contracting HIV infection by means of  
34 through exposure to a person's infectious bodily fluids in a  
35 manner capable of transmitting HIV ~~infection~~ as determined by

1 the centers for disease control and prevention of the United  
2 States department of health and human services and adopted by  
3 rule of the department.

4 Sec. 10. Section 141A.1, Code 2011, is amended by adding the  
5 following new subsection:

6 NEW SUBSECTION. 6A. "*Exposure*" means a specific eye, mouth,  
7 other mucous membrane, nonintact skin, or parenteral contact  
8 with blood or other potentially infectious bodily fluids.

9 Sec. 11. Section 141A.2, subsection 5, Code 2011, is amended  
10 to read as follows:

11 5. The department shall coordinate efforts with local  
12 health officers to investigate sources of HIV infection and use  
13 every appropriate means to prevent the spread of ~~the infection~~  
14 HIV.

15 Sec. 12. Section 141A.3, subsection 2, paragraph b, Code  
16 2011, is amended to read as follows:

17 *b.* Provide health information to the public regarding HIV  
18 ~~infection~~, including information about how ~~the infection~~ HIV  
19 is transmitted and how transmittal can be prevented. The  
20 department shall prepare and distribute information regarding  
21 HIV infection transmission and prevention.

22 Sec. 13. Section 141A.4, subsection 1, Code 2011, is amended  
23 to read as follows:

24 1. HIV testing and education shall be offered to persons who  
25 are at risk for HIV infection including all of the following:

26 *a.* Males who have had sexual relations with other males.

27 *b.* All persons testing positive for a sexually transmitted  
28 disease.

29 ~~*b.*~~ *c.* All persons having a history of injecting drug abuse.

30 ~~*e.*~~ *d.* Male and female sex workers and those who trade sex  
31 for drugs, money, or favors.

32 ~~*d.*~~ *e.* Sexual partners of HIV-infected persons.

33 ~~*e.*~~ *f.* Persons whose sexual partners are identified in  
34 paragraphs "*a*" through "~~*d*~~" "*e*".

35 Sec. 14. Section 141A.5, subsection 2, paragraph c,

1 subparagraph (1), subparagraph division (a), Code 2011, is  
2 amended to read as follows:

3 (a) A physician for the infected person is of the good  
4 faith opinion that the nature of the continuing contact poses  
5 an imminent danger of HIV ~~infection~~ transmission to the third  
6 party.

7 Sec. 15. Section 141A.6, subsection 1, Code 2011, is amended  
8 to read as follows:

9 1. Prior to undergoing ~~an~~ a voluntary HIV-related test,  
10 information shall be available to the subject of the test  
11 concerning testing and any means of obtaining additional  
12 information regarding HIV ~~infection~~ transmission and risk  
13 reduction. If an individual signs a general consent form for  
14 the performance of medical tests or procedures, the signing  
15 of an additional consent form for the specific purpose of  
16 consenting to an HIV-related test is not required during  
17 the time in which the general consent form is in effect.  
18 If an individual has not signed a general consent form  
19 for the performance of medical tests and procedures or the  
20 consent form is no longer in effect, a health care provider  
21 shall obtain oral or written consent prior to performing an  
22 HIV-related test. If an individual is unable to provide  
23 consent, the individual's legal guardian may provide consent.  
24 If the individual's legal guardian cannot be located or is  
25 unavailable, a health care provider may authorize the test  
26 when the test results are necessary for diagnostic purposes to  
27 provide appropriate urgent medical care.

28 Sec. 16. Section 141A.9, subsection 2, paragraph i, Code  
29 2011, is amended to read as follows:

30 *i.* Pursuant to ~~section~~ sections 915.42 and 915.43, to a  
31 convicted or alleged sexual assault offender; the physician or  
32 other health care provider who orders the test of a convicted  
33 or alleged offender; the victim; the parent, guardian, or  
34 custodian of the victim if the victim is a minor; the physician  
35 of the victim if requested by the victim; the victim counselor

1 or person requested by the victim to provide counseling  
2 regarding the HIV-related test and results; the victim's  
3 spouse; persons with whom the victim has engaged in vaginal,  
4 anal, or oral intercourse subsequent to the sexual assault;  
5 members of the victim's family within the third degree of  
6 consanguinity; and the county attorney who may use the results  
7 as evidence in the prosecution of sexual assault under chapter  
8 915, subchapter IV, or prosecution of the offense of criminal  
9 transmission of HIV under chapter 709C. For the purposes of  
10 this paragraph, "*victim*" means victim as defined in section  
11 915.40.

12 Sec. 17. Section 141A.9, subsection 3, Code 2011, is amended  
13 to read as follows:

14 3. Release may be made of medical or epidemiological  
15 information for research or statistical purposes in a manner  
16 such that no individual person can be identified.

17 Sec. 18. Section 141A.9, Code 2011, is amended by adding the  
18 following new subsection:

19 NEW SUBSECTION. 8. Medical information secured pursuant  
20 to subsection 1 may be shared with other state or federal  
21 agencies, with employees or agents of the department, or  
22 with local units of government, who have a need for the  
23 information in the performance of their duties related to HIV  
24 prevention, disease surveillance, or care of persons with HIV,  
25 only as necessary to administer the program for which the  
26 information is collected or to administer a program within the  
27 other agency. Confidential information transferred to other  
28 entities under this subsection shall continue to maintain  
29 its confidential status and shall not be rereleased by the  
30 receiving entity.

31 Sec. 19. Section 141A.10, subsection 2, Code 2011, is  
32 amended to read as follows:

33 2. A health care provider attending a person who tests  
34 positive for the HIV infection has no duty to disclose to  
35 or to warn third parties of the dangers of exposure to HIV

1 infection through contact with that person and is immune from  
2 any liability, civil or criminal, for failure to disclose to or  
3 warn third parties of the condition of that person.

4 Sec. 20. REPEAL. Section 141A.8, Code 2011, is repealed.

5 DIVISION V

6 MISCELLANEOUS PROVISIONS

7 Sec. 21. Section 135.11, subsection 13, Code 2011, is  
8 amended to read as follows:

9 13. Administer ~~the statewide public health nursing,~~  
10 ~~homemaker-home health aide, and senior health programs~~ healthy  
11 aging and essential public health services by approving grants  
12 of state funds to the local boards of health ~~and the county~~  
13 ~~boards of supervisors~~ for the purposes of promoting healthy  
14 aging throughout the lifespan and enhancing health promotion  
15 and disease prevention services, and by providing guidelines  
16 for the approval of the grants and allocation of the state  
17 funds. ~~Program direction~~ Guidelines, evaluation requirements,  
18 and formula allocation procedures for ~~each of the programs~~  
19 services shall be established by the department by rule.

20 Sec. 22. Section 135A.5, subsection 1, Code 2011, is amended  
21 to read as follows:

22 1. A governmental public health evaluation committee  
23 is established to develop, and implement, ~~and evaluate~~ the  
24 evaluation of the governmental public health system and  
25 voluntary accreditation program. The committee shall meet  
26 at least quarterly. The committee shall consist of no fewer  
27 than eleven members and no more than thirteen members. The  
28 members shall be appointed by the director of the department.  
29 The director may solicit and consider recommendations from  
30 professional organizations, associations, and academic  
31 institutions in making appointments to the committee.

32 Sec. 23. REPEAL. Section 135.162, Code 2011, is repealed.

33 EXPLANATION

34 This bill relates to programs and activities under the  
35 purview of the department of public health (DPH).

1 Division I relates to the creation of an Iowa health  
2 workforce center. The division eliminates an existing  
3 directive to the department to establish and administer a  
4 program relating to workforce supply and instead establishes  
5 an Iowa health workforce center in the division of health  
6 promotion and chronic disease prevention of DPH and specifies  
7 its duties.

8 Division II relates to tobacco enforcement by eliminating  
9 the requirement that DPH contract with the alcoholic beverages  
10 division for enforcement. Instead, the department is directed  
11 to ensure that enforcement efforts include training of local  
12 authorities who issue retailer permits and education of  
13 retailers.

14 Division III relates to communicable and infectious diseases  
15 and poisonings. The bill includes AIDS and HIV, which were  
16 previously excluded, in the definition of "contagious and  
17 infectious disease" under Code chapter 139A (contagious and  
18 infectious diseases and poisonings); provides new definitions  
19 for "exposure" and "significant exposure"; amends provisions  
20 for the notification of care providers who may have had a  
21 significant exposure; provides for the reporting of positive  
22 test results to the department; authorizes the notification  
23 of a care provider after the individual who was the source of  
24 a significant exposure is released from a hospital or other  
25 health facility if the test did not result in notification  
26 of the care provider, but the individual wishes to provide  
27 information to the care provider regarding the individual's  
28 contagious or infectious disease status; amends a provision  
29 that required DPH to pay the cost of testing of the individual  
30 who is the source of a significant exposure and of a care  
31 provider who renders direct aid without compensation and  
32 instead requires DPH to assist these individuals in finding  
33 resources to pay for the testing; and establishes a partner  
34 notification program for those persons known to have tested  
35 positive for a reportable sexually transmitted disease or

1 infection.

2 Division IV relates to acquired immunodeficiency syndrome  
3 provisions. The division amends definitions of exposure and  
4 significant exposure; adds men who have sexual relations with  
5 other men to the list of persons who are at risk for HIV and  
6 to whom HIV testing and education are to be offered; clarifies  
7 that the consent, testing, and reporting requirements are  
8 applicable to HIV-related testing that is voluntary; eliminates  
9 the care provider notification program since this program is  
10 combined with the care provider program for communicable and  
11 infectious diseases under Code chapter 139A in division III  
12 of the bill; includes a reference to the section relating to  
13 the right to HIV testing of a convicted or alleged assailant  
14 in the context of confidentiality of information; allows for  
15 the release of medical or epidemiological information for  
16 the purpose of research as well as statistical purposes; and  
17 provides for the sharing of medical information obtained,  
18 submitted, or maintained under the chapter with other state  
19 or federal agencies or local units of government only as  
20 necessary to administer the program for which the information  
21 is collected or a program within the other entity, but such  
22 information is to maintain its confidential status not be  
23 released.

24 Division V includes miscellaneous provisions. One provision  
25 relates to healthy aging and updates language to eliminate  
26 discontinued programs. The language also eliminates county  
27 boards of supervisors as potential recipients of grants to  
28 promote healthy aging and limits grants to local boards of  
29 health. The bill amends a provision in the Iowa public health  
30 modernization Act to clarify that the public health evaluation  
31 committee is to develop and implement the evaluation of the  
32 governmental public health system, not develop and implement  
33 the system itself. The division also eliminates the clinicians  
34 advisory panel. Clinical input is being provided directly by  
35 physicians participating in the entities the advisory panel

S.F. \_\_\_\_\_ H.F. \_\_\_\_\_

1 was to advise, the medical home advisory council, and the  
2 prevention and chronic care management initiative.