

JOURNAL OF THE SENATE [May 18, 1971]

STATE OF WISCONSIN

# Senate Journal

Eightieth Session

---

TUESDAY, May 18, 1971.

10:00 o'clock A.M.

The senate was called to order by the chief clerk.

Upon motion of Senator Kendziorski, Senator Hollander was elected presiding officer.

The prayer was offered by the Reverend J. Ellsworth Kalas, Pastor of the First United Methodist Church of Madison.

The senate remained standing and recited the Pledge of Allegiance to the Flag of the United States.

---

## LEAVE OF ABSENCE

By request of Senator Swan, with unanimous consent, Senator Krueger was granted a leave of absence for this week's session because of his confinement in the hospital for surgery.

The calling of the roll was laid aside, upon motion of Senator Kendziorski, with unanimous consent.

Upon motion of Senator Keppler, with unanimous consent, the senate stood informal until 15 minutes after the Governor's speech.

The senate proceeded in a body to the assembly chamber to receive the Governor's message.

JOURNAL OF THE SENATE [May 18, 1971]

IN ASSEMBLY CHAMBER  
IN JOINT CONVENTION

The Lieutenant Governor in the chair.

The committee appointed to wait upon the Governor appeared with his excellency, The Governor, who delivered his message as follows:

State of Wisconsin

Special Message to the Legislature

HEALTH AND HEALTH CARE IN WISCONSIN

Patrick J. Lucey, Governor

Lt. Governor Schreiber, Speaker Huber, members of the Legislature, and my fellow Wisconsin citizens . . .

I welcome this opportunity to speak to you today about what can be called one of the singularly most important issues confronting this legislature and this administration. It is the matter of health and health care for our citizens. We share, I am certain, the desire to promote good health for ourselves, our families and our fellow men. We also share in the desire to see that all of the people of our state have access to care of high quality in times of illness.

In my Inaugural Address I spoke about improving the quality of life for our people in Wisconsin and nothing more directly affects the quality of life for an individual than his own personal health.

In some respects one can view the last decade as years of considerable progress in meeting the health needs of our population. However, we now have the need and the opportunity during the 1970's to improve outdated and inefficient techniques of health education and delivery, and to improve preventive care. We have the opportunity to establish this decade in Wisconsin as one of unparalleled achievement in the field of health. To accomplish this will require the involvement of government, the health professions, the educational system and all of our state's citizens.

## JOURNAL OF THE SENATE [May 18, 1971]

It is indeed paradoxical that at the very time when we are experiencing dramatic breakthroughs in bio-medical science and research, we are still unable or unwilling to provide adequate health care for all of our citizens.

I can think of no field where there is more being done, by more people, than in health, and of no field where there is greater fragmentation of effort. This lack of clear responsibility and planning has produced disparities in the quality of care available to our various citizens, a manpower shortage in health and health related professions, inefficient use of facilities and services, staggering cost increases and ignorance on the part of health consumers.

In fact, as we review the many health related activities initiated by both the public and private sector during the last several years, it would almost appear that individuals and groups have worked in isolation from one another and often at cross purposes.

It would seem that planning has been done only on behalf of an individual practice, a group, a hospital, a medical school or a state agency. And under this type of strategy it has been inevitable that many in need of health care, indeed often those most in need—the poor, the minorities, the isolated rural—have not been included in the solutions proposed by the plans.

In the past, we have looked to the health professionals to chart the paths that health care and treatment should follow. We have encouraged physicians, dentists, nurses, technicians, therapists and others to determine the manner in which health care should be organized, delivered, and financed. This has resulted in each provider individually defining the community he serves and the needs of that community for health services.

There has also been little or no communication between health care providers serving the same community regarding the collective needs of that community and the role and responsibility of each in meeting those needs. Perhaps more importantly, there has been little community participation in the determination of health priorities and needs. Private citizens, broadly reflecting the social and economic character of the community, must be involved in the establishment and implementation of health priorities if our health system

## JOURNAL OF THE SENATE [May 18, 1971]

is to provide care which is delivered in a manner consistent with community aspirations for good health. Effective planning can only be accomplished with the involvement of the citizens to be served. The unit of planning for the future must be *a population*. In our case it should be the population of Wisconsin. If we apply a population-centered strategy of planning we can insure that all citizens are included.

The challenge of the future is this: to develop a mechanism which permits public and private providers of care and the community to come together and assess health needs and determine the role and responsibility of providers in meeting these needs. No one group can plan alone; our experience to date has made this clear.

My comments about the lack of coordination in health planning are not intended as an indictment of the health professionals. Rather, they are intended to suggest that solely charging the professionals with defining the public health mission has been a mistake and an abdication of responsibility on the part of government. The health professionals must insure that the public is well educated and aware of the relationship between the quality of life and good health. They should refine the understanding of public officials and provide them with information about the impact of alternative decisions on the quality of life that citizens will enjoy. They should continue to use their expertise in doing curative research, urging measures which will prevent disease and promote good health and in treating the individually sick. But these experts ought not to be vested with the primary responsibility for community health planning. Planning for community health is a social responsibility of government, along with the health professions, the educational system and the citizens themselves.

In the past, both on the national and the state level, government has shirked its responsibility to furnish leadership. If we are to meet the critical health needs of our people in the 1970's government must play an active role. Government is accountable to the public so that its efforts can be directly evaluated by the people. It has the responsibility to initiate the well coordinated effort in the health field that is necessary to guide resource utilization in both the public and private sectors.

Today in health we have reached a state of crisis. Too

## JOURNAL OF THE SENATE [May 18, 1971]

many of our citizens do not enjoy equal access to health care. The cost of care, particularly the cost of serious illness in the hospital, is rising rapidly and threatens to exceed the means of families of even the middle income.

Let me briefly recount for you some of the data which documents the crisis we face. Infant mortality rates are often used as a measure of the general level of health care being delivered to the state's population. Studies have shown that with only a few pre-natal visits to a physician, the chance of infant death declines substantially. In Wisconsin, infant deaths among mothers receiving full pre-natal treatment in 1969 was five per 1,000 live births. But among those receiving no pre-natal treatment, it was 116 deaths per 1,000 live births. Many of those 116 were non-white. The infant death rate per 1,000 live white births was 19.8 from 1965 to 1969, in Wisconsin. Among blacks it was 32.5, over 50 percent higher. Deaths from infections and parasitic diseases in Wisconsin were 5.4 per 1,000 among whites, and 13.0 among non-whites.

Tuberculosis no longer holds the dread it once did. There are only 9.2 cases per 100,000 among whites. For blacks the figure is 46.0 and for Indians 61.6. Equal health care is the right of every citizen. These statistics illustrate the inadequacies of the present system. They suggest striking areas of failure even if one assigns a large measure of causation to the effects of poverty and other social ills.

The costs of health care are skyrocketing. Both nationally and in the state they have doubled in a decade. In the past three years health costs have increased twice as rapidly as other consumer costs. In 1969, based on national statistics, \$1.3 billion dollars was spent on health care in Wisconsin—\$288 per capita.

We must raise the question, is the rising cost in proportion to rising benefits? It appears, on the face of it, that we are not receiving the maximum possible value for the health dollars we are spending. Greater efficiency is both possible and imperative. Health insurance, already very expensive, helps in many cases to drive the cost upward by favoring expensive in-hospital care. Most current insurance does not encourage preventive services and often leaves families poorly covered for catastrophic illness.

JOURNAL OF THE SENATE [May 18, 1971]

An even greater problem is citizen knowledge of and access to health care. The consumer lacks not only the knowledge of how to use the system, but also standards by which to judge the care received. In many ways, the system, or rather the non-system, has failed.

We need a system which allows the consumer to express his aspirations and desires, the government its priorities and the professional his expertise . . . . all blended into a program to provide maximum quality health care.

In this time of crisis we are presented with the imperative to change.

We must develop sound plans for an improved system of health care for Wisconsin. We must set our priorities and develop the policies by which we will accomplish this goal. We must do this together—government (both the legislative and the executive), the health professions, the educational system and the people.

It is apparent, I think, that if we are to meet the health care needs of our citizens nothing short of very significant action must be undertaken. I am therefore announcing today the creation of a Health Planning and Policy Task Force. I have asked for and received the consent of one of Wisconsin's most capable citizens to lead this Task Force—Mr. David Carley of Madison.

Invitations have been extended to approximately 40 citizens without regard to political affiliation. I will also invite six legislative leaders, three Republicans and three Democrats, to act as advisors to the Task Force.

I am charging this Task Force with the responsibility of developing a comprehensive health plan and policy for the State of Wisconsin. I want this plan to be so excellent, so comprehensive and so outstanding that it can serve as a model for the nation.

I will instruct the Task Force to ascertain the health needs of our citizens and to design a comprehensive system which will provide the services health consumers require. The Task Force will work to develop realistic health and health service goals. I will also ask it to compile a health plan, designate health priorities, recommend a legislative program and suggest any necessary administrative reorganization. It will identify the responsibility for government,

## JOURNAL OF THE SENATE [May 18, 1971]

the providers, the educational system and the consumers. I will also ask for its recommendations on the financing of health care, utilizing both public and private capital. And I have requested early identification of those areas demanding priority attention.

The Task Force and its staff will be given 18 months from June 1, 1971 to complete this important undertaking. It will furnish us with preliminary, interim and final reports. This information will be provided to you just as soon as it becomes available. We are asking this Task Force to perform a public service of enormous importance. I am confident that it will be successful.

As an additional measure, I have by executive order, created a Health Policy and Program Council. I have asked for and received the consent of one of Wisconsin's outstanding physicians to lead this Council, Dr. Ben Lawton of Marshfield. This Council will combine into one or more efficient body, five existing councils which are charged with administering federally funded programs: comprehensive health planning, developmental disabilities, hospital construction, mental health centers construction and facilities for the mentally retarded. The intent of this action is to overcome serious inefficiencies fostered by the federal government in its separate program requirements over the past two decades. Local communities, state agencies and the executive office will now realize the benefits of consolidated administration and single point, consumer-dominated advice on this Council. There will be some overlap of membership between the Council and the Task Force to insure coordination between the on-going federal programs and the state plan developed by the Task Force.

I should also like to discuss with you today our current health manpower situation, our existing health educational programs and health legislation which deserves your attention and prompt enactment.

In many respects the problems of Wisconsin are illustrative of our national difficulties. Wisconsin presently has 5,061 doctors, 4,440 of whom are patient-care physicians. A 1967 Governor's Task Force On Medical Education, created by Governor Knowles, observed that our current ratio of doctors to population as compared to the national average will deteriorate, unless Wisconsin begins to take positive,

## JOURNAL OF THE SENATE [May 18, 1971]

concerted action to increase its supply of medical manpower. We know there is an uneven distribution of physicians in Wisconsin. Worse still is the decreasing number of primary-care physicians, which compounds the problem.

Latest available figures indicate that 35 of our counties with a population of less than 25,000 have 332 physicians. This means that 6.8 percent of the state's physicians serve 12.2 percent of the state's population. Eight urban counties, on the other hand, comprising 51.8 percent of the state's population, have almost 70 percent of Wisconsin's physician manpower.

Two counties have no physicians at all; and the number of persons per physician ranges from 378 in Dane County to 5,625 in Bayfield. This data should not be misconstrued since many medical specialists must work in complex medical centers in urban settings which serve large areas, but it is apparent that the need for physicians is acute and getting worse in many localities.

Not only is there a shortage of physicians but there is a particular and worsening shortage of generalists and primary-care physicians. The most severe burden of the manpower shortage is borne by family physician, a role now primarily served by internists and pediatricians. The efficiency of a complex system of highly specialized consultants is dependent on an adequate number of broadly based physicians who are especially capable of providing the bulk of comprehensive care and coordinating the work of consultants when necessary.

We are fortunate, in Wisconsin, to have two medical schools of high quality. Our continued support of both the University of Wisconsin Medical School in Madison and the Medical College of Wisconsin in Milwaukee is necessary if we are to respond to the problems I have outlined. Both schools have serious problems in program support and the creation of adequate, modern facilities for educational service. We must examine these needs carefully and promptly. It is my belief that both schools can, with appropriate support, increase their class size substantially. There is also good reason to believe that we can expand our clinical education and associated residency programs by utilizing community hospitals and medical groups in the state. Although

## JOURNAL OF THE SENATE [May 18, 1971]

the 1967 Task Force suggested a possible need for a third medical college, the long start-up time and the large amount of required initial funding, indicates that we should first strive for maximum enrollment expansion at the existing two schools. The University of Wisconsin Medical School and the Medical College of Wisconsin in Milwaukee are complementary in several important ways.

The UW Medical School must remain in Madison and must continue to capitalize on the strength of its relationship to the rest of the University, particularly to the bio-medical sciences. Phase I of the medical center building program is an important step in insuring this continued relationship.

The Medical College of Wisconsin, by virtue of its location, should concentrate on serving the health needs of metropolitan Southeastern Wisconsin. The Medical School here in Madison has, and probably should continue, to concentrate on the health problems characteristic of the less-metropolitan remainder of the state. Cooperative programs between the two schools should be encouraged as should cooperative programs between the Medical College of Wisconsin and UWM.

I would like to applaud the University of Wisconsin in its decision to appoint a Vice Chancellor for Health Affairs. This will provide necessary health education leadership and will be of great assistance in addressing the educational problems we face.

I would hope that as one of his first actions the new Vice Chancellor will look into the problem of recruiting medical students from minority groups and rural areas. Studies have shown that doctors tend to practice among people who are similar to those with whom they have been reared. We must intensify our efforts to recruit from urban and rural groups whose present need for more trained professionals is most urgent. We must also be more attentive to developing and training para-medical personnel and licensing those already qualified. This in turn calls for an evaluation of whether we can not better use the time of our most highly trained medical personnel by delegating some of their functions to others who will work under their supervision. The "team approach" in the delivery of health care is a promising means of better utilizing the expertise of all

## JOURNAL OF THE SENATE [May 18, 1971]

health personnel. To use it to advantage, we must increase the supply of para-medicals. I commend the State Medical Society for taking the initiative in recommending legislation to license para-medical personnel. With minor modification, I fully support this measure.

I encourage the assembly to pass rapidly **Senate Bill 32** (Sub 1) which calls for the continued development of area-wide health planning. These regional agencies have developed well over the past two years and have introduced citizen involvement into planning for health. They deserve our continued support.

I also endorse **Senate Bill 51**, which in part, allows new informal admission procedures for people entering mental hospitals and provides citizens with important constitutional protections against inappropriate commitment.

**Assembly Bill 206** requiring drugs to be prescribed by their generic names will benefit consumers. The intent of the bill is good. However, it should be modified slightly to protect needed physician perogatives in the interest of patient care; and it should not require a generic enumeration for certain medication containing extensive combinations of drugs.

I also encourage the passage of **Assembly Bill 367** which requires the training, examination and licensing of ambulance attendants and managers. 46 percent of Wisconsin's ambulance attendants have not even received minimal Red Cross standard first aid training. In at least 10 percent of all ambulance calls, the patient's life depends upon the expertise of the ambulance crew. We must have legislation which will assure ambulance patients the most competent of professional care.

In the near future I will request the introduction of legislation creating a certificate of need program for health facilities in Wisconsin. For too long, individual facilities have been constructed with little planning in their relationship to one another.

The Task Force must also look into the facilities problem. We have 158 short-term, acute care hospitals in Wisconsin containing 21,866 beds. The average cost of constructing one acute-care bed is approximately \$40,000. The annual operating cost to maintain an unoccupied bed is one-third

## JOURNAL OF THE SENATE [May 18, 1971]

the cost of construction. Given the high cost of both construction and maintenance, it is in the interest of the community to insure that hospital beds are constructed only when alternative treatment sites are not available and only when their number corresponds to realistic need projections.

The average cost per patient per day nationally has increased from \$32.23 in 1960 to \$70.03 in 1969, an increase of 125 percent. In Wisconsin hospital costs have tripled in a decade. Hospitalization is so expensive a mode of treatment that if we do not establish a more coordinated program, valuable health care money will continue to be wasted.

Serious attention must be given to the optimum manner for linking hospitals throughout the state. This is especially critical for rural areas where rising costs have forced the erosion of small and autonomous facilities and threatened the quality of care. In order for hospitals and group practices to survive in rural areas they must be provided the linkage to larger medical centers which have more complex equipment and larger staffs of specialists.

I will also introduce legislation enabling minors to obtain diagnosis and treatment of venereal diseases without parental consent. This is needed to stop the near epidemic spread of this dread disease among the teenage population.

I am also introducing legislation to allow the state to seek injunctive relief against violations of the Nursing Home Licensing Act and to impose penalties for violation.

I will also introduce extremely important legislation to allow recipients of Title 19 (Medicaid) to enroll in pre-paid group programs. This will enable our poor citizens to receive a more stable level of care, provide fledgling prepaid group practices with needed subscribers and provide taxpayers with a predictable cost for the total care needs of the poor.

Finally, I will introduce legislation to allow salaried physicians in hospitals to participate in health maintenance organizations. This will be a beginning in moving away from the exclusive fee-for-service basis of health care. This legislation is an important first step in helping to eliminate existing, health cost problems.

I am confident that in the months to come the Task Force and its staff will be able to recommend new alternatives to

## JOURNAL OF THE SENATE [May 18, 1971]

address Wisconsin's pressing health problems. In my charge to the Task Force, I will ask them to develop for Wisconsin a comprehensive health plan and policy which will serve as a model for the nation.

Through the years Wisconsin has been in the forefront in the creation of many important and innovative social and educational programs. The opportunity now exists for us to establish leadership in the area of providing adequate health care for all citizens. With the work of the Task Force and the support of the Legislature, Wisconsin can indeed lead the nation in health.

### EXECUTIVE ORDER NO. 12

Whereas, Wisconsin's present health problems and pending health crises require firm executive action; and

Whereas, the present fragmentation in the planning, organization and delivery of health care must be resolved; and

Whereas, the need of the Governor for coordinated, responsive health policy advice must be met;

Now, therefore, I, PATRICK J. LUCEY, Governor of the State of Wisconsin, do hereby Order and Direct:

1. That a State Health Policy and Program Council be established (hereinafter referred to as the "Council").
2. The Governor, or his representative, will serve as Chairman of the Council, and the Governor shall appoint the members of the Council.
3. The Council will be composed in such a manner as to meet the Advisory Council requirements of Federal Legislation for Comprehensive Health Planning, Developmental Disabilities, Hospital Construction, Mental Health Centers Construction and Facilities for the Mentally Retarded.
4. The office of the Secretary of the Department of Health and Social Services will be responsible for program administration and is designated as the sole state agency for the Administration of these programs.

JOURNAL OF THE SENATE [May 18, 1971]

5. The Council will develop annually a recommended Health Plan for Wisconsin, which fully coordinates state level plans presently developed separately for hospital construction, mental health centers and programs, facilities and programs for the developmentally disabled and comprehensive health planning and public health services.
6. The Council will advise the Governor and the appropriate state agencies regarding the development and coordination of plans and work programs under these various laws, and review and advise the Governor concerning plans and programs developed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this 2nd day of April in the year of our Lord one thousand nine hundred and seventy-one.

PATRICK J. LUCEY,  
Governor.

EXECUTIVE ORDER NO. 19

Whereas, it is the right of every citizen of the State of Wisconsin to receive adequate health care and the health of the people is of fundamental importance and concern to the state; and

Whereas, the responsibility for health is shared by government, by the health professions, by the educational system and by citizens themselves; and

Whereas, the existing resources for the provision of health services reflect neither adequate coordination nor equitable distribution within the State of Wisconsin with the resulting, demonstrated need to improve the ability of citizens in both rural and urban areas of this state to gain access to health services; and

Whereas, the rapidly accelerating costs of health services have grown to a point where they constitute an excessive burden to the individual consumer of these services; and

## JOURNAL OF THE SENATE [May 18, 1971]

Whereas, the rising costs of health services must relate more directly to improvements in health care offered to the individual; and

Whereas, the massive breakthroughs in medical research and in the development of new technologies witnessed in recent decades, are often thwarted in their application by basic and unresolved problems in organization, distribution and cost of health care; and

Whereas, it is appropriate and necessary for state government to establish a comprehensive health plan and a comprehensive health policy in which goals and priorities for allocation and management of resources in manpower, facilities, services and funds are established.

Now, therefore, I, PATRICK J. LUCEY, Governor of the State of Wisconsin, do hereby establish a

### GOVERNOR'S HEALTH PLANNING AND POLICY TASK FORCE

The Task Force shall consist of providers and consumers of health services.

The Task Force is directed to:

1. Develop, for the State of Wisconsin, a comprehensive health plan and policy which will serve as a model for the nation.

2. Ascertain the health care needs of the citizens of Wisconsin and design a comprehensive system which can most efficiently, effectively, economically, and equitably provide the services health consumers require.

3. Develop for the State of Wisconsin consistent and realistic health and health service goals. The goals should be explicit, and the means to measure progress toward their realization must be assured. The goals should constitute the basis for health policy determination in both the private and public sectors, and policy alternatives and their anticipated consequences should be defined.

4. Compile a health plan, designate health priorities, recommend a legislative program and propose any necessary administrative reorganization of existing resources so as to insure a health care system for every citizen of the state which will insure equitable access to health services of high

JOURNAL OF THE SENATE [May 18, 1971]

quality at a cost which each person can afford.

5. Identify and state the appropriate responsibilities of state government and its agencies, of the providers of health services, of the educational system and of citizens and their representatives in the implementation of health policy.

6. Develop specific proposals to insure adequate leadership and support for regional and statewide comprehensive health planning and develop recommendations to provide regions with the authority and with the management and fiscal capability to plan, manage and evaluate local implementation of health policy.

7. Make specific recommendations regarding the financing of health care, the funding of health occupation education and the funding of health policy implementation and health system development. These recommendations must be designed to develop and utilize both public and private capital that is available to Wisconsin to structure the organization and management of health care.

8. Identify health and health service problem areas within the state which deserve prompt, priority attention and identify the resources which must be mobilized to deal with them.

9. Review recommendations made by the 1966 Task Force on Health Manpower and by The Comprehensive Health Planning Program and propose means to implement existing recommendations when prompt action is desirable.

10. Prepare a preliminary report for the Governor by October 1, 1971, prepare an interim report for the Governor by March 1, 1972 and prepare a final report for the Governor with planning, policy and legislative recommendations by October 1, 1972.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this 12th day of May in the year of our Lord one thousand nine hundred and seventy-one.

PATRICK J. LUCEY,  
Governor.

**JOURNAL OF THE SENATE [May 18, 1971]**

The senate reconvened at 11:15 A.M.

The president of the senate in the chair.

---

**AMENDMENTS OFFERED**

Senate substitute amendment 1 to Senate Bill 255 by Senators Lorge, LaFave and Devitt.

Senate amendment 1 to Senate Bill 271 by Senator Heinzen.

Senate amendment 2 to Senate Bill 371 by Senator Heinzen.

---

**BILLS INTRODUCED**

Read first time and referred:

**Senate Bill 524**

Relating to penalties for principals failing to file lobbying expense statements.

By Senator Keppler.

To committee on Judiciary.

**Senate Bill 525**

Relating to regulation of surface mining, and making an appropriation.

By Senator Cirilli; co-sponsored by Representative Korpela, by request of the State Geologist, the Natural Resources Council of State Agencies and the Legislative Council Advisory Committee on Mineral Rights.

To committee on Housing and Urban Development.

---

**COMMITTEE REPORTS**

The committee on Committees reports and recommends:

That Senator Mark Lipscomb be appointed to the committee on Governmental and Veterans' Affairs to succeed Senator Bruce Peloquin;

JOURNAL OF THE SENATE [May 18, 1971]

That Senator Mark Lipscomb be appointed to the committee on Housing and Urban Development to succeed Senator Wayne Whittow;

And the following appointments and reappointments;

*Committee—Members—Committee Term Expires.*

Administrative Rules, Jt. Com. for Review of, Sec. 13.56—Heinzen, Sec., Lotto, V-Chm., Cirilli, Whittow—May 1, 1973.

Bond Board, State, Sec. 15.105—Knowles, Swan—May 1, 1973.

Boundary Area Comm., Minn-Wis., Legislative Advisory Com., Sec. 14.82 (1)—Knowles, Knutson, Cirilli, Peloquin—May 1, 1973.

Drug Abuse Control Comm., Sec. 15.56—Soik, Parys—May 1, 1973.

Education Compact Comm., to serve on Education Comm. of the States, Sec. 39.76 (1)—Heinzen—May 1, 1973.

The following appointments and reappointments:

*Committee—Members—Committee term expires.*

Emergency Government, Council on, Sec. 15.287 (3)—Lourigan—May 1, 1973.

Government Operation, Board on, Sec. 13.58—LaFave and Thompson—May 1, 1973.

Interstate Cooperation Commission on, Sec. 13.54 (1)—Lorge, Hollander and Johnson—May 1, 1973.

Legislative Council, Jt., Sec. 13.81 (1)—Lorge, Krueger and Whittow—May 1, 1973.

Legis. Programs Study Com., Sec. 13.49 (2)—Krueger, Knowles, Hollander, Schuele and Lipscomb—May 1, 1973.

Natural Beauty Council, Sec. 15.347 (1)—Chilsen—May 1, 1973.

Retirement Research Com., Sec. 13.51 (2)—Whittow—May 1, 1973.

Retirement Systems, Jt. Survey Com. on, Sec. 13.50—LaFave and Devitt—May 1, 1973.

**JOURNAL OF THE SENATE [May 18, 1971]**

State Capitol and Executive Residence Board, Sec. 15.105—Hollander, Steinhilber and Whittow—May 1, 1973.

State Properties, Jt. Legis. Com. to Visit, Sec. 13.47—Keppler, Heinzen, Soik, Murphy and Schuele—May 1, 1973.

Traffic Law Enforcement, Council on, Sec. 15.467—Soik and Kendziorski—May 1, 1973.

**GERALD D. LORGE,**  
Chairman.

**REUBEN LaFAVE**  
**WALTER HOLLANDER**

Read and adopted.

The joint committee on Finance reports and recommends:  
**Senate Bill 330**

Relating to unemployment compensation, and the unemployment reserve fund.

Adoption of senate amendment 1; Ayes, 9; Noes, 0; adoption of senate amendment 2; Ayes, 9; Noes, 0; emergency statement recommended; Ayes, 9; Noes 0 and passage as amended with emergency statement; Ayes, 9; Noes, 0.

**WALTER G. HOLLANDER,**  
Chairman.

---

**PETITIONS AND COMMUNICATIONS**

**Senate Petition 112**

A petition by 70 residents of the 24th Senatorial District in support of retaining studded tires in Wisconsin.

Introduced by Senator Heinzen.

Read and referred to committee on Transportation.

**Senate Petition 113**

A petition by 275 residents of Racine concerned about the future of U of Wis., Parkside and opposing the Governor's budget.

Introduced by Senator Heinzen.

Read and referred to joint committee on Finance.

JOURNAL OF THE SENATE [May 18, 1971]

**Senate Petition 114**

A petition by 57 residents of the City of Hartford, County of Washington, requesting support of **Senate Bill 163** and all bills pertaining to Veterans benefits.

Introduced by Senator McKenna.

Read and referred to committee on Governmental and Veterans' Affairs.

**Senate Petition 115**

A petition by 196 citizens of Jefferson, Washington, and Dodge Counties requesting immediate legislation to assure the continued use of studded tires in the State of Wisconsin.

Introduced by Senator McKenna.

Read and referred to committee on Transportation.

**Senate Petition 116**

A petition signed by 164 citizens of the City of Milwaukee petitioning the senate to support **Senate Bill 138** to provide tuition grants to parents sending their children to non-public schools.

Introduced by Senator Soik.

Read and referred to joint committee on Finance.

**Senate Petition 117**

A petition by 181 citizens of the City of Milwaukee petitioning the senate to support **Senate Bill 138** to provide tuition grants to parents sending their children to non-public schools.

Introduced by Senator Soik.

Read and referred to joint committee on Finance.

**Senate Petition 118**

A petition submitted by 53 physicians of Milwaukee concerning the economic plight of Medicare beneficiaries.

Introduced by Senator Whittow.

Read and referred to joint committee on Finance.

**Senate Petition 119**

A petition by 23 citizens of the 33rd District opposing aid to private and parochial schools, **Senate Bill 138**.

Introduced by Senator Murphy.

Read and referred to committee on Education.

JOURNAL OF THE SENATE [May 18, 1971]

**Senate Petition 120**

A Petition of 8 citizens of the 33rd District in opposition to aid to private and parochial elementary and secondary schools.

Introduced by Senator Murphy.

Read and referred to committee on Education.

**Senate Petition 121**

A petition by 44 citizens of Mequon and Thiensville, Wisconsin expressing opposition to Governor Lucey's proposed tax distribution plan.

Introduced by Senator Keppler.

Read and referred to committee on Finance.

**Senate Petition 122**

A petition by 197 citizens of Winnebago county in favor of retaining studded tires in Wisconsin.

Introduced by Senator Steinhilber.

Read and referred to committee on Transportation.

---

**MOTIONS**

Upon motion of Senator Lorge the following was entered in the senate journal.

---

**COMMITTEE ON JUSTICE AND LAW ENFORCEMENT**

**Resolution of Appreciation**

Whereas this meeting of the committee on Justice and Law Enforcement of the Midwestern Conference of the Council of State Governments has been an outstanding success, and

Whereas the use of the Senate Chambers facilitated the committee's deliberation,

Whereas the courtesy and hospitality of the chairman, the senate staff and the university contributed immensely to the success of the meeting.

*Now, therefore, be it resolved* that this committee extend its sincere appreciation to Senator Gerald Lorge, to the Wisconsin Senate, to Attorney General Robert Warren, to

## JOURNAL OF THE SENATE [May 18, 1971]

Chief Justice J. Harold Hallows, to James Klauser and other senate staff and to the University of Wisconsin.

Adopted, Saturday, May 8, 1971 by Justice and Law Enforcement committee of the Midwestern Conference of State Legislators at Capitol, Madison, Wisconsin.

JAMES BOWHAY,  
Executive Secretary.

---

### LEAVES OF ABSENCE

By request of Senator Whittow, with unanimous consent, Senator Risser was granted a leave of absence for today's session to attend a meeting with the President of the United States and members of his Cabinet at the White House in Washington, D.C.

By request of Senator Keppler, with unanimous consent, Senator Roseleip was granted a leave of absence for today's session.

By request of Senator Keppler, with unanimous consent, the opening roll call was taken.

The roll was called and the following senators answered to their names:

Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Dorman, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, LaFave, Lipscomb, Lorge, Lotto, Lourigan, Martin, Murphy, Parys, Peloquin, Schuele, Soik, Steinhilber, Swan, Thompson and Whittow—28.

Absent—Senator McKenna—1.

Absent with leave—Senators Knowles, Krueger, Risser and Roseleip—4.

Senator Keppler moved reconsideration of the vote by which Senate Bill 160 was indefinitely postponed.

By request of Senator Keppler, with unanimous consent, the motion for reconsideration was laid over.

JOURNAL OF THE SENATE [May 18, 1971]

Senator Chilsen asked unanimous consent to withdraw **Assembly Joint Resolution 48** from the committee on Governmental and Veterans' Affairs and refer it to the calendar.

Senator Knutson objected.

Senator Peloquin moved that **Assembly Joint Resolution 48** be withdrawn from the committee on Governmental and Veterans' Affairs and be referred to the calendar.

Senator Keppler moved that the motion be tabled.

The ayes and noes were demanded and the vote was: ayes, 20; noes, 8; absent or not voting, 5; as follows:

Ayes—Senators Bidwell, Chilsen, Cirilli, Devitt, Dorman, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, LaFave, Lotto, Lourigan, Martin, Parys, Schuele, Soik, Steinhilber and Swan—20.

Noes—Senators Busby, Frank, Lipscomb, Lorge, Murphy, Peloquin, Thompson and Whittow—8.

Absent or not voting—Senators Knowles, Krueger, McKenna, Risser and Roseleip—5.

So the motion to table prevailed.

Upon motion of Senator Keppler, with unanimous consent, the senate recessed until 4:00 P.M.

12:05 P.M.

---

RECESS

4:00 P.M.

The senate reconvened.

---

CALENDAR OF APRIL 15

**Senate Bill 31**

Relating to county waste disposal.

Read.

## JOURNAL OF THE SENATE [May 18, 1971]

The question was: Adoption of senate amendment 4 to senate substitute amendment 2, to Senate Bill 31?

Senator Keppler moved a quorum call.

The roll was called and the following senators answered to their names:

Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Heinzen, Johnson, Kendziorski, Keppler, Knutson, LaFave, Lorge, Lotto, Lourigan, Murphy, Roseleip, Schuele and Whittow—17.

Absent—None.

Absent with leave—Senators Knowles, Krueger and Risser—3.

Senator Keppler moved a

### CALL OF THE SENATE

Which motion was supported.

The sergeant-at-arms was directed to close the doors and the clerk to call the roll.

The roll was called and the following senators answered to their names:

Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, LaFave, Lorge, Lotto, Lourigan, Martin, Murphy, Parys, Roseleip, Schuele and Whittow—22.

Absent—Senators Dorman, Lipscomb, McKenna, Pelouquin, Soik, Steinhilber, Swan and Thompson—8.

Absent with leave—Senators Knowles, Krueger and Risser—3.

### Senate Bill 238

Relating to permitting podiatrists to dispense narcotic drugs, and revising the definition of podiatry.

Read a second time.

The question was: Adoption of senate amendment 1?  
Senate amendment 1 adopted.

The question was: Shall the bill be ordered to a third reading?

JOURNAL OF THE SENATE [May 18, 1971]

The ayes and noes were demanded and the vote was: ayes, 27; noes, 2; absent or not voting, 4; as follows:

Ayes—Senators Bidwell, Busby, Cirilli, Devitt, Dorman, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, LaFave, Lipscomb, Lorge, Lotto, Lourigan, Matin, Murphy, Parys, Peloquin, Roseleip, Schuele, Soik, Steinhilber, Swan, Thompson and Whittow—27.

Noes—Senators Chilsen and Knutson—2.

Absent or not voting—Senators Knowles, Krueger, McKenna and Risser—4.

The bill was ordered to a third reading.

By request of Senator Keppler, with unanimous consent, the bill was considered for final action at this time.

**Senate Bill 238**

Read a third time and passed.

By request of Senators Soik, Parys, Swan, Hollander, Steinhilber, Dorman and Thompson, with unanimous consent, the journal will show that they missed the quorum call and the call of the senate because they were still in attendance at committee meetings.

Senator Keppler moved that the call be raised.

The ayes and noes were required and the vote was: ayes, 26; noes, 3; absent or not voting, 4; as follows:

Ayes—Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Dorman, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, Lipscomb, Lorge, Lotto, Martin, Murphy, Parys, Peloquin, Roseleip, Soik, Steinhilber, Swan, Thompson and Whittow—26.

Noes—Senators LaFave, Lourigan and Schuele—3.

Absent or not voting—Senators Knowles, Krueger, McKenna and Risser—4.

So the call was raised.

**Senate Bill 31**

The question was: Adoption of senate amendment 4 to senate substitute amendment 2 to Senate Bill 31?

JOURNAL OF THE SENATE [May 18, 1971]

The amendment was not adopted.

Senate amendment 5 to senate substitute amendment 2 to Senate Bill 31 offered by Senator LaFave.

Senator Roseleip moved rejection.

Senator Swan moved a

CALL OF THE SENATE

Which motion was supported.

The sergeant-at-arms was directed to close the doors and the clerk to call the roll.

The roll was called and the following senators answered to their names:

Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Dorman, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, LaFave, Lipscomb, Lorge, Lotto, Lourigan, Martin, Murphy, Parys, Peloquin, Roseleip, Schuele, Soik, Steinhilber, Swan, Thompson and Whittow—29.

Absent—Senator McKenna—1.

Absent with leave—Senators Knowles, Krueger and Risser—3.

Senator Keppler moved that the call be raised.

The ayes and noes were required and the vote was: ayes, 25; noes, 4; absent or not voting, 4; as follows:

Ayes—Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Dorman, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, Lipscomb, Lorge, Lotto, Martin, Parys, Peloquin, Roseleip, Soik, Steinhilber, Swan, Thompson and Whittow—25.

Noes—Senators LaFave, Lourigan, Murphy and Schuele—4.

Absent or not voting—Senators Knowles, Krueger, McKenna and Risser—4.

So the call was raised.

By request of Senator LaFave, with unanimous consent, senate amendment 5 to senate substitute amendment 2 to Senate Bill 31 was laid on the table.

JOURNAL OF THE SENATE [May 18, 1971]

Senate amendment 6 to senate substitute amendment 2 to **Senate Bill 31** offered by Senator LaFave.

Senator Kendziorski in the chair.

5:05 P.M.

Senate amendment 6 to senate substitute amendment 2 adopted.

By request of Senator LaFave, with unanimous consent, senate amendment 5 to senate substitute amendment 2 was withdrawn by the author.

Senator Swan moved reconsideration of the vote by which senate amendment 4 to senate substitute amendment 2 to **Senate Bill 31** was not adopted.

The motion for reconsideration failed.

The question was: Adoption of senate substitute amendment 2 to **Senate Bill 31**?

Senate substitute amendment 2 to **Senate Bill 31** adopted.

**Senate Bill 31**

The question was: Shall **Senate Bill 31** be ordered to a third reading?

The ayes and noes were demanded and the vote was: ayes, 29; noes, 0; absent or not voting, 4; as follows:

Ayes—Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Dorman, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, LaFave, Lipscomb, Lorge, Lotto, Lourigan, Martin, Murphy, Parys, Peloquin, Roseleip, Schuele, Soik, Steinhilber, Swan, Thompson and Whittow—29.

Noes—None.

Absent or not voting—Senators Knowles, Krueger, McKenna and Risser—4.

So the bill was ordered to a third reading.

**Senate Bill 31**

By request of Senator Johnson, with unanimous consent, the bill was considered for final action at this time.

Read a third time.

## JOURNAL OF THE SENATE [May 18, 1971]

The ayes and noes were demanded and the vote was: ayes, 29; noes, 0; absent or not voting, 4; as follows:

Ayes—Senators Bidwell, Busby, Chilsen, Cirilli, Devitt, Dorman, Frank, Heinzen, Hollander, Johnson, Kendziorski, Keppler, Knutson, LaFave, Lipscomb, Lorge, Lotto, Lourigan, Martin, Murphy, Parys, Peloquin, Roseleip, Schuele, Soik, Steinhilber, Swan, Thompson and Whittow—29.

Noes—None.

Absent or not voting—Senators Knowles, Krueger, McKenna and Risser—4.

So the bill passed.

### **Assembly Bill 97**

Relating to notifying parents of children's traffic violations.

Read a third time and concurred in.

---

## CALENDAR OF MAY 16

### **Assembly Bill 26**

Relating to reaffirmation of a debt adjudicated in bankruptcy and requiring notice of reaffirmation before execution is levied.

By request of Senator Busby, with unanimous consent, Assembly Bill 26 was laid on the table.

---

## CALENDAR OF MAY 20

### **Senate Bill 279**

Relating to election of school board members in common and union high school districts.

Read a second time.

Ordered to a third reading.

By request of Senator Keppler, with unanimous consent, the bill was considered for final action at this time.

JOURNAL OF THE SENATE [May 18, 1971]

**Senate Bill 279**

Read a third time.

Senator Lorge moved indefinite postponement.

The ayes and noes were demanded and the vote was: ayes, 15; noes, 14; absent or not voting, 4; as follows:

Ayes—Senators Bidwell, Cirilli, Devitt, Hollander, Johnson, Kendziorski, Knutson, LaFave, Lorge, Lourigan, Murphy, Parys, Soik, Steinhilber and Swan—15.

Noes—Senators Busby, Chilsen, Dorman, Frank, Heinzen, Keppler, Lipscomb, Lotto, Martin, Peloquin, Roseleip, Schuele, Thompson and Whittow—14.

Absent or not voting—Senators Knowles, Krueger, McKenna and Risser—4.

So the motion for indefinite postponement prevailed.

Senator Soik moved reconsideration of the vote by which Senate Bill 279 was indefinitely postponed.

Senator Whittow moved that the motion be tabled.

The ayes and noes were demanded and the vote was: ayes, 16; noes, 13; absent or not voting, 4; as follows:

Ayes—Senators Chilsen, Cirilli, Dorman, Frank, Heinzen, Kendziorski, Keppler, Lipscomb, Martin, Parys, Peloquin, Roseleip, Schuele, Swan, Thompson and Whittow—16.

Noes—Senators Bidwell, Busby, Devitt, Hollander, Johnson, Knutson, LaFave, Lorge, Lotto, Lourigan, Murphy, Soik and Steinhilber—13.

Absent or not voting—Senators Knowles, Krueger, McKenna and Risser—4.

So the motion to table prevailed.

By request of Senator Keppler, with unanimous consent, the senate returned to the second, seventh and ninth orders of business.

---

AMENDMENTS OFFERED

Senate substitute amendment 1 to Senate Bill 36 by Senator Schuele.

JOURNAL OF THE SENATE [May 18, 1971]

Senate amendment 1 to Senate Bill 244 by Senator Pelouquin.

Senate amendment 1 to Senate Bill 320 by Senator Lorge, by request of Department of Revenue.

Senate amendment 1 to Senate Bill 351 by Senator Busby, by request of North Western Life Insurance Co.

Senate amendment 2 to Senate Bill 358 by Senator Whit-tow.

---

EXECUTIVE COMMUNICATION

State of Wisconsin  
Office of the Governor

May 18, 1971.

Mr. William Nugent  
Senate Chief Clerk  
State Capitol  
Madison, Wisconsin

Dear Mr. Nugent:

This is to notify the State Senate that I am pleased to accept the invitation offered in Senate Resolution 14 and will appear before a committee of the whole on the subject of my budget proposal regarding consolidation of our higher education systems in Wisconsin.

The proposal of consolidation is significant, and I believe that it deserves free and open discussion in the Legislature. I consider this opportunity to join the State Senate in a committee of the whole as a privilege, and I will be prepared to answer any question that the Senate wishes to ask.

I therefore request an appearance before a committee of the whole in the Senate chambers at 11:00 a.m. on Thursday, May 20, 1971.

Sincerely,

PATRICK J. LUCEY,  
Governor.

Read.

By request of Senator Keppler, with unanimous consent, the request was granted.

**JOURNAL OF THE SENATE [May 18, 1971]**

**MOTIONS**

By request of Senator Keppler, with unanimous consent, the chair pursuant to Joint Rule 41 appointed a delegation to attend the funeral of Senator Clark.

The chair appointed Senators Bidwell, Thompson and Heinzen.

By request of Senator Bidwell, with unanimous consent, all members of the funeral delegation will be recorded on the roll calls missed due to this attendance.

By request of Senator Whittow, with unanimous consent, Senator McKenna was granted a leave of absence for today's session.

By request of Senator Keppler, with unanimous consent, all actions were immediately messaged.

By request of Senator Heinzen, with unanimous consent, the senate adjourned in memory of Senator Clark.

---

Senator Keppler moved the senate adjourn until 8:30 A.M. May 19.

6:10 P.M.

---

**INTRODUCTION OF GUESTS**

Senator Schuele introduced: Mr. and Mrs. Phil Smith and Mr. and Mrs. Arnold Kaliebe, Milwaukee, Wisconsin.

Senator Peloquin introduced guests of Senator Krueger: 60 7th graders with Mr. Binder, Mr. Larson and Mrs. Emily Fijalkiewicz, Greenwood, Wisconsin.

## JOURNAL OF THE SENATE [May 18, 1971]

Senator Keppler introduced a group of students from Steffen elementary school with Mr. Dufner, Mr. Rottmann and Miss. Seubert, Mequon, Wisconsin and Mr. and Mrs. Ralph Kreuger, with son Jerry, Cedarburg, Wisconsin.

Senator Steinhilber introduced a group of Pickett Memorial school students with Mrs. Krentz and Mrs. Coe, Pickett, Wisconsin.

Senator Johnson introduced: Mrs. Marvin Lansing and Mrs. Hal Crinion, Eau Claire, Wisconsin.

Senator Lorge introduced Mrs. Pete Fritzell and a group of ladies from the Appleton League of Women Voters, Appleton, Wisconsin.

Senator Hollander introduced: Mrs. Eckles, Mrs. Wegener and Mrs. Kelley of the League of Women Voters of Fond du Lac, Wisconsin.

---

### CHIEF CLERK'S REPORT

The chief clerk records:

Senate Bill 39,  
Senate Bill 77,  
Senate Bill 165,  
Senate Bill 166 and  
Senate Bill 167.

Correctly enrolled and presented to the Governor on Tuesday, May 18, 1971.