

judge upon application by the sheriff, or person in charge of the jail, or any other potentially infected person.

2. A person who fails to comply with an order issued pursuant to this section is guilty of a serious misdemeanor.

3. Personnel at the jail shall be notified if a person confined is found to have a contagious or infectious disease.

4. The sheriff, or person in charge of the jail, or any other potentially infected person shall take any appropriate measure to prevent the transmittal of a contagious or infectious disease to other persons, including the segregation of. The sheriff or person in charge of the jail shall also segregate a confined person who tests positive for acquired immune deficiency syndrome from other confined persons.

~~For purposes of this section, "infectious disease" means any infectious condition which if spread by contamination would place others at serious health risk.~~

5. For purposes of this section, "potentially infected person" includes a care provider as defined in section 139A.2.

Approved April 29, 2005

CHAPTER 88

DIRECT CARE WORKER TASK FORCE

H.F. 781

AN ACT relating to the establishment of a direct care worker task force.

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

Section 1. DIRECT CARE WORKER TASK FORCE — RECOMMENDATIONS — REPORT.

1. The Iowa department of public health shall convene a direct care worker task force to review the education and training requirements applicable to and to make recommendations regarding direct care workers. The Iowa department of public health shall provide administrative support for the task force.

2. The task force shall consist of twelve members including representatives of the direct care workforce, health care providers, consumer and disability advocates, and individuals involved in the education and training of direct care workers selected by the governor.

3. The task force shall also include the director or the director's designee of the Iowa department of public health, the department of human services, the department of elder affairs, and the department of inspections and appeals, and members of the general assembly as ex officio, nonvoting members.

4. The legislative members of the task force shall be appointed by the president of the senate, after consultation with the majority leader and the minority leader of the senate, and by the speaker of the house, after consultation with the majority leader and the minority leader of the house of representatives.

5. The task force shall select a chairperson from its membership. A majority of the members of the task force shall constitute a quorum.

6. The direct care worker task force shall do all of the following:

- a. Identify the existing direct care worker classifications.

- b. Review and outline the corresponding educational and training requirements for each direct care worker classification identified.
 - c. Determine the appropriate educational and training requirements for each direct care worker classification identified.
 - d. Recommend a process for streamlining the educational and training system for direct care workers.
 - e. Recommend a process for establishing a direct care worker registry by expanding the Iowa nurse aide registry to integrate direct care workers, and consider moving administration of the registry to the Iowa department of public health.
7. The task force shall submit a report of its recommendations regarding the issues specified in subsection 6 to the governor and the general assembly no later than December 15, 2006.

Approved April 29, 2005

CHAPTER 89

PUBLIC HEALTH — MISCELLANEOUS CHANGES

H.F. 789

AN ACT relating to programs and functions under the purview of the Iowa department of public health.

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

Section 1. Section 29C.20, subsection 1, paragraph a, subparagraph (5), Code 2005, is amended to read as follows:

(5) Paying the expenses incurred by and claims of an urban search and rescue team when acting under the authority of the administrator and the provisions of section 29C.6 and ~~disaster medical assistance teams~~ public health response teams when acting under the provisions of section 135.143.

Sec. 2. Section 135.11, subsection 16, Code 2005, is amended to read as follows:

16. Administer the statewide public health nursing, homemaker-home health aide, and senior health programs by approving grants of state funds to the local boards of health and the county boards of supervisors and by providing guidelines for the approval of the grants and allocation of the state funds. Program direction, evaluation requirements, and formula allocation procedures for each of the programs shall be established by the department by rule, ~~consistent with 1997 Iowa Acts, chapter 203, section 5.~~

Sec. 3. Section 135.11, Code 2005, is amended by adding the following new subsection:

NEW SUBSECTION. 30. Establish and administer, if sufficient funds are available to the department, a program to assess and forecast health workforce supply and demand in the state for the purpose of identifying current and projected workforce needs. The program may collect, analyze, and report data that furthers the purpose of the program. The program shall not release information that permits identification of individual respondents of program surveys.

Sec. 4. Section 135.22A, subsection 7, Code 2005, is amended to read as follows:

7. The department is designated as Iowa's lead agency for brain injury. For the purposes of this section, the designation of lead agency authorizes the department to perform or oversee