Senate Study Bill 1071 - 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:

1 DIVISION I

- 2 IOWA HEALTH WORKFORCE CENTER
- 3 Section 1. Section 135.11, subsection 27, Code 2011, is
- 4 amended by striking the subsection.
- 5 Sec. 2. NEW SECTION. 135.179 Iowa health workforce center
- 6 established duties.
- 7 l. An Iowa health workforce center is established within the
- 8 division of health promotion and chronic disease prevention of
- 9 the department.
- 10 2. The center shall do all of the following:
- 11 a. Coordinate public and private efforts to develop and
- 12 maintain an appropriate health care delivery infrastructure and
- 13 a stable, well-qualified, diverse, and sustainable health care
- 14 workforce in this state.
- 15 b. Develop a biennial strategic plan for health care
- 16 delivery infrastructure and health care workforce resources in
- 17 this state.
- 18 c. Provide for the continuous collection of data to provide
- 19 a basis for health care strategic planning and health care
- 20 policymaking.
- 21 d. Make recommendations regarding the health care delivery
- 22 infrastructure and the health care workforce that assist
- 23 in monitoring current needs, predicting future trends, and
- 24 informing policymaking.
- 25 e. Leverage federal, state, and local resources to support
- 26 programs under the purview of the center.
- 27 DIVISION II
- 28 TOBACCO ENFORCEMENT
- 29 Sec. 3. Section 142A.4, subsection 14, Code 2011, is amended
- 30 by striking the subsection.
- 31 Sec. 4. Section 142A.5, subsection 1, paragraph e, Code
- 32 2011, is amended to read as follows:
- 33 e. Enter into contracts with the alcoholic beverages
- 34 division of the department of commerce, to provide enforcement
- 35 of tobacco laws and regulations. Such contracts shall require

```
S.F. H.F.
```

- 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.

```
S.F. H.F.
```

```
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.
         The hospital, clinic, or other health facility in which
17
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.
          A hospital, clinic, or other health facility,
28
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.

32 policies and procedures shall include designation of a

35 The identity of the designated representative of the care

33 representative of the care provider to whom notification shall 34 be provided and who shall, in turn, notify the care provider.

-3-

```
S.F. H.F.
```

- 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.
- ll 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

```
S.F. H.F.
```

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
- ll 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. 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 to notify under
- 35 this section is not continuing but is limited to a diagnosis

```
S.F. H.F.
```

- 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. 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 l. 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.
- Sec. 13. Section 141A.4, subsection 1, Code 2011, is amended
- 23 to read as follows:
- 24 l. 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 \underline{b} . All persons testing positive for a sexually transmitted
- 28 disease.
- 29 b. c. All persons having a history of injecting drug abuse.
- 30 c. 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 $\frac{1}{1}$ 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 l. 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 $\frac{1}{1}$ 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:
- 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. 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. Division III relates to communicable and infectious diseases 14 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.

23 released.

- 2 Division IV relates to acquired immunodeficiency syndrome 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
- Division V includes miscellaneous provisions. One provision relates to healthy aging and updates language to eliminate discontinued programs. The language also eliminates county boards of supervisors as potential recipients of grants to promote healthy aging and limits grants to local boards of health. The bill amends a provision in the Iowa public health modernization Act to clarify that the public health evaluation committee is to develop and implement the evaluation of the governmental public health system, not develop and implement the system itself. The division also eliminates the clinicians 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.