

Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code 641—Chapter 7
“Immunization and Immunization Education: Persons Attending Elementary or Secondary Schools,
Licensed Child Care Centers or Institutions of Higher Education”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 139A.8, 139A.26, and 22.7
State or federal law(s) implemented by the rulemaking: Not applicable

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 28, 2023
10 a.m.

meet.google.com/nkg-jzin-yvp

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis. Written or oral comments in response to this Regulatory Analysis must be received by the Department of Health and Human Services (HHS) no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Purpose and Summary

Proposed Chapter 7 describes immunization requirements for all persons enrolled or attempting to enroll in a licensed child care center or a public or nonpublic elementary or secondary school in Iowa including those who are provided private instruction. Required immunizations listed in the chapter are those defined by the Iowa Code or approved by the Council on Health and Human Services.

The chapter defines procedure for members of the public to comply with immunization requirements, including how to:

- Request an individual exclusion for medical or religious reasons.
- Provide required education on meningococcal disease to students of institutions of higher education with an on-campus residence hall or dormitory.
- Provide proof of immunization to the school or licensed child care center in which the applicant wishes to enroll.
- Maintain records and complete reporting duties as an admitting official of a licensed child care center or elementary or secondary school.

HHS maintains a statewide immunization and health screening registry to allow enrolled users to maintain and access immunization and health screening histories for purposes of ensuring that patients are fully immunized and screened.

Analysis of Impact

1. Persons affected by the proposed rulemaking:
 - Classes of persons that will bear the costs of the proposed rulemaking:
Parents with children receiving required immunizations, or their health insurance provider, and adults receiving required immunizations, or their health insurance provider, will bear the costs.
 - Classes of persons that will benefit from the proposed rulemaking:

Licensed child care centers, public or nonpublic elementary or secondary schools, and private education providers serving immunized students will benefit.

Communities in which immunized persons reside will benefit.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- Quantitative description of impact:

Estimated figures below are projections based on past program performance as included in the Red Tape Rule Report for this chapter.

Identified Impacts*

	SFY 2024	SFY 2025	SFY 2026	SFY 2027	SFY 2028	Five-Year Total
Costs						
HHS Implementation Required Immunizations	\$5,146,000	\$5,246,000	\$5,346,000	\$5,446,000	\$5,546,000	\$26,130,000
Benefits						
Improved Public Health and Safety	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative
Net Value	\$5,146,000	\$5,246,000	\$5,346,000	\$5,446,000	\$5,546,000	\$26,130,000

*All monetary figures have been rounded to the nearest thousandth.

- Qualitative description of impact:

Child care and school immunization requirements play an important role in increasing immunization rates and ensuring that environments where children congregate are safe. Vaccines are the best defense against infectious diseases, which may have serious complications such as pneumonia, meningitis and even death. Achieving and maintaining high immunization rates is the best way to protect all children from vaccine-preventable diseases while at a child care and school setting. The CDC estimates that vaccination of children born between 1994 and 2021 will prevent 472 million illnesses, 1,052,000 deaths, and save nearly \$2.2 trillion in societal costs. For every \$1 spent on each of the 11 vaccines given routinely to children, there is a savings of \$10.10 in medical costs by averting costs to treat diseases.

This chapter also allows for the creation of an Immunization Registry. Immunization Information Systems (IIS) benefit health care providers and the public by storing patient records from all ages and by keeping patients on schedule for recommended immunizations, documenting vaccine contraindications and reactions, validating immunization history, providing vaccine recommendations, producing patient reminder and recall notices, and managing health care provider vaccine inventory.

3. Costs to the State:

- Implementation and enforcement costs borne by the agency or any other agency:

HHS incurs personnel costs to support the procedures described in this chapter. These costs are reflected in the figure above, labeled as “HHS Implementation.”

- Anticipated effect on state revenues:

No impact identified.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

The cost-benefit analysis above shows a net value of \$26,130,000 and improved public health and safety. Eliminating the immunization tracking and reporting mechanisms required by this chapter, or significantly decreasing the number and/or types of immunizations required, may significantly lower immunization rates. Lowered immunization rates may lead to increased incidence

of vaccine-preventable disease resulting in hospitalizations and deaths. This would also impact the ability of public health agencies and health care providers to serve Iowans with or exposed to vaccine-preventable diseases.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

Required immunizations listed in the chapter are those defined by the Iowa Code or approved by the Council on Health and Human Services. HHS has established parameters for immunization tracking and reporting at a level the Department feels is necessary to protect public health and safety. A less costly method has not been identified to achieve the purpose of this chapter.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

HHS supports those immunizations required in accordance with the Iowa Code or as approved by the Council on Health and Human Services. This chapter clarifies procedure but does not ascribe HHS duties or implementation elements in addition to those directly defined in the Iowa Code.

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:
Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

Not applicable.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 7 and adopt the following **new** chapter in lieu thereof:

CHAPTER 7

IMMUNIZATION AND IMMUNIZATION EDUCATION: PERSONS ATTENDING ELEMENTARY OR SECONDARY SCHOOLS, LICENSED CHILD CARE CENTERS OR INSTITUTIONS OF HIGHER EDUCATION

641—7.1(139A) Definitions.

“*Admitting official*” means the superintendent of schools or the superintendent’s designated representative if a public school; if a nonpublic school or licensed child care center, the governing official of the school or child care center.

“*Advanced registered nurse practitioner*” or “*ARNP*” means an advanced registered nurse practitioner as defined in 655—Chapter 7.

“Applicant” means any person seeking enrollment in a licensed child care center or elementary or secondary school.

“Certified medical assistant” means a person who is certified to practice as a certified medical assistant following completion of a postsecondary medical assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or the Accrediting Bureau of Health Education Schools and successful completion of the certification examination and who is directed by a supervising physician, physician assistant, or nurse practitioner.

“Competent private instruction” is as defined in Iowa Code section 299A.1.

“Elementary school” means kindergarten if provided, and grades one through eight or grades one through six when grades seven and eight are included in a secondary school.

“Enrolled user” means a user of the registry who has completed an enrollment form that specifies the conditions under which the registry can be accessed and who has been issued an identification code and password by the department.

“Health screening” means a vision screen, dental screen, or refugee health screen.

“Immunization registry” or *“registry”* means the department of health and human services’ database of confidential, population-based, immunization and health screening records.

“Institution of higher education” means a postsecondary school.

“Nurse” means a person licensed to practice as a nurse pursuant to Iowa Code chapter 152.

“On-campus residence hall or dormitory” means campus housing for students that is owned or leased by the institution of higher education and located on a recognized campus site.

“Pharmacist” means a person licensed to practice pharmacy pursuant to Iowa Code chapter 155A.

“Physician” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery pursuant to Iowa Code chapter 148.

“Physician assistant” means a person licensed to practice as a physician assistant pursuant to Iowa Code chapter 148C.

“Postsecondary school” means a postsecondary institution under the control of the state board of regents, a community college established under Iowa Code chapter 260C, or an accredited private institution as defined in Iowa Code section 261.9.

“Postsecondary student” means a person who has officially registered with a postsecondary school, as determined by the school, and who physically attends class on the school’s campus. For purposes of these rules, “postsecondary student” does not include a person who is exclusively registered in a correspondence course or continuing education class or who attends class exclusively by means of distance learning or through other means which do not require the person’s physical presence on the school’s campus.

“Screening provider” means an ophthalmologist, optometrist, physician, free clinic, child care center, local public health department, public or accredited nonpublic school, community-based organization, advanced registered nurse practitioner (ARNP), physician assistant, dentist or dental hygienist.

“Secondary school” means:

1. A junior high school comprising grades 7, 8 and 9, and a senior high school;
2. A combined junior-senior high school comprising grades 7 through 12;
3. A junior high school comprising grades 7 and 8 and a high school comprising grades 9 through 12;
4. A high school comprising grades 9 through 12.

“Signature” means an original signature or the authorized use of a stamped signature or electronic signature.

“Student” means an individual who is enrolled in a licensed child care center, elementary school or secondary school.

641—7.2(139A) Persons included. The immunization requirements specified elsewhere in these rules apply to all persons enrolled or attempting to enroll in a licensed child care center or a public or nonpublic elementary or secondary school in Iowa including those who are provided competent private instruction.

641—7.3(139A) Persons excluded. Exclusions to these rules are permitted on an individual basis for medical and religious reasons pursuant to Iowa Code section 139A.8. Applicants approved for medical or religious exemptions shall submit to the admitting official a valid department certificate of immunization exemption.

7.3(1) To be valid, a medical certificate of immunization exemption shall contain, at a minimum, the applicant's last name, first name, and date of birth, the vaccine(s) exempted, and an expiration date (if applicable) and shall bear the signature of a physician, nurse practitioner, or physician assistant. Language included on the medical certificate of immunization exemption referencing 641—7.3(139A) cannot be altered. Any edits or alterations to the medical certificate of immunization exemption referencing 641—7.3(139A) will invalidate the certificate.

a. A medical exemption may apply to a specific vaccine(s) or all required vaccines. If, in the opinion of the physician, nurse practitioner, or physician assistant issuing the medical exemption, the exemption should be terminated or reviewed at a future date, an expiration date shall be recorded on the certificate of immunization exemption; or

b. A medical exemption may apply when the administration of the required vaccine would violate minimum interval spacing and the exemption shall apply only to an applicant who has not received prior doses of the exempted vaccine. An expiration date, not to exceed 60 calendar days, and the name of the vaccine exempted shall be recorded on the medical certificate of exemption.

7.3(2) A religious exemption may be granted to an applicant if immunization conflicts with a genuine and sincere religious belief. To be valid, a religious certificate of immunization exemption for religious reasons shall contain, at a minimum, the applicant's last name, first name, and date of birth and shall bear the signature of the applicant or, if the applicant is a minor, of the applicant's parent or guardian and shall attest that immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations. Language included on the religious certificate of immunization exemption referencing 641—7.3(139A) cannot be altered. Any edits or alterations to the religious certificate of immunization exemption referencing 641—7.3(139A) will invalidate the certificate.

7.3(3) Medical and religious exemptions do not apply in times of emergency or epidemic pursuant to Iowa Code section 139A.8.

641—7.4(139A) Required immunizations.

7.4(1) Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements below:

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio ¹	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio ¹	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio ¹	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received at 15 months of age or older.
		Pneumococcal	3 doses; or 2 doses if both doses were received at 12 months of age or older.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio ¹	3 doses
		<i>haemophilus influenzae</i> type B	3 doses if a dose was received on or after 12 months of age; or 2 doses if the first dose was received on or after 12 months of age; or 1 dose if the dose was received at 15 months of age or older.
		Pneumococcal	4 doses if a dose was received on or after 12 months of age; or 3 doses if 1 or more doses were received on or after 12 months of age; or 2 doses if both doses were received at 12 months of age or older.
		Measles/Rubella	1 dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
Varicella		1 dose; or the applicant has a reliable history of natural disease.	
24 months of age and older	Diphtheria/Tetanus/Pertussis	4 doses	
	Polio ¹	3 doses	
	<i>haemophilus influenzae</i> type B	3 doses if a dose was received on or after 12 months of age; or 2 doses if the first dose was received on or after 12 months of age; or 1 dose if the dose was received at 15 months of age or older. Hib vaccine is not required for persons 60 months of age or older.	
	Pneumococcal	4 doses if a dose was received on or after 12 months of age; or 3 doses if 1 or more doses were received on or after 12 months of age; or 2 doses if the first dose was received on or after 12 months of age; or 1 dose if the dose was received on or after 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or older.	
	Measles/Rubella	1 dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
	Varicella	1 dose; or the applicant has a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis ²	5 doses with at least 1 dose received on or after 4 years of age; or 4 doses if the fourth dose was received on or after 4 years of age; and 1 dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) received on or after 10 years of age for applicants in grades 7 and above, regardless of the interval since the last tetanus/diphtheria-containing vaccine.
		Polio ¹	4 doses, with at least 1 dose received on or after 4 years of age; or 3 doses if the third dose was received on or after 4 years of age.
		Measles/Rubella	2 doses; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses
		Varicella	2 doses; or the applicant has a reliable history of natural disease.
		Meningococcal (A, C, W, Y)	1 dose received on or after 10 years of age for applicants in grades 7 through 11; and 2 doses with 1 dose received on or after 16 years of age for applicants in grade 12; or 1 dose for applicants in grade 12 if the dose was received on or after 16 years of age.

¹ Doses of oral polio vaccine (OPV) administered on or after April 1, 2016, are not valid doses and do not count toward the polio vaccine requirement.

² Applicants 7 through 18 years of age who received the first dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one dose received on or after 4 years of age.

7.4(2) Vaccine doses administered less than or equal to 4 days before the minimum interval or age shall be counted as valid. Doses administered greater than or equal to 5 days earlier than the minimum interval or age shall not be counted as valid doses and shall be repeated as appropriate.

7.4(3) For vaccine administration, the minimum age and intervals recommended by the advisory committee on immunization practices shall be followed.

641—7.5(139A) Required education. An institution of higher education with an on-campus residence hall or dormitory shall provide vaccination information on meningococcal disease to enrolled students on a student health form pursuant to Iowa Code section 139A.26. For purposes of this rule, student health form(s) means a document(s) prepared by an institution of higher education that contains, at a minimum, information on meningococcal disease, vaccination information and any recommendations

issued by the national Centers for Disease Control and Prevention regarding meningococcal disease. The student health form(s) shall also include space for the postsecondary student to indicate whether or not the postsecondary student has received vaccination against meningococcal disease, including, at a minimum, the date of vaccination. The student health form(s) shall also include space for the postsecondary student to indicate whether or not the postsecondary student has received information on meningococcal disease and benefits of vaccine. If a traditional student health form is not utilized by the institution of higher education, any document(s) containing the above information is acceptable.

641—7.6(139A) Proof of immunization.

7.6(1) A valid department certificate of immunization shall be submitted by the applicant or, if the applicant is a minor, by the applicant's parent or guardian to the admitting official of the school or licensed child care center in which the applicant wishes to enroll. To be valid, the certificate shall be the certificate of immunization issued by the department, a computer-generated copy from the immunization registry, or a certificate of immunization which has been approved in writing by the department. The certificate shall contain, at a minimum, the applicant's last name, first name, and date of birth, the vaccine(s) administered, the date(s) given, and the signature of a physician, a physician assistant, a nurse, or a certified medical assistant. A faxed copy, photocopy, or electronic copy of the valid certificate is acceptable. The judgment of the adequacy of the applicant's immunization history should be based on records kept by the person signing the certificate of immunization or on that person's personal knowledge of the applicant's immunization history, or comparable immunization records from another person or agency, or an international certificate of vaccination, or the applicant's personal health records. If personal health records are used to make the judgment, the records shall include the vaccine(s) administered and the date given. Persons validating the certificate of immunization are not held responsible for the accuracy of the information used to validate the certificate of immunization if the information is from sources other than their own records or personal knowledge.

7.6(2) Persons wishing to enroll who do not have a valid department certificate of immunization available to submit to the admitting official shall be referred to a physician, a physician assistant, a nurse, or a certified medical assistant to obtain a valid certificate.

641—7.7(139A) Provisional enrollment.

7.7(1) Applicants may be granted provisional enrollment pursuant to Iowa Code section 139A.8. A valid department provisional certificate of immunization shall be submitted by the applicant or, if the applicant is a minor, by the applicant's parent or guardian to the admitting official of the school or licensed child care center in which the applicant wishes to enroll. To qualify for provisional enrollment, applicants shall have received at least one dose of each of the required vaccines or be a transfer student from another school system. A transfer student is an applicant seeking enrollment from one United States elementary or secondary school into another. To be valid, the certificate shall be the certificate of immunization issued by the department, a computer-generated copy from the immunization registry, or a certificate of immunization which has been approved in writing by the department. The certificate shall contain, at a minimum, the applicant's last name, first name, and date of birth, the vaccine(s) administered, the date(s) given, the remaining vaccine(s) required, the reason that the applicant qualifies for provisional enrollment, and the signature of a physician, a physician assistant, a nurse, or a certified medical assistant. Persons validating the provisional certificate of immunization are not held responsible for the accuracy of the information used to validate the provisional certificate of immunization if the information is from sources other than their own records or personal knowledge. Persons signing the provisional certificate of immunization shall certify that they have informed the applicant or, if the applicant is a minor, the applicant's parent or guardian of the provisional enrollment requirements.

a. Any applicant seeking provisional enrollment who does not have a valid department provisional certificate of immunization to submit to the admitting official shall be referred to a physician, a physician assistant, a nurse, or a certified medical assistant to obtain a valid certificate.

b. Reserved.

7.7(2) The amount of time allowed for provisional enrollment shall be as soon as medically feasible but shall not exceed 60 calendar days. The period of provisional enrollment shall begin on the date the provisional certificate is signed. The person signing the provisional certificate shall assign an expiration date to the certificate and shall indicate the remaining immunizations required to qualify for a certificate of immunization.

7.7(3) The applicant or parent or guardian shall ensure that the applicant receive the necessary immunizations during the provisional enrollment period and shall submit a certificate of immunization to the admitting official by the end of the provisional enrollment period.

7.7(4) If at the end of the provisional enrollment period the applicant or parent or guardian has not submitted a certificate of immunization, the admitting official shall immediately exclude the applicant from the benefits, activities, and opportunities of the school or licensed child care center until the applicant or parent or guardian submits a valid certificate of immunization.

7.7(5) If at the end of the provisional enrollment period the applicant has not completed the required immunizations due to minimum interval requirements, a new department provisional certificate of immunization shall be submitted to the admitting official. The admitting official must maintain all issued certificates of provisional immunization with the original provisional certificate until the applicant submits a certificate of immunization.

641—7.8(139A) Records and reporting.

7.8(1) It shall be the duty of the admitting official of a licensed child care center or elementary or secondary school to ensure that the admitting official has a valid department certificate of immunization, certificate of immunization exemption, or provisional certificate of immunization on file for each student by the first day of attendance.

a. The admitting official shall keep the certificates on file in the school or licensed child care center in which the student is enrolled and assist the student or parent or guardian in the transfer of the certificate to another school or licensed child care center upon the transfer of the student to another school or licensed child care center.

b. Unless otherwise requested by the applicant, or parent or guardian, the admitting official shall retain the department certificate of immunization, or certificate of immunization exemption, or provisional certificate of immunization for three years commencing upon the transfer or graduation of the applicant or the school may choose to provide the permanent immunization record to the student at time of graduation. Included with the immunization record a letter should state that this is an important document that will be needed by the student for college or employment and should be permanently retained.

7.8(2) It shall be the duty of the local boards of health to audit the department certificates of immunization, certificates of immunization exemption, and provisional certificates of immunization in the schools within their jurisdiction to determine compliance with Iowa Code section 139A.8. The local boards of health shall furnish the department within 60 days of the first official day of school a report of the audit. The report shall be submitted for each school within the local board of health's jurisdiction and shall include the enrollment by grade, and the number of department certificates of immunization, certificates of immunization exemption, and provisional certificates of immunization by grade.

7.8(3) The local board of health and the department shall have the right to have access to the department certificates of immunization, certificates of immunization exemption, and the provisional certificates of immunization of children enrolled in elementary and secondary schools and licensed child care centers within the constraints of the privacy rights of parents and students.

7.8(4) The admitting official of an institution of higher education shall provide to the department by December 1 each year aggregate data regarding compliance with Iowa Code section 139A.26. The data shall be forwarded to the department within 30 days. The data shall include, but not be limited to, the total number of incoming postsecondary freshmen students living in a residence hall or dormitory who have:

- a.* Enrolled in the institution of higher education; and
- b.* Been provided information on meningococcal disease; and

- c. Been immunized with meningococcal vaccine.

641—7.9(139A) Compliance. Applicants not presenting proper evidence of immunization, or exemption, are not entitled to enrollment in a licensed child care center or elementary or secondary school under the provisions of Iowa Code section 139A.8. It shall be the duty of the admitting official to deny enrollment to any applicant who does not submit proper evidence of immunization and to exclude a provisionally enrolled applicant in accordance with this chapter.

641—7.10(22) Statewide registry.

7.10(1) Statewide registry. The department shall maintain a statewide immunization and health screening registry.

7.10(2) Purpose and permitted uses of registry.

- a. The registry shall contain immunization and health screening information, including identifying and demographic data, to allow enrolled users to maintain and access a database of immunization and health screening histories for purposes of ensuring patients are fully immunized and screened.

- b. The registry may be used to track inventory or utilization of pharmaceutical agents identified by the department to prepare for or respond to an emergency event.

- c. Enrolled users shall not use information obtained from the registry to market services to patients or nonpatients, to assist in bill collection services, or to locate or identify patients or nonpatients for any purpose other than those expressly provided in this rule.

- d. The registry shall contain health screening data, including screening results and follow-up information.

7.10(3) Release of information to the registry. Enrolled users shall provide immunization and health screening information, including identifying and demographic data, to the registry. Information provided may include, but is not limited to, the following:

- a. Name of patient;
- b. Gender of patient;
- c. Date of birth;
- d. Race;
- e. Ethnicity;
- f. Birth state and birth country;
- g. Address;
- h. Parents' names;
- i. Mother's maiden name;
- j. Type of vaccination administered;
- k. Dose or series number of vaccine;
- l. Date vaccination was administered;
- m. Lot number;
- n. Date of health screening;
- o. Health screening results;
- p. Source of health screening;
- q. Health screening follow-up information;
- r. Patient comments;
- s. Provider name, license, and business address; and
- t. Patient history, including previously unreported doses.

7.10(4) Confidentiality of registry information. Immunization and health screening information, including identifying and demographic data maintained in the registry, is confidential and may not be disclosed except under the following limited circumstances:

- a. The department may release information from the registry to the following:
 - (1) The person or the parent or legal guardian of the person immunized or screened.
 - (2) Enrolled users of the registry who have completed a department enrollment form that specifies the conditions under which the registry can be accessed;

(3) Persons or entities requesting immunization or health screening data in an aggregate form that does not identify an individual either directly or indirectly.

(4) Agencies that complete an agreement with the department which specifies conditions for access to registry data and how that data will be used. Agencies shall not use information obtained from the registry to market services to patients or nonpatients, to assist in bill collection services, or to locate or identify patients or nonpatients for any purposes other than those expressly provided in this rule.

(5) A representative of a state or federal agency, or entity bound by that state or federal agency, to the extent that the information is necessary to perform a legally authorized function of that agency or the department. The state or federal agency is subject to confidentiality regulations that are the same as or more stringent than those in the state of Iowa. State or federal agencies shall not use information obtained from the registry to market services to patients or nonpatients, to assist in bill collection services, or to locate or identify patients or nonpatients for any purposes other than those expressly provided in this rule.

(6) The admitting official of a licensed child care center, elementary school, secondary school, or postsecondary school; or medical or health care providers providing continuity of care.

(7) Users from other states or jurisdictions who have signed and completed enrollment in the state's or jurisdiction's immunization registry.

b. Users shall not release data obtained from the registry except to the person or the parent or legal guardian of the person immunized or screened, admitting officials of licensed child care centers and schools, medical or health care providers providing continuity of care, and other enrolled users of the registry.

7.10(5) *Suspend or terminate access.* The department may suspend or terminate an enrolled user's access consistent with department policy if the user violates this chapter, department enrollment forms, or the IRIS Security and Confidentiality Policy. The department will approve, suspend, terminate, and reinstate user access in accordance with this chapter and department policy.

641—7.11(22) Release of immunization and health screening information.

7.11(1) *Between a physician, physician assistant, nurse, certified medical assistant, pharmacist, or screening provider and the elementary, secondary, or postsecondary school or licensed child care center that the student attends.* A physician, a physician assistant, a nurse, a certified medical assistant, a pharmacist, or a screening provider shall disclose a student's or patient's immunization or health screening information, including the name, date of birth, and demographic information; vaccine(s) administered and the month, day and year of administration; health screening results; and clinic source and location, to an elementary, secondary, or postsecondary school or a licensed child care center upon written or verbal request from the elementary, secondary, or postsecondary school or licensed child care center. Written or verbal permission from a student or parent is not required to release this information to an elementary, secondary, or postsecondary school or licensed child care center that the student attends.

7.11(2) *Among physicians, physician assistants, nurses, certified medical assistants, pharmacists or screening providers.* Immunization or health screening information, including the student's or patient's name, date of birth, and demographic information; vaccine(s) administered and the month, day and year of administration; health screening results; and clinic source and location, shall be provided by a physician, physician assistant, nurse, certified medical assistant, pharmacist, or screening provider to another health care provider without written or verbal permission from the student, parent, guardian or patient.

7.11(3) *Among an elementary school, secondary school, postsecondary school, and licensed child care center that the student attends.* An elementary school, secondary school, postsecondary school, and licensed child care center shall disclose a student's immunization or health screening information, including the student's name, date of birth, and demographic information; vaccine(s) administered and the month, day and year of administration; health screening results; and clinic source and location, to another elementary school, secondary school, postsecondary school, and licensed child care center that the student attends. Written or verbal permission from a student, or if the student is a minor, the student's

parent or guardian, is not required to release this information to an elementary school, secondary school, postsecondary school, and licensed child care center that the student attends.

7.11(4) *Among the department and a physician, physician assistant, nurse, certified medical assistant, pharmacist, screening provider, elementary school, secondary school, postsecondary school, and licensed child care center.* A student's or patient's immunization or health screening information, including name, date of birth, grade, and demographic information; vaccine(s) administered and the month, day and year of administration; and health screening results, clinic source, and location, all in a format specified by the department, shall be disclosed upon written or verbal request among the department, physicians, physician assistants, nurses, certified medical assistants, pharmacists, screening providers, elementary schools, secondary schools, postsecondary schools, and licensed child care centers. Written or verbal permission from a student, patient, parent, or guardian is not required to release this information.

7.11(5) *Among the department and physicians, physician assistants, nurses, resettlement agencies, federal, state, and local government agencies, and certified medical assistants conducting refugee health screenings.* Refugee health screenings shall be disclosed only as indicated in this rule. Immunization or health screening information, including the patient's name, date of birth, and demographic information; the vaccine(s) administered and the month, day, and year of administration; health screening results; and clinic source and location, shall be disclosed upon written or verbal request among the department, physicians, physician assistants, nurses, certified medical assistants, resettlement agencies, federal, state, and local government agencies, or screening providers to another health care provider or the department. Written or verbal permission from the parent, guardian or patient is not required to release this information.

These rules are intended to implement Iowa Code sections 139A.8, 139A.26 and 22.7(2).