

tank or tank site property upon default under the security arrangement, or at, or in lieu of, foreclosure, shall continue to hold such indicia of ownership primarily to protect that person's security interest so long as subsequent actions taken by that person with respect to the underground storage tank or tank site property are intended to protect the collateral secured by the interest, and demonstrate that the person is seeking to sell or liquidate the secured property rather than holding the property for investment purposes.

(2) The person does not exhibit managerial control of, or managerial responsibility for, the daily operation of the underground storage tank or tank site property through the actual, direct, and continual or recurrent exercise of managerial control over the underground storage tank or tank site property in which that person holds a security interest, which managerial control materially divests the borrower, debtor, owner or operator of the underground storage tank or tank site property of such control.

(3) The person has taken no subsequent action with respect to the site which causes or exacerbates a release or threatened release of a hazardous substance.

Approved April 13, 1994

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## CHAPTER 1068

### PUBLIC HEALTH — MISCELLANEOUS PROVISIONS

*H.F. 2145*

**AN ACT** relating to public health issues regarding persons with brain injury, substance abuse treatment programs, the health data commission, vital records services, and immunizations.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. Section 125.13, subsection 2, Code 1993, is amended by adding the following new paragraph:

**NEW PARAGRAPH.** i. A substance abuse treatment program not funded by the department which is accredited or licensed by the joint commission on the accreditation of health care organizations, the commission on the accreditation of rehabilitation facilities, the American osteopathic association, or another recognized organization approved by the commission. All survey reports from the accrediting or licensing body must be sent to the department.

Sec. 2. Section 125.59, subsection 1, paragraph b, Code 1993, is amended to read as follows:

b. The county shall submit an accounting of the expenditures and shall submit an annual financial report, a description of the program, and the results obtained before June 10 within sixty days after the end of the same fiscal year in which the money is granted.

Sec. 3. Section 135.22, Code 1993, is amended to read as follows:

**135.22 CENTRAL REGISTRY FOR BRAIN INJURIES.**

1. As used in this section, ~~section 135.22A, and section 225C.23~~; "brain injury" means clinically evident brain damage or spinal cord injury resulting ~~directly or indirectly~~ from trauma, infection, or anoxia, or vascular lesions not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical or cognitive functions.

2. The director shall establish and maintain a central registry of persons with brain injuries in order to facilitate prevention strategies and the provision of appropriate rehabilitative services to the persons by the department and other state agencies. ~~For a patient who is not admitted to a hospital but is treated in a physician's office, physicians shall report a brain injury to the director within seven days after identification of the person sustaining a brain injury.~~ Hospitals shall report patients who are admitted with a brain injury and their diagnoses to the director no later than forty-five days after the close of a quarter in which the

patient was discharged. The report shall contain the name, age and residence of the person, the date, type, and cause of the brain injury, and additional information as the director requires, except that where available, physicians and hospitals shall report the Glasgow coma scale. The director shall consult with health care providers concerning the availability of additional relevant information. The department shall maintain the confidentiality of all information which would identify any person named in a report. However, the identifying information may be released for bona fide research purposes if the confidentiality of the identifying information is maintained by the researchers, or the identifying information may be released by the person with the brain injury or by the person's guardian or, if the person is a minor, by the person's parent or guardian.

Sec. 4. Section 135.22A, subsection 1, paragraph b, Code 1993, is amended to read as follows:  
b. "Head injury" means "brain injury" as defined in section ~~135.22~~ 225C.23.

Sec. 5. Section 139.9, subsection 2, Code 1993, is amended to read as follows:

2. ~~No A~~ person shall not be enrolled in any licensed child care center, elementary or secondary school in Iowa without evidence of adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, and rubella, ~~except as provided in Evidence of adequate immunization against haemophilus influenza b shall be required prior to enrollment in any licensed child care center. Immunizations shall be provided according to recommendations provided by the Iowa department of health subject to the provisions of subsections 3 and 4.~~

Sec. 6. Section 145.1A, Code Supplement 1993, is amended to read as follows:  
145.1A REPEAL.

This chapter is repealed effective July 1, ~~1994~~ 1996.

Sec. 7. Section 225C.23, Code 1993, is amended to read as follows:  
225C.23 BRAIN INJURY RECOGNIZED AS DISABILITY.

The department of human services, the Iowa department of public health, the department of education and its divisions of special education and vocational rehabilitation, the department of human rights and its division for persons with disabilities, the department for the blind, and all other state agencies which serve persons with brain injuries, shall recognize brain injury as a distinct disability and shall identify those persons with brain injuries among the persons served by the state agency. For the purposes of this section and section 135.22A, "brain injury" means clinically evident brain damage or spinal cord injury resulting directly or indirectly from trauma, infection, anoxia, or vascular lesions not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical or cognitive functions.

Sec. 8. 1993 Iowa Acts, chapter 55, section 1, subsection 2, is amended to read as follows:

2. The department shall adopt rules providing for an increase in the fees charged by the state registrar and the clerks of the district court for vital records services pursuant to section 144.46. ~~The fee increase implemented pursuant to this section shall not apply to the fees charged by the clerks of the district court for vital records services.~~ The increased fee shall apply for the period beginning July 1, 1993, and ending June 30, 1997. The fee increase shall be in an amount necessary to implement the vital records modernization project in accordance with the provisions of subsection 1. ~~The Notwithstanding section 144.46, the revenue derived from the amount of the fee increase is appropriated to the Iowa department of public health for the duration of the project and shall be used for the costs of the project. Notwithstanding section 8.33, moneys appropriated to the department pursuant to this section which remain unexpended at the end of a fiscal year shall not revert to the general fund of the state but shall remain available in the succeeding fiscal year for the purposes for which they were appropriated.~~

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