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Report to the Governor and the Iowa General Assembly

Infectious Disease Laws

December 1999

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Disease reporting is done for a variety of reasons -- the most important being protection of the health of Iowans. Disease reporting provides public protection by intervention whether it is for treatment of a sexually transmitted disease, investigation of a foodborne illness outbreak to prevent its reoccurrence, or sponsoring an immunization clinic to stop the spread of a vaccine preventable disease. It may also mean recognition of an emerging disease (referring to discovery of a previously unknown disease or the resurgence of an old one), an act of bioterrorism, or being able to provide necessary disease statistics to the Legislature.

In 1998, the legislature mandated the establishment of a task force to evaluate current infectious disease laws in the state and the extent to which the current laws provide, or fail to provide, a framework and foundation for promoting public health. The charge of the task force was to conduct an evaluation of the effectiveness of infectious disease laws and make recommendations for a comprehensive communicable disease statute intended to improve the responsiveness of local and state public health departments to meet the needs for infectious disease prevention, treatment, and education. (See Appendix A.)

The legislation mandated the membership of the task force. Members were to include representatives from the Iowa Department of Public Health, directors or representatives of county health departments or boards, faculty members at the University of Iowa and the University of Osteopathic Medicine and Surgery who instruct or conduct research in the area of infectious disease and public health, physicians specializing in the identification and treatment of infectious disease, members of the general public, and additional members as determined to be appropriate by the Iowa Department of Public Health. Four members were appointed to serve as nonvoting ex-officio members, one each from the majority and minority parties, respectively, of each house of the general assembly. (See Appendix B.)

Prior to the first meeting on May 27th, 1999, all task force members were sent a packet that included the current disease reporting statutes. These included the following: Senate File 2280 p.8 -- the task force mandate; SF 248 dealing with HIV/AIDS; chapter 139 dealing with current disease reporting other than HIV/AIDS; chapter 139B Emergency Care Providers-Exposure to Disease; chapter 139C Exposure-prone Procedures; and chapter 140 Venereal Disease Control. (See Appendix C.)

Four meetings were held with an average attendance of 67%. The first and final meetings were held at the Lucas State Office Building in Des Moines, and the other meetings were held via the Iowa Communications Network (ICN). In addition to the meetings, several drafts of the upcoming recommendations were distributed to the membership and were returned with comments. Discussion was open and straightforward with input from all task force members.

The task force discussions resulted in the following recommendations that involve either no recommended changes or were deemed to be better handled in ways other than by legislative action.

- The committee reviewed the process of adding or deleting diseases that are reportable. It recommends that a committee be convened by the Director of the Iowa Department of Public Health to develop criteria to be used when adding or deleting diseases from the reportable list.
- To assist in timely reporting to both state and local health departments, the committee recommends that the current disease reporting form be amended to add a check-off box indicating that the disease was reported to the appropriate local health department. This would decrease duplication of effort for state staff and promote better disease reporting to local health departments.
- The committee recommends that an advisory committee on surveillance be organized to be convened by the Director of the Iowa Department of Public Health on an as-needed basis.
- Currently there are no immunization requirements for college students. Given the close personal contact that exists in this type of environment, the committee discussed the importance of immunizations for these students. The committee recommends that a task force be organized to draft a paper on appropriate vaccines for college students which would then be distributed to Iowa colleges, universities and the Workforce Development Agency. This task force should be broad based and include state staff, student health representatives, and other interested parties.
- The statutory consent provisions for diagnosis and treatment of minors for sexually transmitted diseases and/or infections (STD/Is) is inconsistent between SF 248 and chapter 140.9. SF 248 states that a minor shall be informed prior to testing for HIV that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed of the diagnosis by the testing facility. However, in chapter 140.9 a minor may be tested and treated for other STD/Is without the consent of another person. The committee questioned whether these provisions should be the same. However, due to differences in the long-term follow up of HIV and other STD/Is and the possibility of legislative changes causing minors to choose not to seek testing and treatment for STD/Is the committee recommends that the provisions remain unchanged.
- Chapter 139.9-4b deals with religious exemption to immunization. The committee requests a clarification of the following statement: "...however, this exemption does not apply in times of emergency or epidemic as determined by the state board of health and as declared by the director of public health." The Attorney General will be asked to clarify the meaning of this language when needed."

Chapter 139.23.24 currently gives local boards of health the responsibility for the cost of proper care, provisions and medical attendance for persons during the period of quarantine or isolation if the person is financially unable to secure proper care. The committee recommends that the state become the payer of last resort.

- Chapter 139.33, Blood donation or sale –penalty. This states that if “a person suffering from a communicable disease dangerous to public health who knowingly gives false information regarding the person’s infected state on a blood plasma sale application to blood plasma taking personnel commits a serious misdemeanor.” This was discussed regarding its current need. The task force recommends this language be left in because of the potential for emerging diseases to be identified before blood-screening tests are available.
- Chapter 139C: The section on exposure-prone procedures deals with the transmission of HIV or hepatitis B virus (HBV) to patients. The use and need for this provision was questioned. The task force recommends that this provision be retained because it has been referenced and used several times since its inception and it is tied to federal funding.
- Several areas of chapter 140, which covers venereal disease control, were examined to determine their current use. Chapter 140.13: on medical treatment of the newly born deals with the instillation of prophylactic solution into the eyes of the newborn at the time of birth to prevent eye disease in the infant due to vaginal bacteria. Although the group questioned whether this section is still needed, it recommends that it be retained because it has been used to ensure the instillation of prophylactic eye drops in infants at the time of birth.
- Chapter 140.14, The committee did not recommend removing the religious exception to treatment provision and noted that it does encourage people to accept treatment, as it requires that, while in an infectious stage of disease the person shall be subject to isolation and such other measures appropriate for the prevention of the spread of disease to other persons. After discussion the committee recommends no change to this section.
- A discussion was held regarding the need to define the term “sexual relations” as used in Senate File 248 Section 9, 3a: under the partner notification program – HIV. This definition would have value when addressing issues of partner notification of exposure to HIV; specifically, when a person knowingly transmits HIV to another person. However, it was felt that this term could be defined in administrative rules rather than by statute. The committee recommends that the term “sexual relations” be defined in administrative rules.

The following items were discussed and resulted in statutory recommendations. The first three items will need fiscal support from the general assembly.

- The current disease reporting system is not “user-friendly”. Reports come to the department by various means and to different areas. By streamlining all reports into one

system, disease reporting will be easier for health care providers, will be more “user-friendly”, as well as more timely and accurate. More rapid disease reporting would occur, allowing for quicker assessment of potential outbreaks and threats to public health, and will provide the ability to respond faster to such events. Infrastructure, such as additional staffing and the availability of electronic technology, is needed to accomplish this important task.

- Chapter 139.5 deals with payment matters related to quarantine. Currently, local health departments are the payers of last resort. This can be costly; so the task force believes that the state should be the payer of last resort. For example, the cost for quarantine or mass amounts of vaccine may mean that counties are unable to provide the necessary response.
- Childhood immunization audits and the excessive amount of time it takes to accomplish this task was discussed. This process could be handled faster by the installation of electronic technology.
- Chapter 139.5.23.24 deals with quarantine and communicable diseases. The task force recommends that administrative rules be developed to go with this section. Authority in these sections is given to local boards of health. As a result the Iowa Department of Public Health does not have authority to write rules for these sections and the task force requests this change in authority.
- There is a need for staff to be able to share information regarding clients within different sections of the Iowa Department of Public Health, specifically when knowledge about a specified condition could aid in the treatment of a client. For instance, a staff member in HIV/STD may know someone is HIV positive and has tuberculosis (TB). HIV status is important because it affects the appropriate treatment for TB yet, under the current situation, the staff person in HIV cannot tell the staff person in the tuberculosis program about the HIV status of the person with TB. The committee recommends changing this statute to include wording that sharing such information can be done when the health of the client would be in jeopardy if the information were withheld. It should also stress the importance of maintaining client confidentiality in all situations.
- The committee recommends including wording to protect the confidentiality of a business when the health of the public is not endangered, but which also allows for disclosure of the name of the business if during the course of an investigation the health of the public is felt to be at risk.
- After reviewing the multiple statutes that deal with infectious disease reporting, task force members came to the conclusion that a single, comprehensive communicable disease statute should be a long-term goal. This could be done incrementally by ensuring that requirements (data elements) be consistent throughout all chapters including SF 248. The committee recommends combining all sections of chapters 139 and 140. Eventually,

SF 248 should also be incorporated into the chapter, which will result from the combining of chapters 139, 139B, 139C, and 140. This would streamline the statute, make referencing reportable disease issues easier, and make the statute easier to use.

- The members also looked at the differences in the statutes relating to penalties for not reporting diseases. At present, the penalties for not reporting are not consistent throughout the statutes. The committee decided that the best approach was to focus on making disease reporting easier and to provide education for health care personnel and others on the law relating to disease reporting. However, without any penalty the law has no “teeth” to it. Therefore, the committee recommends that current penalties for not reporting be struck and that the same penalty be used in all sections dealing with required disease reporting about infectious or communicable diseases. The task force recommends that the person who did not provide the required information be reported to the appropriate licensing board, and that laboratories not reporting should be subject to a monetary fine.

- Chapter 139.2: The members also looked at the differences in the statutes relating to requirements for disease reporting. At present the requirements for reporting are not consistent throughout the statutes. The committee recommends that disease reporting to the Iowa Department of Public Health should be amended due to difficulties in quickly acquiring information that would allow for a more timely follow-up of individuals with a communicable disease. The committee recommends that along with the obligation to report, there also be added an obligation to assist in the follow-up of a case by supplying data elements needed to locate the patient. This would need to be added to the statute. It is recommended that the currently delineated data elements in SF 248 be used. SF 248 states, “ the forms provided by the department shall require inclusion of all of the following information:
 - a. The name of the patient.
 - b. The address of the patient.
 - c. The patient’s date of birth.
 - d. The gender of the patient.
 - e. The race and ethnicity of the patient.
 - f. The patient’s marital status.
 - g. The patient’s telephone number.
 - h. The name and address for the laboratory or blood bank.
 - i. The date the test was found to be positive and the collection date.”

- The term “universal precautions” when referencing isolation practices is used in the code. To keep the statute current without the need to change every time isolation practices are updated and changed by the Centers for Disease Control and Prevention (CDC), the task force recommends replacing the term universal precautions with “basic infection control practices and current isolation guidelines as put forth by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.”

- Chapter 139B deals with disease exposure to emergency health care providers, and covers communicable diseases other than HIV/AIDS in relation to post-exposure follow-up for emergency care providers. The task force recommends that reporting and response issues dealing with all communicable diseases be handled in a similar manner.
- To close a gap in disease reporting, the term “laboratories” should be added to those individuals and entities that are responsible for reporting infectious or communicable diseases to the Iowa Department of Public Health.
- In chapter 139.3 that deals with the type and length of isolation–disinfection and 139.27: that covers filing of bills for quarantine, the term disinfection is used in conjunction with rules for quarantine and isolation. The committee recommends changing the word disinfection throughout the statutes to the current language of “terminal cleaning, as defined in isolation guidelines as put forth by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.”
- Chapter 140 is titled Venereal Disease Control. Current terminology renders this term obsolete. The task force recommends changing the title to “Sexually transmitted diseases and/ or infections”(STD/Is) and also recommends changing all other references to venereal disease throughout the statute to “sexually transmitted diseases and/or infections.”
- Some diseases that are currently listed in chapter 140 as being reportable are no longer required while others not listed in the statute are now reportable and listed in the *Iowa Administrative Code*, Public Health [641], Chapter 1. The task force recommends listing reportable sexually transmitted diseases or infections only in the *Iowa Administrative Code*, and deleting those listed individually in chapter 140 with the statute referencing the code. This would include deleting some diseases that are currently mentioned in chapter 140, but are no longer reported. These diseases do not meet the basic guideline of collecting information only if it is being acted upon or used in some way. These diseases are chancroid, granuloma inguinale, and lymphogranuloma venereum.
- Chapter 140.3 on confidential reports uses the word “secret,” which is redundant as all records within the Iowa Department of Public Health are confidential. Therefore, the committee recommends taking out the word secret.

In summary the recommendations from the disease reporting task force requiring legislative action are enumerated below.

The first three recommendations listed below will require funding in order to be achieved.

1. To have monies available from the general fund on an emergency basis for non-reimbursed expenses, incurred for treatment during outbreaks or in time of needed quarantine; thus, making the state the payer of last resort. See chapter 139.5.23.24: Communicable diseases.
2. To advance the infrastructure of public health through installation of new technologies for more rapid disease reporting, for additional staff to assess potential outbreaks and threats to public health, and to respond to events. This includes funding for electronic infrastructure and the ability to hire more staff, both professional and support.
3. To facilitate use of chapter 139.9 funding to support electronic infrastructure for streamlining the process of immunization audits in schools.
4. To draft language that allows for sharing of information on clients within the Iowa Department of Public Health, but only as necessary for the appropriate care of the client. Provisions for maintaining client confidentiality will be stressed.
5. To incorporate wording in the statute that protects the confidentiality of a business when the health of the public is not endangered, but which allows for the disclosure of the name of the business if during the course of an investigation the health of the public is determined to be at risk (as determined by the state epidemiologist or the Director of the Iowa Department of Public Health).
6. To combine all sections of the statute dealing with communicable diseases into one section, starting with all sections of chapter 139 and chapter 140 and at a later date incorporating SF 248.
7. The committee recommends standardizing in all applicable statutes the penalty for failure to comply with disease reporting requirements. The task force recommends that current penalties for not reporting be struck, and that the same penalty be used in all sections dealing with required infectious and communicable disease reporting. As a penalty, the task force recommends that the person who did not provide the required information be reported to the appropriate licensing board, and that laboratories not reporting be subject to a monetary fine.
8. The reporting requirements should also be standardized throughout the statutes by adding the obligation to assist in client follow-up by supplying certain data elements.
 - a. The name of the patient.
 - b. The address of the patient.

- c. The patient's date of birth.
- d. The gender of the patient.
- e. The race and ethnicity of the patient.
- f. The patient's marital status
- g. The patient's telephone number.
- h. The name and address of the laboratory or blood bank.
- i. The date the test was found to be positive and the collection date.

9. To replace use of the term "universal precautions" throughout the chapters to "basic isolation practices and current isolation guidelines as put forth by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services."

10. To add "laboratories" in chapter 139.2 to the list of those who must report reportable diseases to the Iowa Department of Public Health.

11. To change the word "disinfection" in chapter 139.3 and 139.27 to "terminal cleaning as defined in isolation guidelines as put forth by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services."

12. To ensure that reporting and response issues regarding post-exposure treatment for emergency health care personnel are handled in a similar manner in both chapter 139B and in SF 248.

13. To change the name of chapter 140 to "Sexually transmitted diseases and/or infections (STD/Is)" and also to change all other references of venereal disease to sexually transmitted diseases and or infections.

14. To list specific sexually transmitted diseases and or infections in the Iowa Administrative Code, and to delete those listed in chapter 140.

15. To take out the word "secret" in chapter 140.3.

Appendix A

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necessary to fund the unanticipated litigation in the fiscal year beginning July 1, 1998, shall not exceed 5 percent of the average annual fees generated by the boards for the previous two fiscal years.

c. EMERGENCY MEDICAL SYSTEMS

For salaries, support, maintenance, and emergency medical services training of emergency medical services (EMS) personnel at the state, county, and local levels, and for not more than the following full-time equivalent positions:

.....	\$	1,039,914
.....	PTEs	14.00

If a person in the course of responding to an emergency renders aid to an injured person and becomes exposed to bodily fluids of the injured person, that emergency responder shall be entitled to hepatitis testing and immunization in accordance with the latest available medical technology to determine if infection with hepatitis has occurred. The person shall be entitled to reimbursement from the EMS funds available under this lettered paragraph only if the reimbursement is not available through any employer or third-party payor.

2. HEALTH PROTECTION DIVISION

a. For salaries, support, maintenance, miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	2,354,751
.....	PTEs	77.00

b. Of the funds appropriated in this subsection, \$75,000 shall be used for chlamydia testing.

c. Of the funds appropriated in this subsection, \$39,547 shall be used for the lead abatement program.

d. Of the funds appropriated in this subsection, \$100,000 shall be allocated to and used by local boards of health to ensure that core public health functions are maintained and to support essential services in their communities.

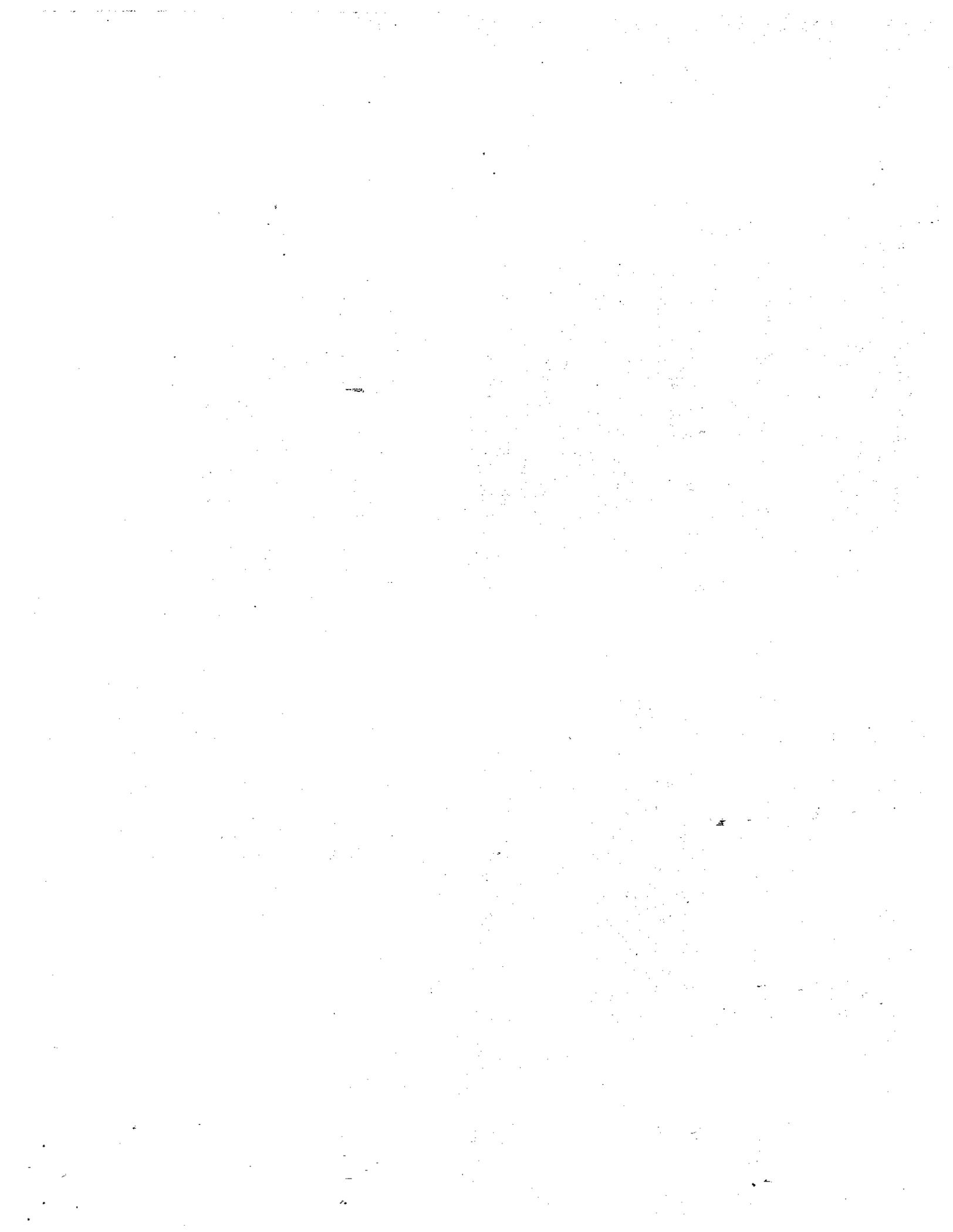
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e. The state university of Iowa hospitals and clinics shall not receive indirect costs from the funds appropriated in this subsection.

f. The division may retain fees collected from the certification of lead inspectors and lead abaters pursuant to section 135.105A to support the certification program.

g. The department shall establish a task force to evaluate current infectious disease laws in the state and the extent to which they provide, or fail to provide, a framework and foundation for promoting public health. The task force shall conduct an evaluation of the effectiveness of the infectious disease laws, with the goal of making recommendations for a comprehensive communicable disease statute intended to improve local and state department of public health responsiveness to needs for infectious disease prevention, treatment, and education.

The task force shall be organized and administered by the Iowa department of public health, and shall be comprised of representatives from the department, directors or representatives of county health departments or boards, faculty members at the state university of Iowa and the university of osteopathic medicine and surgery who instruct or conduct research in the area of infectious disease and public health, physicians specializing in the identification and treatment of infectious disease, members of the general public, and additional members as determined to be appropriate by the department. Four members of the general assembly, one each from the majority and minority parties, respectively, of each house of the general assembly, shall be designated by the division to serve as nonvoting ex officio members. The ex officio members shall receive per diem and expenses pursuant to section 2.12. Based on the recommendations of the task force, the department shall submit a report for the proposed contents of a comprehensive communicable disease statute to the governor and general assembly by January 1, 2000.



Appendix B

Disease Reporting Task Force Membership List

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<p>Mary Rose Corrigan Public Health Nurse Dubuque City Health Dept City Hall Annex 1300 Main Street Dubuque, IA 52001 (319) 589-4181 mrose@mwci.net</p>	<p>Nancy Millette Infection Control Surveillance Coordinator Mercy Hospital Medical Center 400 University Des Moines, IA 50314 (515) 247-3609 nmillette@mercydesmoines.org</p>
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<p>Mary Lou Freeman Senator 203 Villa Road Alta, Iowa 51002 (712)732-3781</p>	<p>Tom O'Rouke Iowa Public Health Association Black Hawk County Health Department 1407 Independence Avenue 5th Floor Waterloo, IA 50703-9908 (319) 291-2413 health1@cedarnet.org</p>

<p>Ted P. George, D.O. 2240 Twin Lakes Road Rockwell City, IA 50579 H(712)297-5504 W(712)469-3307</p>	<p>Larry Schlesinger, MD UIHC College of Medicine Division of Epidemiology Iowa City, IA 52242 Larry-schlesinger@uiowa.edu Alternate for Brad Doebbeling</p>
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APPENDIX C

*This legislation has been signed by the governor and becomes effective on July 1, 1999
IA. Code 141 becomes IA. Code 141A. Following sections 5 through 15 will be IA. Code 141A.

SENATE FILE 248

Senate File 248, p. 2

AN ACT

RELATING TO ACQUIRED IMMUNE DEFICIENCY SYNDROME, PROVIDING
PENALTIES, AND PROVIDING FOR A REPEAL.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 80.9, subsection 2, paragraph d, Code 1999, is amended to read as follows:

d. To collect and classify, and keep at all times available, complete information useful for the detection of crime, and the identification and apprehension of criminals. Such information shall be available for all peace officers within the state, under such regulations as the commissioner may prescribe. The provisions of chapter ~~141~~ 141A do not apply to the entry of human immunodeficiency virus-related information by criminal or juvenile justice agencies, as defined in section 692.1, into the Iowa criminal justice information system or the national crime information center system. The provisions of chapter ~~141~~ 141A also do not apply to the transmission of the same information from either or both information systems to criminal or juvenile justice agencies. The provisions of chapter ~~141~~ 141A also do not apply to the transmission of the same information from either or both information systems to employees of state correctional institutions subject to the jurisdiction of the department of corrections, employees of secure facilities for juveniles subject to the jurisdiction of the department of human services, and employees of city and county jails, if those employees have direct physical supervision over inmates of those facilities or institutions. Human immunodeficiency virus-related information shall not be transmitted over the police radio broadcasting system under chapter 693 or any other radio-based communications system. An employee of an

agency receiving human immunodeficiency virus-related information under this section who communicates the information to another employee who does not have direct physical supervision over inmates, other than to a supervisor of an employee who has direct physical supervision over inmates for the purpose of conveying the information to such an employee, or who communicates the information to any person not employed by the agency or uses the information outside the agency is guilty of a class "D" felony. The commissioner shall adopt rules regarding the transmission of human immunodeficiency virus-related information including provisions for maintaining confidentiality of the information. The rules shall include a requirement that persons receiving information from the Iowa criminal justice information system or the national crime information center system receive training regarding confidentiality standards applicable to the information received from the system. The commissioner shall develop and establish, in cooperation with the department of corrections and the Iowa department of public health, training programs and program criteria for persons receiving human immunodeficiency virus-related information through the Iowa criminal justice information system or the national crime information center system.

Sec. 2. Section 139B.1, subsection 1, paragraph a, Code 1999, is amended to read as follows:

a. "Contagious or infectious disease" means hepatitis in any form, meningococcal disease, tuberculosis, and any other disease with the exception of AIDS or HIV infection as defined in section ~~141.21~~ 141A.1, determined to be life-threatening to a person exposed to the disease as established by rules adopted by the department based upon a determination by the state epidemiologist and in accordance with guidelines of the centers for disease prevention and control of the United States department of health and human services.

Sec. 3. Section 139C.1, subsection 6, Code 1999, is amended to read as follows:

6. "HIV" means HIV as defined in section ~~141-22~~ 141A.1.

Sec. 4. Section 139C.2, subsection 7, Code 1999, is amended to read as follows:

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

Sec. 5. NEW SECTION. 141A.1 DEFINITIONS.

As used in this chapter, unless the context otherwise requires:

1. "AIDS" means acquired immune deficiency syndrome as defined by the centers for disease control and prevention of the United States department of health and human services.

2. "AIDS-related conditions" means the human immunodeficiency virus, or any other condition resulting from the human immunodeficiency virus infection.

3. "Blinded epidemiological studies" means studies in which specimens which were collected for other purposes are selected according to established criteria, are permanently stripped of personal identifiers, and are then tested.

4. "Blood bank" means a facility for the collection, processing, or storage of human blood or blood derivatives, including blood plasma, or from which or by means of which human blood or blood derivatives are distributed or otherwise made available.

5. "Care provider" means any emergency care provider, health care provider, or any other person providing health care services of any kind.

6. "Department" means the Iowa department of public health.

7. "Emergency care provider" means a person who is trained and authorized by federal or state law to provide emergency medical assistance or treatment, for compensation or in a voluntary capacity, including but not limited to all of the following:

- (1) An emergency medical care provider as defined in section 147A.1.
- (2) A health care provider.
- (3) A fire fighter.
- (4) A peace officer.

"Emergency care provider" also includes a person who renders emergency aid without compensation.

8. "Good faith" means objectively reasonable and not in violation of clearly established statutory rights or other rights of a person which a reasonable person would know or should have known.

9. "Health care provider" means a person licensed or certified under chapter 148, 148C, 150, 150A, 152, or 153 to provide professional health care service to a person during the person's medical care, treatment, or confinement.

10. "Health facility" means a hospital, health care facility, clinic, blood bank, blood center, sperm bank, laboratory organ transplant center and procurement agency, or other health care institution.

11. "HIV" means the human immunodeficiency virus identified as the causative agent of AIDS.

12. "HIV-related test" means a diagnostic test conducted by a laboratory approved pursuant to the federal Clinical Laboratory Improvements Act for determining the presence of HIV.

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

14. "Legal guardian" means a person appointed by a court pursuant to chapter 633 or an attorney in fact as defined in section 144B.1. In the case of a minor, "legal guardian" also means a parent or other person responsible for the care of the minor.

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

16. "Release of test results" means a written authorization for disclosure of HIV-related test results which is signed and dated, and which specifies to whom disclosure is authorized and the time period during which the release is to be effective.

17. "Sample" means a human specimen obtained for the purpose of conducting an HIV-related test.

18. "Significant exposure" means the risk of contracting HIV infection by means of exposure to a person's infectious bodily fluids in a manner capable of transmitting HIV

infection as determined by the centers for disease control and prevention of the United States department of health and human services and adopted by rule of the department.

Sec. 6. NEW SECTION. 141A.2 LEAD AGENCY.

1. The department is designated as the lead agency in the coordination and implementation of the state comprehensive AIDS-related conditions prevention and intervention plan.

2. The department shall adopt rules pursuant to chapter 17A to implement and enforce this chapter. The rules may include procedures for taking appropriate action with regard to health facilities or health care providers which violate this chapter or the rules adopted pursuant to this chapter.

3. The department shall adopt rules pursuant to chapter 17A which require that if a health care provider attending a person prior to the person's death determines that the person suffered from or was suspected of suffering from a contagious or infectious disease, the health care provider shall place with the remains written notification of the condition for the information of any person handling the body of the deceased person subsequent to the person's death. For purposes of this subsection, "contagious or infectious disease" means hepatitis in any form, meningococcal disease, tuberculosis, and any other disease including AIDS or HIV infection, determined to be life-threatening to a person exposed to the disease as established by rules adopted by the department based upon a determination by the state epidemiologist and in accordance with guidelines of the centers for disease control and prevention of the United States department of health and human services.

4. The department, in cooperation with the department of public safety, and persons who represent those who attend dead bodies shall establish for all care providers, including paramedics, ambulance personnel, physicians, nurses, hospital personnel, first responders, peace officers, and fire fighters, who provide care services to a person, and for all

persons who attend dead bodies, protocol and procedures for the use of universal precautions to prevent the transmission of contagious and infectious diseases.

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

6. The department, with the approval of the state board of health, may conduct epidemiological blinded and nonblinded studies to determine the incidence and prevalence of the HIV infection. Initiation of any new epidemiological studies shall be contingent upon the receipt of funding sufficient to cover all the costs associated with the studies. The informed consent, reporting, and counseling requirements of this chapter shall not apply to blinded studies.

Sec. 7. NEW SECTION. 141A.3 DUTIES OF THE DEPARTMENT.

1. All federal and state moneys appropriated to the department for AIDS-related activities shall be allocated in accordance with a prioritized schedule developed by rule of the department, and grants shall be awarded to the maximum extent feasible to community-based organizations.

2. The department shall do all of the following:

a. Provide consultation to agencies and organizations regarding appropriate policies for testing, education, confidentiality, and infection control.

b. Conduct health information programs for the public relating to HIV infection, including information about how the infection is transmitted and how transmittal can be prevented. The department shall prepare, for free distribution, printed information relating to HIV infection and prevention.

c. Provide educational programs concerning HIV infection in the workplace.

d. Develop and implement HIV education risk-reduction programs for specific populations at high risk for infection.

e. Provide an informational brochure for patients who provide samples for purposes of performing an HIV test which, at a minimum, shall include a summary of the patient's rights and responsibilities under the law.

f. In cooperation with the department of education, develop and update a medically correct AIDS prevention curriculum for use at the discretion of secondary and middle schools.

3. The department shall, in cooperation with the department of education and other agencies, organizations, coalitions, and local health departments, develop and implement a program of public and professional AIDS-related education.

Sec. 8. NEW SECTION. 141A.4 TESTING AND COUNSELING.

1. HIV testing and counseling shall be offered to the following:

a. All persons seeking treatment for a sexually transmitted disease.

b. All persons seeking treatment for injecting drug abuse or having a history of injecting drug abuse.

c. All persons who consider themselves at risk for the HIV infection.

d. Male and female prostitutes.

2. Pregnant women shall be provided information about HIV prevention, risk reduction, and treatment opportunities to reduce the possible transmission of HIV to a fetus. Pregnant women who report one or more recognized risk factors for HIV shall be strongly encouraged to undergo HIV-related testing. A pregnant woman who requests testing shall be tested regardless of the absence of risk factors.

Sec. 9. NEW SECTION. 141A.5 PARTNER NOTIFICATION PROGRAM -- HIV.

1. The department shall maintain a partner notification program for persons known to have tested positive for the HIV infection.

2. The department shall initiate the program at alternative testing and counseling sites and at sexually transmitted disease clinics.

3. In administering the program, the department shall provide for the following:

a. A person who tests positive for the HIV infection shall receive posttest counseling, during which time the person shall be encouraged to refer for counseling and HIV testing any person with whom the person has had sexual relations or has shared drug injecting equipment.

b. The physician or other health care provider attending the person may provide to the department any relevant information provided by the person regarding any person with whom the tested person has had sexual relations or has shared drug injecting equipment. The department disease prevention staff shall then conduct partner notification in the same manner as that utilized for sexually transmitted diseases consistent with the provisions of this chapter.

c. Devise a procedure, as a part of the partner notification program, to provide for the notification of an identifiable third party who is a sexual partner of or who shares drug injecting equipment with a person who has tested positive for HIV, by the department or a physician, when all of the following situations exist:

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

(2) When the physician believes in good faith that the infected person, despite strong encouragement, has not and will not warn the third party and will not participate in the voluntary partner notification program.

Notwithstanding subsection 4, the department or a physician may reveal the identity of a person who has tested positive for the HIV infection pursuant to this subsection only to the

extent necessary to protect a third party from the direct threat of transmission. This subsection shall not be interpreted to create a duty to warn third parties of the danger of exposure to HIV through contact with a person who tests positive for the HIV infection.

The department shall adopt rules pursuant to chapter 17A to implement this paragraph "c". The rules shall provide a detailed procedure by which the department or a physician may directly notify an endangered third party.

4. In making contact the department shall not disclose the identity of the person who provided the names of the persons to be contacted and shall protect the confidentiality of persons contacted.

5. The department may delegate its partner notification duties under this section to local health authorities unless the local authority refuses or neglects to conduct the contact tracing program in a manner deemed to be effective by the department.

6. In addition to the provisions for partner notification provided under this section and notwithstanding any provision to the contrary, a county medical examiner or deputy medical examiner performing official duties pursuant to sections 331.801 through 331.805 or the state medical examiner or deputy medical examiner performing official duties pursuant to chapter 691, who determines through an investigation that a deceased person was infected with HIV, may notify directly, or request that the department notify, the immediate family of the deceased or any person known to have had a significant exposure from the deceased of the finding.

Sec. 10. NEW SECTION. 141A.6 AIDS-RELATED CONDITIONS -- SCREENING, TESTING, AND REPORTING.

1. Prior to obtaining a sample for the purpose of performing a voluntary HIV-related test, a health care provider shall inform the subject of the test that the test is voluntary. Within seven days of the receipt of a test result

indicating HIV infection which has been confirmed as positive according to prevailing medical technology, the physician or other health care provider at whose request the test was performed shall make a report to the department on a form provided by the department.

2. Within seven days of diagnosing a person as having an AIDS-related condition, the diagnosing physician shall make a report to the department on a form provided by the department.

3. Within seven days of the death of a person resulting from an AIDS-related condition, the attending physician shall make a report to the department on a form provided by the department.

4. Within seven days of the receipt of a test result indicating HIV infection which has been confirmed as positive according to prevailing medical technology, the director of a blood bank shall make a report to the department on a form provided by the department.

5. Within seven days of the receipt of a test result indicating HIV infection which has been confirmed as positive according to prevailing medical technology, the director of a clinical laboratory shall make a report to the department on a form provided by the department.

6. The forms provided by the department shall require inclusion of all of the following information:

- a. The name of the patient.
- b. The address of the patient.
- c. The patient's date of birth.
- d. The gender of the patient.
- e. The race or ethnicity of the patient.
- f. The patient's marital status.
- g. The patient's telephone number.
- h. The name and address of the laboratory or blood bank.
- i. The date the test was found to be positive and the collection date.

j. The name of the physician or health care provider who performed the test.

k. If the patient is female, whether the patient is pregnant.

Sec. 11. NEW SECTION. 141A.7 TEST RESULTS -- COUNSELING -- APPLICATION FOR SERVICES.

1. Prior to undergoing an HIV-related test, information shall be available to the subject of the test concerning testing and any means of obtaining additional information regarding HIV infection and risk reduction. At any time that the subject of an HIV-related test is informed of confirmed positive test results, counseling concerning the emotional and physical health effects shall be initiated. Particular attention shall be given to explaining the need for the precautions necessary to avoid transmitting the virus. The subject shall be given information concerning additional counseling.

2. Notwithstanding subsection 1, the provisions of this section do not apply to any of the following:

a. The performance by a health care provider or health facility of an HIV-related test when the health care provider or health facility procures, processes, distributes, or uses a human body part donated for a purpose specified under the uniform anatomical gift Act, or semen provided prior to July 1, 1988, for the purpose of artificial insemination, or donations of blood, and such test is necessary to ensure medical acceptability of such gift or semen for the purposes intended.

b. A person engaged in the business of insurance who is subject to section 505.16.

c. The performance by a health care provider or health facility of an HIV-related test when the subject of the test is deceased and a documented significant exposure has occurred.

3. A person may apply for voluntary treatment, contraceptive services, or screening or treatment for HIV infection and other sexually transmitted diseases directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic. Notwithstanding any other provision of law, however, a minor shall be informed prior to testing that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed by the testing facility. Testing facilities where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or centers for disease control and prevention guidelines from informing the legal guardian is exempt from the notification requirement. The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority.

Sec. 12. NEW SECTION. 141A.8 CARE PROVIDER NOTIFICATION.

1. A hospital licensed under chapter 135B shall provide notification to a care provider who renders assistance or treatment to an individual, following submission of a significant exposure report by the care provider to the hospital and a diagnosis or confirmation by an attending physician that the individual has HIV infection, and determination that the exposure reported was a significant exposure. The notification shall advise the care provider of possible exposure to HIV infection. Notification shall be made in accordance with both of the following:

a. The hospital informs the individual, when the individual's condition permits, of the submission of a significant exposure report.

b. The individual consents to serological testing by or voluntarily discloses the individual's HIV status to the hospital and consents to notification.

Notwithstanding paragraphs "a" and "b", notification shall be made when the individual denies consent for or consent is not reasonably obtainable for serological testing, and in the course of admission, care, and treatment of the individual, the individual is diagnosed or is confirmed as having HIV infection.

2. The hospital shall notify the care provider involved in attending or transporting an individual who submitted a significant exposure report. This shall include a person who renders direct emergency aid without compensation, or in the case of an emergency care provider, the designated officer of the emergency care provider service, who in turn shall notify any emergency care providers. The identity of the designated officer shall not be revealed to the individual. The designated officer shall inform the hospital of those parties who received the notification, and following receipt of this information and upon request of the individual, the hospital shall inform the individual of the parties to whom notification was provided.

3. The hospital, upon request of the individual, shall inform the individual of the persons to whom notification was made.

4. The process for notification under this section shall be initiated as soon as is reasonably possible.

5. A health care provider, with consent of the individual, may provide the notification required of hospitals in this section to care providers if an individual who has HIV infection is delivered by a care provider to the office or clinic of the health care provider for treatment. The notification shall take place only upon submission of a significant exposure report form by the care provider to the health care provider and the determination by the health care provider that a significant exposure has occurred.

6. This section does not require or permit, unless otherwise provided, a hospital or health care provider to administer a test for the express purpose of determining the presence of HIV infection, except that testing may be performed if the individual consents, and if the requirements of this section are satisfied.

7. When a care provider in the course of providing care sustains a significant exposure on the premises of a health care facility or while engaged in rendering aid or providing transportation to an individual in circumstances which lead to the individual's presence at a health care facility, the individual to whom the care provider was exposed is deemed to consent to a test to be administered by the health care facility upon the written request of the exposed care provider for the express purpose of determining the presence of HIV infection in that individual. The sample and test results shall only be identified by a number and no reports otherwise required by this chapter shall be made which identify the individual tested. However, if the test results are positive, the health care facility shall notify the individual tested and ensure performance of counseling and reporting requirements of this chapter in the same manner as for an individual from whom actual consent was obtained.

8. A hospital or health care provider, or other person participating in good faith in making a report under the notification provisions of this section, under procedures similar to this section for notification of its own employees upon filing of a significant exposure report, or in failing to make a report under this section, is immune from any liability, civil or criminal, which might otherwise be incurred or imposed.

9. Notifications made pursuant to this section shall not disclose the identity of the individual who is diagnosed or confirmed as having HIV infection unless the individual provides a specific written release as provided in subsection

1, paragraph "b". If the care provider determines the identity of the individual, the identity of the individual shall be confidential information and shall not be disclosed by the care provider to any other person unless a specific written release is obtained from the individual.

10. A hospital's duty to notify under this section is not continuing but is limited to the diagnosis of HIV infection made in the course of admission, care, and treatment following the rendering of assistance or treatment of the individual with the infection.

11. Notwithstanding subsection 10, if, following discharge or completion of care or treatment, an individual for whom a significant exposure report was submitted but which report did not result in notification, wishes to provide information regarding the individual's HIV infection status to the care provider who submitted the report, the hospital shall provide a procedure for notifying the care provider.

12. The employer of a care provider who submits a report of significant exposure under this section sustained in the course of employment shall pay the costs of HIV testing for the individual and the costs of HIV testing and counseling for the care provider. However, the department shall pay the costs of HIV testing for the individual and the costs of HIV testing and counseling for a care provider who renders direct aid without compensation.

Sec. 13. NEW SECTION. 141A.9 CONFIDENTIALITY OF INFORMATION.

Any information, including reports and records, obtained, submitted, and maintained pursuant to this chapter is strictly confidential medical information. The information shall not be released, shared with an agency or institution, or made public upon subpoena, search warrant, discovery proceedings, or by any other means except as provided in this chapter. A person shall not be compelled to disclose the identity of any person upon whom an HIV-related test is performed, or the

results of the test in a manner which permits identification of the subject of the test, except to persons entitled to that information under this chapter. Information shall be made available for release to the following individuals or under the following circumstances:

1. To the subject of the test or the subject's legal guardian subject to the provisions of section 141A.7, subsection 3, when applicable.
2. To any person who secures a written release of test results executed by the subject of the test or the subject's legal guardian.
3. To an authorized agent or employee of a health facility or health care provider, if the health facility or health care provider ordered or participated in the testing or is otherwise authorized to obtain the test results, the agent or employee provides patient care or handles or processes samples, and the agent or employee has a medical need to know such information.
4. To a health care provider providing care to the subject of the test when knowledge of the test results is necessary to provide care or treatment.
5. To the department in accordance with reporting requirements for an HIV-related condition.
6. To a health facility or health care provider which procures, processes, distributes, or uses a human body part from a deceased person with respect to medical information regarding that person, or semen provided prior to July 1, 1988, for the purpose of artificial insemination.
7. Release may be made of medical or epidemiological information for statistical purposes in a manner such that no individual person can be identified.
8. Release may be made of medical or epidemiological information to the extent necessary to enforce the provisions of this chapter and related rules concerning the treatment, control, and investigation of HIV infection by public health officials.

9. Release may be made of medical or epidemiological information to medical personnel to the extent necessary to protect the health or life of the named party.

10. Release may be made of test results concerning a patient pursuant to procedures established under section 141A.5, subsection 3, paragraph "a".

11. To a person allowed access to a record by a court order which is issued in compliance with the following provisions:

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

b. Pleadings pertaining to disclosure of test results shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be communicated confidentially in documents not filed with the court.

c. Before granting an order, the court shall provide the person whose test results are in question with notice and a reasonable opportunity to participate in the proceedings if the person is not already a party.

d. Court proceedings as to disclosure of test results shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

e. Upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may gain access to the information, the purposes for which the

information shall be used, and appropriate prohibitions on future disclosure.

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

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

14. To employees of state correctional institutions subject to the jurisdiction of the department of corrections, employees of secure facilities for juveniles subject to the department of human services, and employees of city and county jails, if the employees have direct supervision over inmates of those facilities or institutions in the exercise of the duties prescribed pursuant to section 80.9, subsection 2, paragraph "d".

Sec. 14. NEW SECTION. 141A.10 IMMUNITIES.

1. A person making a report in good faith pursuant to this chapter is immune from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of the report.

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

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

Sec. 15. NEW SECTION. 141A.11 REMEDIES.

1. A person aggrieved by a violation of this chapter shall have a right of civil action for damages in district court.

2. A care provider who intentionally or recklessly makes an unauthorized disclosure under this chapter is subject to a civil penalty of one thousand dollars.

3. A person who violates a confidentiality requirement of section 141A.5 is guilty of an aggravated misdemeanor.

4. A civil action under this chapter is barred unless the action is commenced within two years after the cause of action accrues.

5. The attorney general may maintain a civil action to enforce this chapter.

6. This chapter does not limit the rights of the subject of an HIV-related test to recover damages or other relief under any other applicable law.

7. This chapter shall not be construed to impose civil liability or criminal sanction for disclosure of HIV-related test results in accordance with any reporting requirement for a diagnosed case of AIDS or a related condition by the department or the centers for disease control and prevention of the United States public health service.

Sec. 16. Section 321.186, unnumbered paragraph 4, Code 1999, is amended to read as follows:

A physician licensed under chapter 148, 150, or 150A, or an optometrist licensed under chapter 154, may report to the department the identity of a person who has been diagnosed as having a physical or mental condition which would render the person physically or mentally incompetent to operate a motor vehicle in a safe manner. The physician or optometrist shall make reasonable efforts to notify the person who is the subject of the report, in writing. The written notification

shall state the nature of the disclosure and the reason for the disclosure. A physician or optometrist making a report under this section shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of the report. A physician or optometrist has no duty to make a report or to warn third parties with regard to any knowledge concerning a person's mental or physical competency to operate a motor vehicle in a safe manner. Any report received by the department from a physician or optometrist under this section shall be kept confidential. Information regulated by chapter ~~141~~ 141A shall be subject to the confidentiality provisions and remedies of sections ~~141:29 and 141:24~~ that chapter.

Sec. 17. Section 505.16, subsection 1, Code 1999, is amended to read as follows:

1. A person engaged in the business of insurance shall not require a test of an individual in connection with an application for insurance for the presence of an antibody to the human immunodeficiency virus unless the individual provides a written release on a form approved by the insurance commissioner. The form shall include information regarding the purpose, content, use, and meaning of the test, disclosure of test results including information explaining the effect of releasing the information to a person engaged in the business of insurance, the purpose for which the test results may be used, and other information approved by the insurance commissioner. The form shall also authorize the person performing the test to provide the results of the test to the insurance company subject to rules of confidentiality, consistent with section ~~141:29~~ 141A.9, approved by the insurance commissioner. As used in this section, "a person engaged in the business of insurance" includes hospital service corporations organized under chapter 514 and health maintenance organizations subject to chapter 514B.

Sec. 18. Section 904.515, Code 1999, is amended to read as follows:

904.515 HUMAN IMMUNODEFICIENCY VIRUS-RELATED MATTERS -- EXEMPTION.

The provisions of chapter ~~141~~ 141A relating to knowledge and consent do not apply to persons committed to the custody of the department. The department may provide for medically acceptable procedures to inform employees, visitors, and persons committed to the department of possible infection and to protect them from possible infection.

Sec. 19. Section 915.40, subsection 3, paragraph c, Code 1999, is amended to read as follows:

c. The victim counselor or person requested by the victim who-is-authorized to provide the counseling required-pursuant-to-section-~~141:22~~ regarding the HIV-related test and results.

Sec. 20. Section 915.42, subsection 4, paragraph a, Code 1999, is amended to read as follows:

a. Prior to the scheduling of a hearing, refer the victim for counseling by a victim counselor or a person requested by the victim who-is-authorized to provide the counseling required-pursuant-to-section-~~141:22~~, regarding the nature, reliability, and significance of the HIV-related test and of the serologic status of the convicted offender.

Sec. 21. Section 915.43, subsections 1, 2, 4, and 5, Code 1999, are amended to read as follows:

1. The physician or other practitioner who orders the test of a convicted or alleged offender for HIV under this subchapter shall disclose the results of the test to the convicted or alleged offender, and to the victim counselor or a person requested by the victim who-is-authorized to provide the counseling required-pursuant-to-section-~~141:22~~, regarding the HIV-related test and results who shall disclose the results to the petitioner.

2. All testing under this chapter shall be accompanied by pretest-and-posttest counseling as required under section ~~141:22~~ 141A.7.

4. Results of a test performed under this subchapter, except as provided in subsection 13, shall be disclosed only to the physician or other practitioner who orders the test of the convicted or alleged offender, the convicted or alleged offender, the victim, the victim counselor or person requested by the victim who-is-authorized to provide the counseling required-pursuant-to-section-141r28 regarding the HIV-related test and results, the physician of the victim if requested by the victim, the parent, guardian, or custodian of the victim, if the victim is a minor, and the county attorney who filed the petition for HIV-related testing under this chapter, who may use the results to file charges of criminal transmission of HIV under chapter 709C. Results of a test performed under this subchapter shall not be disclosed to any other person without the written informed consent of the convicted or alleged offender. A person to whom the results of a test have been disclosed under this subchapter is subject to the confidentiality provisions of section 141r28 141A.9, and shall not disclose the results to another person except as authorized by section 141r28, subsection-1 141A.9, subsection 13.

5. If testing is ordered under this subchapter, the court shall also order periodic testing of the convicted offender during the period of incarceration, probation, or parole or of the alleged offender during a period of six months following the initial test if the physician or other practitioner who ordered the initial test of the convicted or alleged offender certifies that, based upon prevailing scientific opinion regarding the maximum period during which the results of an HIV-related test may be negative for a person after being HIV-infected, additional testing is necessary to determine whether the convicted or alleged offender was HIV-infected at the time the sexual assault or alleged sexual assault was perpetrated. The results of the test conducted pursuant to this subsection shall be released only to the physician or other practitioner

who orders the test of the convicted or alleged offender, the convicted or alleged offender, the victim counselor or person requested by the victim who-is-authorized to provide the counseling required-pursuant-to-section-141r28, regarding the HIV-related test and results who shall disclose the results to the petitioner, the physician of the victim, if requested by the victim, and the county attorney who may use the results as evidence in the prosecution of the sexual assault or in the prosecution of the offense of criminal transmission of HIV under chapter 709C.

Sec. 22. Chapter 141, Code 1999, is repealed.

MARY E. KRAMER
President of the Senate

RON J. CORBETT
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 248, Seventy-eighth General Assembly.

MICHAEL E. MARSHALL
Secretary of the Senate

Approved _____, 1999

THOMAS J. VILSACK
Governor

CHAPTER 139

COMMUNICABLE AND REPORTABLE DISEASES AND POISONINGS

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- 139.41 Acquired immune deficiency syndrome—confidential screening and testing. Repealed by 88 Acts, ch 1224, §14.
- 139.42 Acquired immune deficiency syndrome—central registry. Repealed by 88 Acts, ch 1224, §14.

139.1 Definitions.

For the purposes of this chapter:

1. "*Communicable disease*" shall mean any infectious or contagious disease spread from person to person or animal to person.
2. "*Isolation*" shall mean the separation of persons or animals presumably or actually affected with a communicable disease or who are disease carriers for the usual period of communicability of that disease in such places, marked by placards if necessary, and under such conditions as will prevent the direct or indirect conveyance of the infectious agent to susceptible persons.
3. "*Placard*" shall mean a warning sign to be erected and displayed on the periphery of a quarantine area, which sign will forbid entry to or exit from the area.
4. "*Quarantinable disease*" shall mean any communicable disease designated by rule adopted by the Iowa department of public health as requiring quarantine or isolation to prevent its spread.
5. "*Quarantine*" shall mean the limitation of freedom of movement of persons or animals that

have been exposed to a communicable disease within specified limits marked by placards for a period of time equal to the longest usual incubation period of the disease in such manner as to prevent the spread of a communicable disease which affects people.

6. "*Reportable disease*" shall mean any disease designated by rule adopted by the Iowa department of public health requiring the occurrence to be reported to an appropriate authority.

[S13, § 2571-a; SS15, § 2571-1a; C24, 27, 31, 35, 39, § 2247; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.1; 81 Acts, ch 62, § 1, 2]

139.2 Report to department of public health.

The physician or other health practitioner attending a person infected with a reportable disease shall immediately report the case to the Iowa department of public health. However, when a case occurs within the jurisdiction of a local health department the report shall be made to the local health department and to the Iowa department of public health. The Iowa department of public health shall publish and distribute instructions concerning method of reporting. Reports shall be made in accordance with rules adopted by the Iowa department of public health. Any person in good faith making a report of a disease has immunity from any liability, civil or criminal, which might otherwise be incurred or imposed for making a report. A report to the Iowa department of public health, to a local board of health, or to a local health department, which identifies a person infected with a reportable disease, is confidential and shall not be accessible to the public. However, information contained in the report may be reported in public health records in a manner which prevents the identification of any person named in the report.

[SS15, § 2571-1a; C24, 27, 31, 35, 39, § 2249; C46, 50, 54, 58, 62, 66, § 139.3; C71, 73, 75, 77, 79, 81, § 139.2; 81 Acts, ch 62, § 3]

139.3 Type and length of isolation—disinfection.

The type and length of isolation or quarantine to be imposed for a specific communicable disease shall be in accordance with rules adopted by the Iowa department of public health. The Iowa department of public health and the local board of health have authority to impose and enforce isolation and quarantine restrictions. The Iowa department of public health shall adopt rules governing disinfection.

[C73, § 415, 418; C97, § 2568; S13, § 2571-a; C24, 27, 31, 35, 39, § 2252, 2266, 2268; C46, 50, 54, 58, 62, 66, § 139.6, 139.20–139.22; C71, 73, 75, 77, 79, 81, § 139.3]

139.4 Quarantine signs erected.

When a quarantine is established, appropriate placards prescribed by the Iowa department of public health shall be erected to mark the boundaries of the place of quarantine.

[SS15, § 2571-2a, -3a; C24, 27, 31, 35, 39, § 2253; C46, 50, 54, 58, 62, 66, § 139.7; C71, 73, 75, 77, 79, 81, § 139.4]

139.5 Communicable diseases.

In case any person shall be infected with any communicable disease, dangerous to the public health, whether a resident or otherwise, the local board shall make such orders in regard to the care of said person as are necessary to protect the public health, and said orders shall be executed by the mayor, township clerk, health officer, or sanitation officer as the local board may direct or provide by its rules.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2251; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.5]

139.6 Diseased persons moving—record forwarded.

If a person known to be suffering from a communicable disease dangerous to the public health moves from the jurisdiction of a local board of health into the jurisdiction of another local board of health, the board of health from whose jurisdiction the person is moving will make

notification of such move to the board of health into whose jurisdiction the person is moving.

[S13, § 2575-a3; C24, 27, 31, 35, 39, § 2260; C46, 50, 54, 58, 62, 66, § 139.14; C71, 73, 75, 77, 79, 81, § 139.6]

139.7 and 139.8 Repealed by 69 Acts, ch 135, § 6.

139.9 Immunization of children.

1. Every parent or legal guardian shall assure that the person's minor children residing in the state have been adequately immunized against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, and rubella according to recommendations provided by the Iowa department of public health subject to the provisions of subsections 3 and 4.

2. *a.* 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.

b. Evidence of adequate immunization against haemophilus influenza b shall be required prior to enrollment in any licensed child care center.

c. Evidence of hepatitis type B immunization shall be required of a child born on or after July 1, 1994, prior to enrollment in school in kindergarten or in any grade.

d. Immunizations shall be provided according to recommendations provided by the Iowa department of public health subject to the provisions of subsections 3 and 4.

3. Subject to the provision of subsection 4 the state board of health may modify or delete any of the immunizations in subsection 1.

4. Immunization is not required for a person's enrollment in any elementary or secondary school or licensed child care center if that person submits to the admitting official either of the following:

a. A statement signed by a doctor, who is licensed by the state board of medical examiners, in which it is stated that, in the doctor's opinion, the immunizations required would be injurious to the health and well-being of the applicant or any member of the applicant's family or household; or

b. An affidavit signed by the applicant or, if a minor, by a legally authorized representative, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the applicant is an adherent or member; however, this exemption does not apply in times of emergency or epidemic as determined by the state board of health and as declared by the director of public health.

5. A person may be provisionally enrolled in an elementary or secondary school or licensed child care center if the person has begun the required immunizations and if the person continues to receive the necessary immunizations as rapidly as is medically feasible. The Iowa department of public health shall promulgate rules relating to the provisional admission of persons to an elementary or secondary school or licensed child care center.

6. The local board of health shall furnish the Iowa department of public health sixty days after the first official day of school evidence that each person enrolled in any elementary or secondary school has been immunized as required in this section subject to subsection 4. The Iowa department of public health shall promulgate rules pursuant to chapter 17A relating to the reporting of evidence of immunization.

7. The local boards of health shall provide the required immunizations to children in areas where no local provision exists to provide these services.

8. The Iowa department of public health in consultation with the director of the department of education shall promulgate rules for the implementation of this section and shall provide those rules to local school boards and local boards of health.

[C79, 81, § 139.9]

83 Acts, ch 81, § 1; 85 Acts, ch 212, §21; 94 Acts, ch 1068, §5; 98 Acts, ch 1041, §1, 3, 4

Development of plan for hepatitis type B immunization: rules: applicability to 1999-2000 school year: 98 Acts, ch 1041, § 2, 3

Subsection 2 amended

139.10 and 139.11 Repealed by 69 Acts, ch 135, § 6.

139.12 Forcible removal.

The forcible removal and isolation of any infected person shall be accomplished according to the rules and regulations of the local board of health or the rules of the state board of health.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2258; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.12]

139.13 Fees for removing.

The officers designated by the magistrate shall be entitled to receive for their services such reasonable compensation as shall be determined by the local board. The amount so determined shall be certified and paid in the same manner as other expenses incurred under the provisions of this chapter.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2259; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.13]

Payment of expense, § 139.27 et seq.

139.14 to 139.20 Repealed by 69 Acts, ch 135, § 6.

139.21 and 139.22 Repealed by 69 Acts, ch 135, § 6. See § 139.3.

139.23 Medical attendance and supplies.

In case any person under quarantine or the persons liable for the support of such person shall, in the opinion of the local board, be financially unable to secure the proper care, provisions, or medical attendance, the local board shall furnish such supplies and services during the period of quarantine and may delegate such duty by its rules to one of its officers or to the health officer.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2270; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.23]

139.24 County liability for supplies.

The local board shall provide the proper care, provisions and medical attendance for every person removed and isolated in a separate house or hospital for detention and treatment, and the same shall be paid for by the county in which the infected person has a legal settlement if patient or legal guardian is unable to pay same.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2271; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.24]

139.25 Rights of isolated persons.

Any person removed and isolated in a separate house or hospital may employ, at the person's own expense, the physician or nurse of the person's choice, and may provide such supplies and commodities as the person may require.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2272; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.25]

139.26 Supplies and services.

All services and supplies furnished to individuals or families under the provisions of this chapter must be authorized by the local board or by one of its officers acting under the rules of said board, and a written order therefor designating the person or persons employed to furnish such services or supplies, issued before said services or supplies were actually furnished, shall be

attached to the bill when the same is presented for audit and payment.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2273; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.26]

139.27 Filing of bills.

All bills incurred in carrying out the provisions of this chapter in establishing, maintaining, and terminating quarantine and isolation, in providing a necessary house or hospital for isolation, and in making disinfections, shall be filed with the local board. Said board at its next regular meeting or special meeting called for the purpose shall examine and audit the same and, if found correct, approve and certify the same to the county board of supervisors for payment.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2274; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.27]

139.28 Allowing claims.

All bills for supplies furnished and services rendered for persons removed and isolated in a separate house or hospital, or for persons financially unable to provide their own sustenance and care during quarantine, shall be allowed and paid for only on a basis of the local market price for such provisions, services, and supplies in the locality in which the same shall have been furnished. No bill for disinfecting premises or effects shall be allowed unless it shall be found that the infected person or those liable for the person's support are financially unable to pay the same.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2275; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.28]

139.29 Approval and payment of claims.

The board of supervisors is not bound by the action of the local board in approving the bills, but shall allow them for a reasonable amount and within a reasonable time.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2276; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.29]

83 Acts, ch 123, § 66, 209

139.30 Reimbursement from county.

If any person receives services or supplies under this chapter who does not have a legal settlement in the county in which such bills were incurred and paid, the amount so paid shall be certified to the board of supervisors of the county in which said person claims settlement or owns property and the board of supervisors of such county shall reimburse the county from which such claim is certified, in the full amount originally paid by it.

[S13, § 2571-a; C24, 27, 31, 35, 39, § 2277; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.30]

139.31 Exposing to contagious disease.

Any person who knowingly exposes another to infection from any communicable disease, or knowingly subjects another to the danger of contracting such disease from a child or other irresponsible person, shall be liable for all damages resulting therefrom, and be punished as provided in this chapter.

[C73, § 419; C97, § 2573; C24, 27, 31, 35, 39, § 2278; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.31]

139.32 Penalty.

Any person who knowingly violates any provision of this chapter, or of the rules of the Iowa department of public health or the local board, or any lawful order, written or oral, of said department or board, or of their officers or authorized agents, shall be guilty of a simple

misdemeanor.

[C73, § 419; C97, § 2573; S13, § 2575-a6; C24, 27, 31, 35, 39, § 2279; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 139.32]

139.33 Blood donation or sale—penalty.

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

85 Acts, ch 193, §1

139.34 Reserved.

139.35 Reportable poisonings and illnesses—emergency information system.

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

2. The physician or other health practitioner attending a person infected with a reportable poisoning or a reportable illness from a toxic agent, including methemoglobinemia, shall immediately report the case to the Iowa department of public health. The Iowa department of public health shall publish and distribute instructions concerning the method of reporting. Reports shall be made in accordance with rules adopted by the Iowa department of public health.

3. A person in charge of a poison control or poison information center shall report cases of reportable poisoning, including methemoglobinemia, about which they receive inquiries to the Iowa department of public health.

4. The Iowa department of public health shall adopt rules designating reportable poisonings, including methemoglobinemia, and illnesses which must be reported under this section.

5. The Iowa department of public health shall establish and maintain a central registry to collect and store data reported pursuant to this section.

6. The Iowa department of public health shall timely provide copies of all reports of pesticide poisonings or illnesses received pursuant to this section to the secretary of agriculture who shall timely forward these reports and any reports of pesticide poisonings or illnesses received pursuant to section 206.14 to the registrant of a pesticide which is the subject of any reports.

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

87 Acts, ch 225, § 203; 91 Acts, ch 124, § 1

139.36 through 139.40 Reserved.

139.41 Acquired immune deficiency syndrome—confidential screening and testing.

Repealed by 88 Acts, ch 1224, §14. See chapter 141.

139.42 Acquired immune deficiency syndrome—central registry. Repealed by 88 Acts, ch 1224, §14. See chapter 141.

CHAPTER 139B

EMERGENCY CARE PROVIDERS—EXPOSURE TO DISEASE

For notification with respect to AIDS or HIV infection, see § 141.22A.

139B.1 Emergency care provider notification.

139B.1 Emergency care provider notification.

1. For purposes of this chapter, unless the context otherwise requires:

a. "Contagious or infectious disease" means hepatitis in any form, meningococcal disease, tuberculosis, and any other disease with the exception of AIDS or HIV infection as defined in section 141.21, determined to be life-threatening to a person exposed to the disease as established by rules adopted by the department based upon a determination by the state epidemiologist and in accordance with guidelines of the centers for disease control of the United States department of health and human services.

b. "Department" means the Iowa department of public health.

c. "Designated officer" means a person who is designated by a department, agency, division, or service organization to act as an infection control liaison officer.

d. "Emergency care provider" means a person who is trained and authorized by federal or state law to provide emergency medical assistance or treatment, for compensation or in a voluntary capacity, including but not limited to all of the following:

- (1) An emergency medical care provider as defined in section 147A.1.
- (2) A health care provider as defined in this section.
- (3) A fire fighter.
- (4) A peace officer.

"Emergency care provider" also includes a person who renders direct emergency aid without compensation.

e. "Exposure" means the risk of contracting disease.

f. "Health care provider" means a person licensed or certified under chapter 148, 148C, 150, 150A, 152, or 153 to provide professional health care service to a person during the person's medical care, treatment, or confinement.

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

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

c. A person who renders direct emergency aid without compensation and is exposed to an individual who has a contagious or infectious disease shall also receive notification from the

hospital upon the filing with the hospital of an exposure report form developed by the department.

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

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

f. The department shall adopt rules pursuant to chapter 17A to implement this subsection.

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

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

5. A hospital or health care provider or other person participating in good faith in making a report under the notification provisions of this section or in notifying its own employees under procedures consistent with this section or in failing to make a report under this section is immune from liability, civil or criminal, which may otherwise be incurred or imposed.

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

91 Acts, ch 143, §1; 95 Acts, ch 41, §6; 96 Acts, ch 1034, § 5

Hepatitis testing and immunization; reimbursement; 98 Acts, ch 1221, § 5

CHAPTER 139C EXPOSURE-PRONE PROCEDURES

139C.1 Definitions.

139C.2 Prevention of transmission of HIV or HBV to patients.

139C.3 Contingent repeal.

139C.1 Definitions.

As used in this chapter, unless the context otherwise requires:

1. "*Department*" means the Iowa department of public health.
 2. "*Exposure-prone procedure*" means a procedure performed by a health care provider which presents a recognized risk of percutaneous injury to the health care provider and if such an injury occurs, the health care provider's blood is likely to contact a patient's body cavity, subcutaneous tissues, or mucous membranes, or "*exposure-prone procedure*" as defined subsequently by the centers for disease control of the United States department of health and human services.
 3. "*HBV*" means hepatitis B virus.
 4. "*Health care facility*" means a health care facility as defined in section 135C.1, an ambulatory surgical center, or a clinic.
 5. "*Health care provider*" means a person licensed to practice medicine and surgery, osteopathic medicine and surgery, osteopathy, chiropractic, podiatry, nursing, dentistry, optometry, or as a physician assistant, dental hygienist, or acupuncturist.
 6. "*HIV*" means HIV as defined in section 141.21.
 7. "*Hospital*" means hospital as defined in section 135B.1.
- 92 Acts, ch 1145, § 1; 93 Acts, ch 86, § 11

139C.2 Prevention of transmission of HIV or HBV to patients.

1. Each hospital shall adopt procedures requiring the establishment of protocols applicable on a case-by-case basis to a health care provider determined to be infected with HIV or HBV who ordinarily performs exposure-prone procedures as determined by an expert review panel, within the hospital setting. The protocols established shall be in accordance with the recommendations issued by the centers for disease control of the United States department of health and human services. The expert review panel may be an established committee of the hospital. The procedures may provide for referral of the health care provider to the expert review panel established by the department for establishment of the protocols. The procedures shall require reporting noncompliance with the protocols by a health care provider to the examining board with jurisdiction over the health care providers.
2. Each health care facility shall adopt procedures in accordance with recommendations issued by the center for disease control of the United States department of health and human services, applicable to a health care provider determined to be infected with HIV or HBV who ordinarily performs or assists with exposure-prone procedures within the facility. The procedures shall require referral of the health care provider to the expert review panel established by the department.
3. The department shall establish an expert review panel to determine on a case-by-case basis under what circumstances, if any, a health care provider determined to be infected with HIV or HBV practicing outside the hospital setting or referred to the panel by a hospital, may perform exposure-prone procedures. If a health care provider determined to be infected with HIV or

HBV does not comply with the determination of the expert review panel, the panel shall report the noncompliance to the examining board with jurisdiction over the health care provider. A determination of an expert review panel pursuant to this section is a final agency action appealable pursuant to section 17A.19.

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

5. A health care provider determined to be infected with HIV or HBV shall not perform an exposure-prone procedure except as approved by the expert review panel established by the department pursuant to subsection 3, or in compliance with the protocol established by the hospital pursuant to subsection 1.

6. The board of medical examiners, the board of physician assistant examiners, the board of podiatry examiners, the board of nursing, the board of dental examiners, and the board of optometry examiners shall require that licensees comply with the recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures issued by the centers for disease control of the United States department of health and human services, or with the recommendations of the expert review panel established pursuant to subsection 3, and applicable hospital protocols established pursuant to subsection 1.

7. Information relating to the HIV status of a health care provider is confidential and subject to the provisions of section 141.23. A person who intentionally or recklessly makes an unauthorized disclosure of such information is subject to a civil penalty of one thousand dollars. The attorney general or the attorney general's designee may maintain a civil action to enforce this section. Proceedings maintained under this section shall provide for the anonymity of the individual and all documentation shall be maintained in a confidential manner. Information relating to the HBV status of a health care provider is confidential and shall not be accessible to the public. Information regulated by this section, however, may be disclosed to members of the expert review panel established by the department or a panel established by hospital protocol under this section. The information may also be disclosed to the appropriate examining board by filing a report as required by this section. The examining board shall consider the report a complaint subject to the confidentiality provisions of section 272C.6. A licensee, upon the filing of a formal charge or notice of hearing by the examining board based on such a complaint, may seek a protective order from the board.

8. The expert review panel established by the department and individual members of the panel shall be immune from any liability, civil or criminal, for the good faith performance of functions authorized or required by this section. A hospital, an expert review panel established by the hospital, and individual members of the panel shall be immune from any liability, civil or criminal, for the good faith performance of functions authorized or required by this section. Complaints, investigations, reports, deliberations, and findings of the hospital and its panel with respect to a named health care provider suspected, alleged, or found to be in violation of the protocol required by this section, constitute peer review records under section 147.135, and are subject to the specific confidentiality requirements and limitations of this section.

92 Acts, ch 1145, § 2

139C.3 Contingent repeal.

If the provisions of Pub. L. No. 102-141 relating to requirements for prevention of transmission of HIV or HBV to patients in the performance of exposure-prone procedures are repealed, this chapter is repealed.

92 Acts, ch 1145, § 3

CHAPTER 140 VENEREAL DISEASE CONTROL

- 140.1 Title.
- 140.2 Definition.
- 140.3 Confidential reports.
- 140.4 Report to department.
- 140.5 Examination results.
- 140.6 Failure to report.
- 140.7 Determination of source.
- 140.8 Examination of persons suspected.
- 140.9 Minors.
- 140.10 Certificate not to be issued.
- 140.11 Pregnant women.
- 140.12 Blood tests in pregnancy cases.
- 140.13 Medical treatment of newly born.
- 140.14 Religious exceptions.
- 140.15 Penalty.
- 140.16 to 140.41 Repealed by 69 Acts, ch 136, §1.

140.1 Title.

This chapter shall be known as the "*Venereal Disease Control Act*".
[C71, 73, 75, 77, 79, 81, § 140.1]

140.2 Definition.

For the purposes of this chapter venereal disease shall mean syphilis, gonorrhea, chancroid, granuloma inguinale, and lymphogranuloma venereum.

[C24, 27, 31, 35, 39, § 2280; C46, 50, 54, 58, 62, 66, § 140.1; C71, 73, 75, 77, 79, 81, § 140.2]

140.3 Confidential reports.

Reports to the Iowa department of public health which include the identity of persons infected with venereal disease shall be kept secret, and all such information, records, and reports concerning the same shall be confidential and shall not be accessible to the public. However, such reports, information, and records shall be secret and confidential only to the extent which is necessary to prevent identification of persons named therein; and the other parts of such reports, information, and records shall be public records. The preceding sentence shall prevail over any inconsistent provision of this chapter.

[C24, 27, 31, 35, 39, § 2305; C46, 50, 54, 58, 62, 66, § 140.28; C71, 73, 75, 77, 79, 81, § 140.3]

140.4 Report to department.

Immediately after the first examination or treatment of any person infected with any venereal disease, the physician performing the same shall transmit to the Iowa department of public health a report stating the name, age, sex, marital status, occupation of patient, name of the disease, probable source of infection, and duration of the disease; except, when a case occurs within the jurisdiction of a local health department, such a report shall be made directly to the local health department which shall immediately forward the same information to the Iowa department of public health. Such reports shall be made in accordance with rules adopted by the Iowa

department of public health. Such reports shall be confidential. Any person in good faith making a report of a venereal disease shall have immunity from any liability, civil or criminal, which might otherwise be incurred or imposed as a result of such report.

[C24, 27, 31, 35, 39, § 2281; C46, 50, 54, 58, 62, 66, § 140.2; C71, 73, 75, 77, 79, 81, § 140.4]

140.5 Examination results.

Any person who is in charge of a public, private, or hospital clinical laboratory shall report to the Iowa department of public health, on forms prescribed by the department, results obtained in the examination of all specimens which yield evidence of or are reactive for syphilis, gonorrhea, chancroid, granuloma inguinale, or lymphogranuloma venereum. The report shall state the name of the person from whom the specimen was obtained, the name and address of the physician or other person submitting the specimen, the laboratory results, the test employed, and the date of the laboratory examination.

[C71, 73, 75, 77, 79, 81, § 140.5]

140.6 Failure to report.

Any physician or other person who fails to make or falsely makes any of the reports required by this chapter concerning persons infected with any venereal disease, or who discloses the identity of such person, except as herein provided, shall be punished as provided in this chapter. Failure to report any venereal disease as specified in this chapter shall be cause for the refusal of a renewal of license as required in section 147.10.

[C24, 27, 31, 35, 39, § 2284, 2309; C46, 50, 54, 58, 62, 66, § 140.7, 140.32; C71, 73, 75, 77, 79, 81, § 140.6]

140.7 Determination of source.

The local or the Iowa department of public health shall use every available means to determine the source and spread of any infectious case of venereal disease which is reported.

[C24, 27, 31, 35, 39, § 2310; C46, 50, 54, 58, 62, 66, § 140.33; C71, 73, 75, 77, 79, 81, § 140.7]

140.8 Examination of persons suspected.

The local board of health shall cause an examination to be made of every person reasonably suspected, on the basis of epidemiological investigation, of having any venereal disease in the infectious stages to ascertain if such person is so infected, and if so infected, to cause such person to be treated. No person shall be subjected to such examination who is under the care and treatment of a physician for the suspected condition. If a person suspected of having venereal disease should refuse to submit to an examination voluntarily, application may be made by the local board of health to the district court for an order compelling such person to submit to examination and if infected, to treatment. Such person shall be treated until certified to the local board of health or, if none, to the Iowa department of public health as no longer infectious. In every case of treatment ordered by the district court the attending physician shall so certify that the person is no longer infectious.

[C24, 27, 31, 35, 39, § 2287, 2311; C46, 50, 54, 58, 62, 66, § 140.10, 140.34; C71, 73, 75, 77, 79, 81, § 140.8]

140.9 Minors.

A minor who seeks diagnosis or treatment for a venereal disease shall have the legal capacity to act and give consent to medical care and service for venereal disease by public and private hospitals or public and private clinics or physicians. Such medical diagnosis and treatment is to be provided by a physician licensed to practice medicine and surgery, osteopathy, or osteopathic medicine and surgery. Such consent shall not be subject to later disaffirmance by reason of such minority. The consent of no other person or persons, including but not limited to spouse, parent,

custodian, or guardian, shall be necessary.

[C71, 73, 75, 77, 79, 81, § 140.9]

140.10 Certificate not to be issued.

A certificate of freedom from venereal disease shall not be issued to any person by any official health agency.

[C71, 73, 75, 77, 79, 81, § 140.10; 82 Acts, ch 1152, § 1]

140.11 Pregnant women.

Each physician attending a pregnant woman in this state shall take or cause to be taken a sample of blood of each such woman within fourteen days of the first examination, and shall submit such sample for standard serological tests for syphilis to the university hygienic laboratory of the state university at Iowa City or some other laboratory approved by the Iowa department of public health. Every other person attending a pregnant woman in this state, but not permitted by law to take blood tests, shall cause a sample of blood of each such woman to be taken by a duly licensed physician, who shall submit such sample for standard serological tests for syphilis to the state hygienic laboratory of the state university at Iowa City or such other laboratories co-operating with and approved by the Iowa department of public health. If the blood of the pregnant woman reacts positively to such test, then, if she is married, the husband and other children by the same mother shall be subjected to the same blood tests as herein provided. If the pregnant woman is single, then the person responsible for the pregnancy and other children by the same mother shall be subjected to the same blood tests as herein provided.

[C39, § 2281.1; C46, 50, 54, 58, 62, 66, § 140.3; C71, 73, 75, 77, 79, 81, § 140.11]

140.12 Blood tests in pregnancy cases.

Physicians and others attending pregnancy cases and required to report births and stillbirths shall state on the appropriate birth or stillbirth certificate whether a blood test for syphilis was made during such pregnancy upon a specimen of blood taken from the mother of the subject child and if made, the date when such test was made, and if not made, the reason why such test was not made. In no event shall the birth certificate state the result of the test.

[C39, § 2281.2; C46, 50, 54, 58, 62, 66, § 140.4; C71, 73, 75, 77, 79, 81, § 140.12]

140.13 Medical treatment of newly born.

Each physician attending the birth of a child, shall cause to be instilled into the eyes of the newly born infant a prophylactic solution approved by the Iowa department of public health. This section shall not be construed to require medical treatment of the child of any person who is a member of a church or religious denomination and whose religious convictions, in accordance with the tenets or principles of the person's church or religious denomination, are against medical prophylaxis or treatment for disease.

[C24, 27, 31, 35, 39, § 2313, 2315; C46, 50, 54, 58, 62, 66, § 140.36, 140.38; C71, 73, 75, 77, 79, 81, § 140.13]

140.14 Religious exceptions.

No provision of this chapter shall be construed to require or compel any person, whose religious convictions are as described in section 140.13, to take or follow a course of medical treatment prescribed by law or a physician. However, such person while in an infectious stage of disease shall be subject to isolation and such other measures appropriate for the prevention of the spread of the disease to other persons.

[C39, § 2315.1; C46, 50, 54, 58, 62, 66, § 140.39; C71, 73, 75, 77, 79, 81, § 140.14]

140.15 Penalty.

Any person violating any of the provisions of this chapter shall be guilty of a simple

misdemeanor.

[C24, 27, 31, 35, 39, § 2316, 2316.1; C46, 50, 54, 58, 62, 66, § 140.40, 140.41; C71, 73, 75, 77, 79, 81, § 140.15]

140.16 to 140.41 Repealed by 69 Acts, ch 136, § 1.