

# Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Iowa

**Note:** This resource is up to date as of January 2026.

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## Why use this fact sheet?

Confidentiality is central to the provider-patient relationship and a core part of medical ethics. In addition, violating patient confidentiality unnecessarily may carry professional or legal penalties. This fact sheet provides an overview of some of the major mandatory reporting requirements and where they may intersect with patient privacy - with a specific focus on self-managed abortion. This factsheet does not include reporting requirements that are specific to long-term care facilities. This fact sheet does not contain legal advice, and we recommend that providers who have further questions about their reporting requirements consult an in-state attorney for more information.

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## Who wrote this guide and why?

If/When/How: Lawyering for Reproductive Justice is a legal advocacy organization. We created this fact sheet in part because the most common cause of the criminalization of people who self-manage their own abortion care is unnecessary reports to law enforcement by medical providers. We also frequently field questions from providers who are concerned about what they may need to report. We know providers share our concern that risk to patients may be high when a report to law enforcement is triggered. In the case of reporting self-managed abortion, the consequences to patients might include jail time, losing custody of their children, a criminal record, or fines - all of which are unjust responses by an overzealous, racially biased system and frequently violate people's rights. Failure to report when it is necessary also carries risk of liability, so we want providers to feel confident in their ability to discern when reporting is legally required, and what must be included.

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**Providers can also help protect their patients from unjust criminalization.**

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## **Know your mandatory reporting obligations, and where they intersect with patient privacy.**

This fact sheet covers most mandatory reporting requirements in Iowa law. Your hospital, clinic, or practice may have additional reporting requirements that you should be familiar with. Providers can help patients maintain their agency and confidentiality while fulfilling their mandatory reporting obligations by:

- Not reporting patients if not legally required,
- Not asking patients for information that is not necessary to patient care,
- Informing patients of what the provider may have to report prior to treating the patient, and
- Carefully considering what information is necessary to document in a medical chart.

Providers can also help protect their patients from unjust criminalization by ensuring that their hospital or clinic reporting policies do not conflict with HIPAA or state laws on medical privacy.

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## **Major Mandatory Reporting Requirements in Iowa<sup>1</sup>**

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### **Crime: Self-managed abortion is not a crime for abortion seekers in Iowa.**

Iowa health care providers are only required to report crimes of (1) child abuse or neglect and (2) vulnerable adult abuse or neglect.<sup>2</sup> They are also required to report injuries that may be related to crimes, such as severe burns, knife wounds, and gunshot wounds.<sup>3</sup>

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### **Child & vulnerable adult abuse: A minor<sup>4</sup> or vulnerable adult self-managing an abortion is not ordinarily reportable as abuse.**

All health care providers in Iowa who diagnose, examine, treat, or provide counseling are mandatory reporters when they reasonably believe a child has been abused or neglected by caretakers.<sup>5</sup> Legal requirements for child abuse reporting are fraught with bias, in particular toward families of color and families struggling to make ends meet. Because a health care provider's suspicions are subjective and can often stem from bias, providers should thoroughly examine any potential bias at play when deciding whether or not a report is legally required.

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**Have more questions? Reach out to request technical assistance.**

Health care providers are also required to report any time they reasonably believe a child under 16 has been the victim of a sex offense.<sup>6</sup> Because Iowa law has exceptions for most consensual sex between minors, encountering a minor who is pregnant or who has a sexually transmitted infection would not automatically trigger a child abuse report unless the minor is 13 or younger.<sup>7</sup> However, health care providers are required to report all sexually transmitted infections as a “reportable condition” to the Iowa<sup>8</sup> Department of Health and Human Services, regardless of the patient’s age. Health care providers should inform adolescent patients about what constitutes reportable sexual conduct prior to talking to them about care where possible.

Health care providers are also mandatory reporters when they reasonably believe a vulnerable adult has been abused.<sup>9</sup> Even if a provider decides to make an abuse report, the fact that a minor or vulnerable adult self-managed their own abortion would not ordinarily need to be included in a report.

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**Statutory rape: If a provider needs to report a statutory rape, the fact that the patient attempted to end the pregnancy is not relevant to the investigation.**

Iowa requires all health care providers to report suspected child abuse, which includes statutory rape.<sup>10</sup> The age of consent in Iowa is 16.<sup>11</sup> However, sex between minors 14 and older is generally not considered statutory rape, since Iowa law only criminalizes sex for 14 and 15 year olds when the perpetrator is 4 or more years older.<sup>12</sup> Minors aged 13 and younger cannot consent to sex in Iowa, so any reasonable belief of sex offenses against a minor 13 or younger would be reportable.<sup>13</sup>

In general, when the patient is over 13, unless providers know the age of the patient’s partner, they lack the information required to make a report of statutory rape. The age of a minor’s sexual partner is rarely clinically significant to care provision. Health care providers should inform adolescent patients about what constitutes reportable sexual abuse prior to talking to them about care where possible.

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**Certain traumas & injuries: Self-managed abortion is not a reportable injury.**

Iowa law requires health care providers to report certain injuries they treat or are asked to treat that they believe are linked to potential criminal activity.<sup>14</sup> This includes suspicious or severe burn injuries; car crashes; and gunshot, stab, or other serious injuries.<sup>15</sup> Though most people self-manage with medication, sometimes people without access to medication or other safe abortion care may utilize more physical methods, such as asking someone to punch them in the stomach in order to induce a miscarriage. This would not be a reportable injury unless the patient has a serious injury.<sup>16</sup>

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In any case, it is generally not necessary to divulge the reason behind the injury – that is, the attempt to induce abortion. Health care providers should inform patients about what constitutes reportable injuries prior to talking to them about care where possible. First responders licensed under Chapter 147A are exempt from mandatory reports under this subsection, which applies only to individuals licensed under Chapter 147.<sup>17</sup>

Note that the requirement for providers to report certain injuries or illnesses does not mean that they must allow police to enter a patient’s room. Allowing law enforcement into a patient’s room is typically not required by law, and is often a patient privacy violation. Patients suffering from a serious injury or illness may struggle to advocate for themselves, and their consent to police presence is unlikely to be true informed consent.<sup>18</sup>

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**Overdoses & drug use during pregnancy: Iowa requires a child abuse report if an infant tests positive for a non-prescription illegal substance, but this does not apply in cases of abortion or fetal death, and is unlikely to apply to stillbirth.**<sup>19</sup><sup>20</sup>

Health care providers are required to report when an infant tests positive for an illegal substance that was not prescribed to the child or birthing parent.<sup>21</sup> Reports are not required if the illegal substance was prescribed to the patient, such as buprenorphine or prescription cannabis.<sup>22</sup> Note that Iowa law forbids the use of positive substance tests during pregnancy to bring criminal charges against a pregnant person, indicating a report is not required for an abortion or fetal death, and is unlikely to be required in the case of a stillbirth.<sup>23</sup> There is no requirement in Iowa to report an overdose.

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**Abortion: It is never necessary to report a patient’s self-managed abortion.**<sup>24</sup>

Under Iowa law, physicians who perform or attempt abortions must report each instance to the Department of Health and Human Services within 30 days.<sup>25</sup>

Providers are not required to disclose a patient’s intent to self-manage – or the event of self-managing – under state law.

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**Miscarriage: Self-managed abortion does not require a miscarriage report.**

Iowa requires health care providers who diagnose a miscarriage prior to 20 weeks gestation to report each instance to the Department of Health and Human Services within 30 days of the miscarriage.<sup>26</sup>

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## **Fetal death: Providers do not have to report abortions as fetal deaths.**<sup>27</sup>

Under Iowa law, fetal deaths of at least 20 weeks' gestation or 350 grams must be reported through a fetal death certificate filed within three days of delivery and before final disposition.<sup>28</sup> Fetal death certificates are typically filed by a funeral director or the attending health care provider.<sup>29</sup> The attending provider must also complete a medical certification of the fetal death within 72 hours<sup>30</sup> unless the fetal death was not attended by a medical provider either at or after delivery. In that case, a medical examiner must investigate the cause of fetal death and "complete the medical certification within 72 hours of taking charge of the case."<sup>31</sup> Additionally, fetal deaths must be documented in the Iowa Registry for Congenital and Inherited Disorders.<sup>32</sup>

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## **Threats of Harm to Self or Others: Iowa does not have a statutory duty to warn, but case law does find a duty to warn in limited circumstances.**

Providers have a duty to warn of threats of self- or third-party harm if there is a specific threat against an identifiable victim.<sup>33</sup> Providers may also have a duty to warn if they have a special relationship where the provider has control over the actions or conduct of a patient, such as during involuntary commitment.<sup>34</sup>

Generally, revealing an intention to self-manage an abortion is not a threat of physical harm, unless the patient reveals a threat to themselves, such as intending to self-manage by self-harm behaviors (e.g. throwing themselves down the stairs). Use of abortion pills would not constitute self-harm. If a patient indicates they may engage in an unsafe method of self-managed abortion, there are clinical interventions that support patient safety without a report. Mental health providers may be able to mitigate the risk of self-harm by, for example, ensuring a pregnant patient understands that abortion is legal in Iowa until six weeks, and in neighboring states throughout pregnancy. Iowa law does not require providers to report a patient's intent to self-manage an abortion as a threat to another person.

## HIPAA:

HIPAA generally prevents health care providers and entities from disclosing patient information without patient consent, and the state reporting laws discussed in this fact sheet are exceptions to that rule. This means that when a provider is legally required to make a report,<sup>35</sup> HIPAA allows them to share patient information that is specifically required or permitted by the applicable state reporting law. Providing any additional patient information beyond what is specifically required or permitted by state law would likely violate HIPAA.

Accordingly, providers should carefully consider what patient information is necessary for making a report. For example, if a provider treats a minor patient for an injury that gives them cause to suspect physical abuse, the provider could share the records that are relevant to the suspected abuse, but they likely could not share the patient's *entire* medical record without violating HIPAA.

Providers with questions about medical privacy laws in relation to reproductive health care can request technical assistance from If/When/How: <https://ifwhenhow.org/learn/technical-assistance/>.

## Citations

1. This fact sheet focuses on mandatory reporting requirements that involve law enforcement or an analogous health authority. It does not include mandatory reporting requirements concerning communicable diseases, childhood blood lead levels, etc. It also does not include reporting requirements specific to long-term care facilities. The fact sheet intends to cover reporting requirements for physicians, nurses, physician assistants, midwives, social workers, mental health professionals, and emergency medical technicians. If you know of a mandatory reporting requirement for these professionals in Iowa involving or potentially involving law enforcement that is not covered on this sheet, please contact [info@ifwhenhow.org](mailto:info@ifwhenhow.org).
2. Iowa Code §§ 232.69(1)(a), 235B.3.
3. Iowa Code §§ 147.113A, 147.111(1).
4. Iowa Code § 232.68(1) (a child is anyone under 18, for the purposes of the child abuse reporting requirements).
5. Iowa Code §§ 232.69(1)(a) (mandatory reporting requirements), 232.68(2)(a) (defining child abuse); *see also* Iowa Admin. Code r. 481-51.7.

## Citations

6. Iowa Code §§ 232.69(1)(a) (mandatory reporting requirements), 232.68(2)(a) (defining child abuse); *see also* Iowa Admin. Code r. 481-51.7. The child abuse definition is limited to caretakers, and, for sexual abuse, those over 14 residing with a child. Iowa Code § 232.68(2)(a). However, the mandatory reporting law broadens its application as to sex offenses. Iowa Code § 232.69(1) (“In addition, the classes of persons enumerated in this subsection shall make a report of abuse of a child which would be defined as child abuse ... except that the abuse resulted from the acts or omissions of a person other than a person responsible for the care of the child.”). This means that the law requires mandated reporters to report sex crimes against a minor regardless of who the perpetrator is, however, note that consensual sex between minors is generally not prohibited under the law (*see* section on “Statutory Rape,” *supra* p.3), and the age of consent in Iowa is 16. Iowa Code § 709.4(1)(b)(2) (explicitly limiting a third degree rape charge to minors aged 14 or 15 where the perpetrator is 4 or more years older); *see also* Iowa Health & Hum. Servs., *Policy C1.4 – Adolescent Services*, <https://hhs.iowa.gov/media/13238/download?inline> (noting that the age of consent in Iowa is 16).

7. A report is triggered if a health care provider reasonably suspects abuse. Iowa Code § 232.69(1)(a). Abuse includes sex offenses against minors by anyone. This means a report would always be triggered if a provider has actual knowledge that the sexual relationship constitutes statutory rape. Since children 13 and younger cannot consent to sex regardless of the age of their partner, a pregnancy or STI in a child of that age would automatically trigger a provider to reasonably suspect abuse. This is true notwithstanding Iowa Code § 232.69(1)(a), which says “this provision applies to a health practitioner who receives information confirming that a child is infected with a sexually transmitted disease.” Because minors may get sexually transmitted infections from one another, we read this provision to only apply in cases of statutory rape. However, the presence of a sexually transmitted infection may lead a health care provider to more readily suspect statutory rape and to further discern whether or not this is a reportable case.

8. Iowa Code § 139A.30.

9. Iowa Code §§ 235B.2(4)-(5) (defining “dependent adult” and “dependent adult abuse”), 235B.3(2) (reporting requirement). Vulnerable adults are defined as “dependent adults,” or those 18 or older unable to meet their own essential needs due to specified physical or mental conditions. Iowa Code § 235B.2(4).

10. *See* note 6, *infra*.

11. *See* Iowa Code § 709.4(1)(b)(2) (explicitly limiting a third degree rape charge to minors aged 14 or 15 where the perpetrator is 4 or more years older); *see also* Iowa Health & Hum. Servs., *Policy C1.4 – Adolescent Services*, <https://hhs.iowa.gov/media/13238/download?inline> (noting that the age of consent in Iowa is 16).

## Citations

12. Iowa Code § 709.4(1)(b)(2) (explicitly limiting a third degree rape charge to minors aged 14 or 15 where the perpetrator is 4 or more years older).

13. All sex crimes outlined in Iowa’s criminal code define “child” as anyone younger than 14, Iowa Code § 702.5, and the age gap exception only applies to minors aged 14 and 15, Iowa Code § 709.4(1)(b)(2).

14. Iowa Code § 147.111(1).

15. Iowa Code § 147.113A.

16. Iowa Code § 147.111(1). See also Iowa Code § 702.18, defining “serious injury” to mean a “[d]isabling mental illness [or b]odily injury which does any of the following: (1) Creates a substantial risk of death, (2) Causes serious permanent disfigurement[, or] (3) Causes protracted loss or impairment of the function of any bodily member or organ.”

Serious injury also includes specific types of injuries to children, including, “[a]ny injury to a child that requires surgical repair and necessitates the administration of general anesthesia,” and “skull fractures, rib fractures, and metaphyseal fractures of the long bones of children under the age of four years.”

17. Chapter 147 licensees include the following individuals: “physician and surgeon, podiatric physician, osteopathic physician and surgeon, genetic counselor, physician assistant, psychologist, chiropractor, nurse, dentist, dental hygienist, dental assistant, optometrist, speech pathologist, audiologist, pharmacist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, orthotist, prosthetist, pedorthist, respiratory care practitioner, practitioner of cosmetology arts and sciences, practitioner of barbering, funeral director, dietitian, behavior analyst, assistant behavior analyst, marital and family therapist, mental health counselor, midwife, respiratory care and polysomnography practitioner, polysomnographic technologist, social worker, massage therapist, athletic trainer, acupuncturist, nursing home administrator, hearing aid specialist, or sign language interpreter or transliterator.” Iowa Code § 147.1(3).

18. Working Grp. on Policing & Patient Rts., *Police in the Emergency Department: A Medical Provider Toolkit for Protecting Patient Privacy* 3, 8 (2021), <https://perma.cc/T8QF-PGY8> (“As is true in daily life, patients and providers have the right to refuse to speak with the police and to withhold their consent from searches of their person or property in the absence of a valid court order or warrant.”).

19. If/When/How offers a detailed Resource on prenatal and infant drug testing and reporting requirements. See If/When/How: *Lawyering for Reproductive Justice, Prenatal Drug Exposure: CAPTA Reporting Requirements for Medical Professionals* (Jan. 2026), <https://ifwhenhow.org/resources/prenatal-drug-exposure-capta/>.

## Citations

20. Iowa Code §§ 232.68(2)(a)(6) (defining child abuse as occurring when “an illegal drug is present in a child’s body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child”), 232.69(1)(a) (requiring health care providers to report child abuse). These definitions likely only apply to a born child. See Iowa Code § 232.77(2)(a) (requiring a report when there is a positive test for an illegal substance in a child, and using phrasing that indicates the child is no longer “in utero” when this test is performed, as well as forbidding criminal charges for only “intrauterine exposure” to an illegal drug). A report is not clearly required by Iowa law in the event of a stillbirth. The underlying purpose of a child abuse report, which is to ensure the safety of a child, does not clearly exist in the event of a stillbirth.

21. Iowa Code §§ 232.68(2)(a)(6) (defining child abuse as occurring when “an illegal drug is present in a child’s body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child”), 232.69(1)(a) (requiring health care providers to report child abuse).

22. See Iowa Health & Hum. Servs., *Mandatory Reporter Child Abuse Criteria*, <https://hhs.iowa.gov/report-abuse-fraud/mandatory-reporters/mandatory-reporter-child-abuse-criteria> (the section on “Presence of Illegal Drugs in a Child’s Body” says: “Note: “Illegal drugs” are defined as cocaine, heroin, amphetamine, methamphetamine, other illegal drugs (including marijuana), or combinations or derivatives of illegal drugs **which were not prescribed by a health practitioner**”) (emphasis added).

23. Iowa Code § 232.77(2)(a).

24. Here, “abortion” means the termination of a human pregnancy with the intent other than to produce a live birth or to remove a dead fetus. Iowa Code § 146B.1.

25. Iowa Code § 146B.2.

26. Iowa Code § 144.29A(1). A miscarriage, or a “spontaneous termination of pregnancy,” is defined as “the occurrence of an unintended termination of pregnancy at any time during the period from conception to twenty weeks gestation and which is not a spontaneous termination of pregnancy at any time during the period from twenty weeks or greater which is reported to the department as a fetal death under this chapter.” *Id.* at (7) (c).

27. For the purposes of these requirements, “fetal death” is defined as “death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. Death is indicated by the absence, after expulsion or extraction, of breathing or other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, and heartbeats must be distinguished from transient cardiac contractions and respirations from fleeting respiratory efforts or gasps.” Iowa Code § 144.1(6). Because abortion has its own separate reporting requirement in the Iowa Code, abortions are not reportable as fetal deaths.

## Citations

28. Iowa Code § 144.29; *see also* Iowa Admin. Code r. 641-97.4 (governing filing of fetal death certificates and generally tracking statutory requirements).
29. Iowa Code § 144.29; *see also* Iowa Admin. Code r. 641-97.4 (governing filing of fetal death certificates and generally tracking statutory requirements).
30. Iowa Code § 144.31.
31. Iowa Code § 144.31. There may be other reasons why a medical examiner is required to attend a fetal death. Medical examiners are required to attend deaths from “nonnatural causes,” which refers to when deaths are a “direct or indirect result of physical, chemical, thermal, or electrical trauma, or drug or alcohol intoxication or other poisoning.” Iowa Code § 144.28(a)-(c). They are also required to attend the death of an infant or child when the cause of death is unknown so that an autopsy can be performed. *Id. at* § 144.28(d). While not explicitly ruled out by the statute, the fact that fetal death is governed by a different section of the chapter suggests that a medical examiner’s intervention is not required in the event of an “unexplained” fetal death.
32. Iowa Admin. Code r. 641-4.6. In this case, fetal deaths are referred to as “stillbirths,” but the definition is the same. “Stillbirth” means an unintended fetal death occurring after a gestation period of twenty completed weeks, or an unintended fetal death of a fetus with a weight of three hundred fifty or more grams. Iowa Code § 136A.2.
33. *See Anthony v. State*, 374 N.W.2d 662, 669 (Iowa 1985).
34. *See Kelly v. Sinclair Oil Corp.*, 476 N.W.2d 341, 354 (Iowa 1991) (acknowledging that in certain negligence cases, a duty may be based on a special relationship between the parties, specifically citing to the Restatement (Second) of Torts which outlines that a special relationship arises when an actor has a duty to control the actions of the third party, or that the third party has the right to protection from the actor).
35. *See, e.g., Dep’t of Health & Hum. Servs., My state law authorizes health care providers to report suspected child abuse to the state department of health and social services. Does the HIPAA Privacy Rule preempt this state law?* (Dec. 28, 2022), <https://perma.cc/4BUP-ZZDA>. “[I]f a provision of State law provided for [reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention] and was contrary to the [HIPAA] Privacy Rule, the State law would prevail.” *Id.* In other words, HIPAA protects all patient information from disclosure, except for what a state reporting law either requires or permits.