

## 2005 DRAFTING REQUEST

### Bill

Received: **05/17/2005**

Received By: **dkennedy**

Wanted: **As time permits**

Identical to LRB:

For: **J.A. Hines (608) 266-7746**

By/Representing: **Carolyn Hughes (aide)**

This file may be shown to any legislator: **NO**

Drafter: **dkennedy**

May Contact:

Addl. Drafters:

Subject: **Health - public health**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Hines@legis.state.wi.us**

Carbon copy (CC:) to: **robin.ryan@legis.state.wi.us**

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### Pre Topic:

No specific pre topic given

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### Topic:

Public health statutory updates

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### Instructions:

See Attached

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### Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	dkennedy 07/15/2005	lkunkel 08/08/2005		_____			
/P1			rschluet 08/08/2005	_____	lemery 08/08/2005 mbarman 08/09/2005		
/1	dkennedy 09/22/2005	lkunkel 10/12/2005	rschluet 10/12/2005	_____	lnorthro 10/12/2005		S&L

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/2	dkennedy 10/26/2005	lkunkel 11/08/2005	pgreensl 11/08/2005	_____	sbasford 11/08/2005		S&L
/3	dkennedy 11/15/2005	lkunkel 11/15/2005	pgreensl 11/15/2005	_____	sbasford 11/15/2005	Inorthro 11/15/2005	S&L

FE Sent For:

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intro.

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/1	dkennedy 09/22/2005	lkunkel 10/12/2005	rschluet 10/12/2005	<u>11/15</u> _____	lnorthro 10/12/2005		S&L

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1/2/mk 11/8

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/P1			rschluet 08/08/2005	_____	lemery 08/08/2005 mbarman 08/09/2005		

1/mk 10/12

*[Handwritten signature]*  
10/25 pb

*[Handwritten circle around mbarman 08/09/2005]*

*[Handwritten note: e-mail only per DAK]*

FE Sent For:

<END>

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Subject: **Health - public health**

Extra Copies: **MES, CTS**

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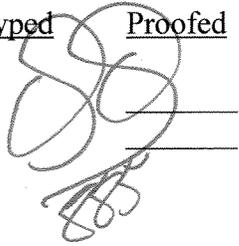
**Instructions:**

See Attached

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FE Sent For:

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## Kennedy, Debora

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**From:** Hughes, Carolyn  
**Sent:** Tuesday, May 17, 2005 3:02 PM  
**To:** Kennedy, Debora  
**Cc:** Sweet, Richard; 'Michael Welsh'  
**Subject:** Drafting instructions of Public Health updates

Debra,

Here are the instructions I spoke to you about. Please feel to suggest any changes you recommend to wording, etc and if you have questions you can contact me or Dick.



Wisconsin Public  
Health Act - ...

Thanks,

Carolyn Hughes  
Research Assistant  
Rep. J.A. Hines

## Updating WI Public Health Statutes - Drafting Instructions

- ✓ Under **250.03(1)**, include the following: *Federal* *The Department (DHFS) shall promote cooperation and formal collaborative agreements between the state and tribal organizations and the Indian Health Service regarding public health planning, priority setting, information and data sharing, reporting, resource allocation, funding, service delivery, jurisdiction, and full faith and credit of state and tribal court orders issued in Wisconsin.*
- ✓ Under **250.03**, *The Department shall perform the following essential public health services and functions:*
  - a. Monitor health status to identify and solve community health problems;*
  - b. Investigate and diagnose health problems and health hazards in the community;*
  - c. Inform, educate and empower individuals about health issues;*
  - d. Mobilize public and private sector collaboration and action to identify and solve health problems;*
  - e. Develop policies, plans and programs that support individual and community health efforts;*
  - f. Enforce laws and regulations that protect health and ensure safety;*
  - g. Link individuals to needed personal health services and assure the provision of health care when otherwise unavailable;* → *entitlement?*
  - h. Assure a competent public health workforce;*
  - i. Evaluate effectiveness, accessibility and quality of personal and population-based health services; and*
  - j. Research for new insights and innovative solutions to health problems.*
- ✓ Under **66.0303**, include the following, *federally recognized American Indian tribes or bands located in ~~the~~ states another*
- ✓ Under **250.04**, include the following, *Require the Department and local public health agencies to collaborate on an ongoing basis—not just during emergencies—and incorporate public and private sector partners into the public health planning process.*
- ✓ Under **252.041(a)**, *(1) and (b)* include the following, *The agency, wherever possible, should first request that the individual participate voluntarily with the exercise of the mandatory or compulsory power.*
- Under **252.05(1)**, include the following, *Provide that any person (including health care providers, pharmacists, laboratories, coroners, medical examiners, tribes and tribal public health agencies and veterinarians) who is required under current law to report a disease or other condition of public health importance to the state or local public health*

agency shall provide all known or suspected cases of individuals having a reportable disease or condition. Any other person who knows or suspects a case of a reportable disease or condition may provide available information concerning the case to the local or state public health agency, especially where the case has not been previously reported as required by the state public health agency.

Already  
covered  
law:  
s. 252.05  
(3)

- ✓ • Move **440.142 to 450** – In addition add, the report shall be made electronically or in writing within 24 hours to a state or local public health agency and shall include as much information as is available on the disease or condition and afflicted individual.

## Kennedy, Debora

---

**From:** Sweet, Richard  
**Sent:** Wednesday, May 18, 2005 4:11 PM  
**To:** Hughes, Carolyn; Kennedy, Debora  
**Cc:** 'Michael Welsh'  
**Subject:** RE: Drafting instructions of Public Health updates

Carolyn/Debora/Mike,

I took a look at this and would suggest a few clarifications:

- ✓ 1. For the third bullet point, this change would allow a municipality in this state to contract with a federally recognized tribe or band in another state (since tribes or bands in this state are already covered by s. 66.0301(2)).
- ✓ 2. For the fifth bullet point, the change would apply to s. 252.041(1)(a) and (b).
3. For the sixth bullet point, changes (or cross-references) would be needed for ss. 95.22, 440.142 (which is renumbered by the draft), and 979.012.

Dick

-----Original Message-----

**From:** Hughes, Carolyn  
**Sent:** Tuesday, May 17, 2005 3:02 PM  
**To:** Kennedy, Debora  
**Cc:** Sweet, Richard; 'Michael Welsh'  
**Subject:** Drafting instructions of Public Health updates

Debra,

Here are the instructions I spoke to you about. Please feel to suggest any changes you recommend to wording, etc and if you have questions you can contact me or Dick.

<< File: Wisconsin Public Health Act - drafting2.doc >>

Thanks,

Carolyn Hughes  
Research Assistant  
Rep. J.A. Hines



State of Wisconsin  
2005 - 2006 LEGISLATURE

D-NOTE

8/8/05, please

LRB-3062/P1

DAK:.....

Imk

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

GenCat

1 AN ACT ...; relating to: public health planning, services, and functions; reporting  
2 of communicable diseases; public health agreements; required vaccinations,  
3 isolation, or quarantine; and contracts between municipalities and federally  
4 recognized American Indian tribes or bands.

**Analysis by the Legislative Reference Bureau**

This is a preliminary draft. An analysis will be provided on a subsequent version.

**The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:**

5 SECTION 1. 66.0303 (2) of the statutes is amended to read:  
6 66.0303 (2) A municipality may contract with municipalities of another state  
7 or with federally recognized American Indian tribes or bands located in another state  
8 for the receipt or furnishing of services or the joint exercise of any power or duty  
9 required or authorized by statute to the extent that laws of the other state or of the  
10 United States permit the joint exercise.

History: 1999 a. 150 ss. 77, 355; 2001 a. 109.

1           **SECTION 2.** 95.22 (1m) of the statutes is created to read:

2           **95.22 (1m)** A veterinarian who knows or has reason to believe that an animal  
3 treated or visited by him or her has a communicable disease, or having a  
4 communicable disease, has died, shall report, on a form specified under s. 252.05 (4),  
5 the appearance of the communicable disease or the death to the local health officer,  
6 as defined in s. 250.01 (5). The local health officer shall report this information to  
7 the department of health and family services or shall direct the veterinarian  
8 reporting to report to the department of health and family services. Any veterinarian  
9 directed to report shall submit this information to the department of health and  
10 family services.

11           **SECTION 3.** 95.22 (2) (a) of the statutes is amended to read:

12           **95.22 (2) (a)** The diseases that a veterinarian or the department of natural  
13 resources must report under this section sub. (1).

14 History: 1981 c. 291; 1981 c. 391 s. 210; 1993 a. 492; 1999 a. 83; 2001 a. 56, 109; 2003 a. 321.

14           **SECTION 4.** 95.22 (2) (c) of the statutes is amended to read:

15           **95.22 (2) (c)** The information that a veterinarian or the department of natural  
16 resources must include in his or her report under sub. (1).

17 History: 1981 c. 291; 1981 c. 391 s. 210; 1993 a. 492; 1999 a. 83; 2001 a. 56, 109; 2003 a. 321.

17           **SECTION 5.** 95.22 (2) (d) of the statutes is amended to read:

18           **95.22 (2) (d)** Procedures to be used in preparing and submitting the report  
19 required under sub. (1).

20 History: 1981 c. 291; 1981 c. 391 s. 210; 1993 a. 492; 1999 a. 83; 2001 a. 56, 109; 2003 a. 321.

20           **SECTION 6.** 250.03 (1) (k) of the statutes is created to read:

21           **250.03 (1) (k)** Promote cooperation and formal collaborative agreements  
22 among the state, governing bodies of federally recognized American Indian tribes or  
23 bands located in this state, and the federal Indian Health Service with regard to all  
24 of the following:

1           1. Public health planning, priority setting, information and data sharing,  
2 reporting, resource allocation, funding, service delivery, and jurisdiction. ✓

3           2. The full faith and credit of state and tribal court orders relating to public  
4 health that are issued in this state. ✓

5           **SECTION 7.** 250.03 (1) (L) of the statutes is created to read: ✓

6           250.03 (1) (L) Perform all of the following services and functions: ✓

7           1. Monitor the health status of populations to identify and solve community  
8 health problems. ✓

9           2. Investigate and diagnose community health problems and health hazards. ✓

10          3. Inform, educate, and empower individuals about health issues. ✓

11          4. Mobilize public and private sector collaboration and action to identify and  
12 solve health problems. ✓

13          5. Develop policies, plans, and programs that support individual and  
14 community health efforts. ✓

15          6. Enforce statutes and rules that protect health and ensure safety. ✓

16          7. Link individuals to needed personal health services and assure the provision  
17 of health care if otherwise unavailable. ✓

18          8. Assure a competent public health workforce. ✓

19          9. Evaluate effectiveness, accessibility, and quality of personal and  
20 population-based health services. ✓

21          10. Provide research to develop insights into and innovative solutions for  
22 health problems. ✓

23          **SECTION 8.** 250.04 (12m) of the statutes is created to read: ✓

24          250.04 (12m) In public health planning, the department shall collaborate with  
25 local health departments on an ongoing basis and shall consult with private sector

1 entities, as defined in s. 229.41 (9), and with public sector entities, as defined in s.  
2 229.41 (10).

3 **SECTION 9.** 252.02 (7) of the statutes is amended to read:

4 252.02 (7) The department shall promulgate rules that specify medical  
5 conditions treatable by prescriptions or nonprescription drug products for which  
6 pharmacists and pharmacies must report under s. 440.142 ~~450.145~~ (1).

7 History: 1981 c. 291; 1993 a. 27 s. 284; Stats. 1993 s. 252.02; 1999 a. 150 s. 672; 2001 a. 109.

8 **SECTION 10.** 252.041 (1) (a) of the statutes is amended to read:

9 252.041 (1) (a) ~~Order any~~ If an individual is first requested to receive a  
10 vaccination voluntarily and the individual refuses, order the individual to receive a  
11 vaccination unless the vaccination is reasonably likely to lead to serious harm to the  
12 individual or unless the individual, for reasons of religion or conscience, refuses to  
13 obtain the vaccination.

14 History: 2001 a. 109.

15 **SECTION 11.** 252.041 (1) (b) of the statutes is amended to read:

16 252.041 (1) (b) ~~Isolate or quarantine, under s. 252.06, any~~ If an individual who  
17 is unable or unwilling for reasons specified under sub. (1) to receive vaccination  
18 under par. (a) is first requested to undergo isolation or quarantine voluntarily and  
19 refuses, isolate or quarantine the individual under s. 252.06.

20 History: 2001 a. 109.

21 **SECTION 12.** 252.05 (1) of the statutes is amended to read:

22 252.05 (1) Any health care provider, as defined in s. 146.81 (1), or the health  
23 agency of a federally recognized American Indian tribe or band who knows or has  
24 reason to believe that a person treated or visited by him or her has a communicable  
disease, or having a communicable disease, has died, shall report the appearance of  
the communicable disease or the death to the local health officer. The local health  
officer shall report this information to the department or shall direct the person

1 reporting to report to the department. Any person directed to report shall submit  
2 this information to the department.

3 History: 1971 c. 164 s. 91; 1981 c. 291; 1993 a. 16; 1993 a. 27 ss. 286 to 291, 293, 294, 471; Stats. 1993 s. 252.05; 1993 a. 183; 2001 a. 109.

3 SECTION 13. 252.05 (2) of the statutes is amended to read:

4 252.05 (2) Each laboratory shall report as prescribed by the department those  
5 specimen results that indicate that an individual providing the specimen has a  
6 communicable disease, or having a communicable disease, has died, or that the  
7 department finds necessary for the surveillance, control, diagnosis and prevention  
8 of communicable diseases.

9 History: 1971 c. 164 s. 91; 1981 c. 291; 1993 a. 16; 1993 a. 27 ss. 286 to 291, 293, 294, 471; Stats. 1993 s. 252.05; 1993 a. 183; 2001 a. 109.

9 SECTION 14. 252.05 (3) of the statutes is amended to read:

10 252.05 (3) Anyone having knowledge or reason to believe that any person has  
11 a communicable disease shall report the facts to the local health officer or to the  
12 department.

13 History: 1971 c. 164 s. 91; 1981 c. 291; 1993 a. 16; 1993 a. 27 ss. 286 to 291, 293, 294, 471; Stats. 1993 s. 252.05; 1993 a. 183; 2001 a. 109.

13 SECTION 15. 252.05 (4) of the statutes is amended to read:

14 252.05 (4) Reports under subs. (1) and (2) shall state so far as known the name,  
15 sex, age and residence of the person, the communicable disease and other facts the  
16 department or local health officer requires. Report forms, including forms  
17 appropriate for reporting under s. 95.22 (1m), may be furnished by the department  
18 and distributed by the local health officer.

19 History: 1971 c. 164 s. 91; 1981 c. 291; 1993 a. 16; 1993 a. 27 ss. 286 to 291, 293, 294, 471; Stats. 1993 s. 252.05; 1993 a. 183; 2001 a. 109.

19 SECTION 16. 440.142 (title) of the statutes is renumbered 450.145 (title).

20 SECTION 17. 440.142 (1) of the statutes is renumbered 450.145 (1) and amended  
21 to read:

22 450.145 (1) A Within 24 hours after an occurrence of any of the following, a  
23 pharmacist or pharmacy shall report the occurrence electronically or in writing to a

1 local health department, as defined in s. 250.01 (4), or the department of health and  
2 family services all of the following:

3 (a) An unusual increase in the number of prescriptions dispensed or  
4 nonprescription drug products sold by the pharmacist or pharmacy for the treatment  
5 of medical conditions specified by the department of health and family services by  
6 rule under s. 252.02 (7).

7 (b) An unusual increase in the number of prescriptions dispensed by the  
8 pharmacist or pharmacy that are antibiotic drugs.

9 (c) The dispensing of a prescription by the pharmacist or pharmacy for  
10 treatment of a disease that is relatively uncommon or may be associated with  
11 bioterrorism, as defined in s. 166.02 (1r).

History: 2001 a. 109.

12 **SECTION 18.** 440.142 (2) (a) of the statutes is repealed.

13 **SECTION 19.** 440.142 (2) (b) of the statutes is renumbered 450.145 (2) and  
14 amended to read:

15 450.145 (2) ~~Upon request by the department of health and family services In~~  
16 submitting a report under sub. (1), a pharmacist or pharmacy shall report to that  
17 ~~department~~ include personally identifying information ~~other than, including, if~~  
18 available, a social security number concerning an individual who is dispensed a  
19 prescription or who purchases a nonprescription drug product as specified in sub. (1)

20 (a), (b), or (c).

History: 2001 a. 109.

21 **SECTION 20.** 979.012 (1) of the statutes is amended to read:

22 979.012 (1) If a coroner or medical examiner is aware of the death of a person  
23 who, at the time of his or her death, had an illness or a health condition that satisfies  
24 s. 166.02 (7) (a) or if the coroner or medical examiner knows or suspects that the

1 person had a communicable disease, the coroner or medical examiner shall report the  
 2 illness ~~or~~, health condition, or communicable disease to the department of health and  
 3 family services and to the local health department, as defined in s. 250.01 (4), in  
 4 whose jurisdiction the coroner or medical examiner is located in writing or by  
 5 electronic transmission within 24 hours of learning of the deceased's illness ~~or~~,  
 6 health condition, or communicable disease.

History: 2001 a. 109.

7 **SECTION 21.** 979.012 (2) (a) of the statutes is amended to read:  
 8 979.012 (2) (a) The illness ~~or~~, health condition, or communicable disease of the  
 9 deceased.

History: 2001 a. 109.

10 **SECTION 22.** 979.012 (2) (d) of the statutes is amended to read:  
 11 979.012 (2) (d) If the illness ~~or~~, health condition, or communicable disease was  
 12 related to an animal or insect bite, the suspected location where the bite occurred and  
 13 the name and address of the owner of the animal or insect, if an owner is identified.

History: 2001 a. 109.

14 (END)

D-NOTE

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-3062/7dn  
DAK:.....

PI

Imk

(date)

To Representative Hines:

I have drafted this bill in preliminary form, because I have numerous questions about the language and want you to have an opportunity to review it before it is in introducible form. Issues that arose in the course of drafting are as follows: ✓

1. Please review s. 250.03 (1) (k); note that I split the "full faith and credit" provision concerning court orders from the other provisions. ✓ Usually, the term "full faith and credit" refers to the financial support behind an undertaking; is "validity" possibly meant, instead? ✓ What is the problem that is being addressed here, i.e., are tribal orders not being sufficiently recognized, or is there some other issue? ✓
2. Please also review s. 250.03 (1) (L); I am somewhat puzzled by this provision ✓ (the second bullet point of the instructions); is it intended that DHFS *directly* perform these services, or was it, rather, thought that local health departments would do this work under DHFS' supervision? As to s. 250.03 (1) (L) 3., how is one "empowered" about health issues? In addition, I am concerned that s. 250.03 (1) (L) 7. might be able to be interpreted as creating an entitlement to health care; is that the intent? ✓
3. In s. 250.04 (12m), I did not use the term "incorporate public and private sector partners into the public health planning process," because it is vague. Please review the drafted language for this subsection. ✓
4. With regard to the sixth bullet point of the instructions: ✓
  - a. Currently, s. 252.05 (1), stats., require a health care provider to report known or suspected instances of communicable disease for persons treated or visited by the health care provider. ✓ The instructions indicate that tribes and tribal health agencies should be included in this requirement. I have included only tribal health agencies because I'm unsure how a tribe, or the governing body of a tribe, would be able to diagnose a communicable disease adequately for this requirement and because s. 252.05 (3), stats., should cover reporting by a person who is a tribal member. ✓ Also, do most tribes have tribal agencies as part of their governing bodies? ✓ If, instead, these "tribal health agencies" are part of the Indian Health Services Division of the U. S. Public Health Service, the legislature may have no jurisdiction over them. ✓
  - b. Currently, s. 95.22 (4), stats., requires DATCP to provide any report of an animal's communicable disease, as submitted by a veterinarian, to DHFS. ✓ I have created s.

✓  
95.22 (1m), which requires the veterinarian to submit this information to the local health officer and, if so directed, to DHFS. Do you want me to repeal s. 95.22 (4), stats.?

5. With regard to the seventh bullet point of the instructions, currently, s. 440.142 (2), stats., prohibits a pharmacist or pharmacy from reporting to DHFS personally identifying information concerning an individual who is dispensed a prescription or purchases a nonprescription drug product, unless DHFS specifically requests this information; even if DHFS requests the information, the pharmacist or pharmacy may not provide the individual's social security number. ✓ The instructions, by contrast, require that the pharmacist or pharmacy report "include as much information as is available on the disease or condition and afflicted individual." ✓ Therefore, I have repealed s. 440.142 (2) (a) in the draft and have amended s. 450.145 (2) (renumbered from s. 440.142 (2) (b)) ✓ to require reporting of personally identifying information, including a social security number. Is this what you want? ✓

Please let me know if I may provide further assistance with regard to this draft. I will be happy to meet with you or your staff if it would be helpful to you. ✓

Debora A. Kennedy  
Managing Attorney  
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E-mail: debora.kennedy@legis.state.wi.us

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRB-3062/P1dn  
DAK:lmk:rs

August 8, 2005

To Representative Hines:

I have drafted this bill in preliminary form, because I have numerous questions about the language and want you to have an opportunity to review it before it is in introducible form. Issues that arose in the course of drafting are as follows:

1. Please review s. 250.03 (1) (k); note that I split the "full faith and credit" provision concerning court orders from the other provisions. Usually, the term "full faith and credit" refers to the financial support behind an undertaking; is "validity" possibly meant, instead? What is the problem that is being addressed here, i.e., are tribal orders not being sufficiently recognized, or is there some other issue?
2. Please also review s. 250.03 (1) (L); I am somewhat puzzled by this provision (the second bullet point of the instructions); is it intended that DHFS *directly* perform these services, or was it, rather, thought that local health departments would do this work under DHFS' supervision? As to s. 250.03 (1) (L) 3., how is one "empowered" about health issues? In addition, I am concerned that s. 250.03 (1) (L) 7. might be able to be interpreted as creating an entitlement to health care; is that the intent?
3. In s. 250.04 (12m), I did not use the term "incorporate public and private sector partners into the public health planning process," because it is vague. Please review the drafted language for this subsection.
4. With regard to the sixth bullet point of the instructions:
  - a. Currently, s. 252.05 (1), stats., require a health care provider to report known or suspected instances of communicable disease for persons treated or visited by the health care provider. The instructions indicate that tribes and tribal health agencies should be included in this requirement. I have included only tribal health agencies because I'm unsure how a tribe, or the governing body of a tribe, would be able to diagnose a communicable disease adequately for this requirement and because s. 252.05 (3), stats., should cover reporting by a person who is a tribal member. Also, do most tribes have tribal agencies as part of their governing bodies? If, instead, these "tribal health agencies" are part of the Indian Health Services Division of the U. S. Public Health Service, the legislature may have no jurisdiction over them.
  - b. Currently, s. 95.22 (4), stats., requires DATCP to provide any report of an animal's communicable disease, as submitted by a veterinarian, to DHFS. I have created s.

95.22 (1m), which requires the veterinarian to submit this information to the local health officer and, if so directed, to DHFS. Do you want me to repeal s. 95.22 (4), stats.?

5. With regard to the seventh bullet point of the instructions, currently, s. 440.142 (2), stats., prohibits a pharmacist or pharmacy from reporting to DHFS personally identifying information concerning an individual who is dispensed a prescription or purchases a nonprescription drug product, unless DHFS specifically requests this information; even if DHFS requests the information, the pharmacist or pharmacy may not provide the individual's social security number. The instructions, by contrast, require that the pharmacist or pharmacy report "include as much information as is available on the disease or condition and afflicted individual." Therefore, I have repealed s. 440.142 (2) (a) in the draft and have amended s. 450.145 (2) (renumbered from s. 440.142 (2) (b)) to require reporting of personally identifying information, including a social security number. Is this what you want?

Please let me know if I may provide further assistance with regard to this draft. I will be happy to meet with you or your staff if it would be helpful to you.

Debora A. Kennedy  
Managing Attorney  
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E-mail: [debora.kennedy@legis.state.wi.us](mailto:debora.kennedy@legis.state.wi.us)

**Kennedy, Debora**

**From:** Jahnke, Carolyn  
**Sent:** Wednesday, August 24, 2005 10:02 AM  
**To:** Kennedy, Debora  
**Cc:** Sweet, Richard; 'Michael Welsh'  
**Subject:** Changes to LRB 3062

Hi Debora,

Here are our responses to your drafting notes and some additional changes we want made to the bill.

Drafting Note 1 -

250.03(1)(k) 1. Promote cooperation and formal collaborative agreements between any of the following regarding public health planning, priority setting, information and data sharing, reporting, resource allocation, funding, service delivery, and jurisdiction:

- a. The state.
- b. Local health departments.
- c. Federally recognized American Indian tribes or bands located in this state. — *governing bodies?*
- d. The federal Indian Health Service.

2. Agreements entered into under subd. 1. shall recognize the full faith and credit provided to tribal court orders under s. 806.245 and any full faith and credit given to state court orders by tribal courts. —

Drafting Note 2 - Page 3, Line 21 - delete after services and all of Line 22

Drafting Note 3 - Please remove the cross reference listed on page 4, Line 11 —

Drafting Note 4a - we are okay with what you did

Drafting Note 4b - Please change it so that DATCP is required to provided a report of an animal's communicable disease, as submitted by a veterinarian, to DHFS and the local health officer.

Drafting Note 5 - We don't want the personally identifying information required... so revert to current law other than renumbering.

*can't affect by st. statute*  
*if applies, it applies*  
*is this required federally?*

*what about other changes?*

Also, please replace all current references to the 2000 state health plan with "the most recent 10-year state public health plan developed by the department".

? 250.07(1)(a)

Please feel free to call with any questions.

Thanks!

Carolyn

Redraft of

-3062/P1

Questions re redraft instructions:

1. DN#1 - why not include "governing bodies"  $\Rightarrow$  in 250.03(1)(K) i.e., as proposed

250.03(1)(K) 2. why is this necessary?

806.245 shd. apply regardless

Required federally?

9/12: From Carolyn Gahake: Talk to Joyce Kiehl, Leg Council

2. DN#2 - Proposed change doesn't address questions re whether DHS does directly + how one is "empowered" about health issues - vague

9/12 Carolyn Gahake: She will get back to me re this

3. Removing Kay on p. 4, l. 11 conflicts w/ proposed change re DN#5 ("revert to current law other than renumbering")

9/12 Carolyn Gahake: She will get back to me re this

4. DN# 4.a. - may have no juris. over "tribal health agencies"

9/12 Carolyn Gahake: Talk to Joyce Kiehl

✓ 5. DN# 4.b. - do they want me to change 95.22(4) + delete 95.22(1m)?

9/12 Carolyn Gahake: Yes

✓ 6. "Revert to curr. law other than renumbering" what about other changes? <sup>9/12 CJ:</sup> Include other changes



9/13/05

From Carolyn Jabuka - Additional answers to D-NOTE

✓ 1. leave x ref in on p. 4 l. 11

✓ 2. DN# 2 - DHFS is to perform or facilitate the performance of (250.03 (1)(L))

✓ 3. 250.03 (1)(L) 3. - delete "empower" but keep "inform + educate"

9/22/05 From Joyce Kiehl (Leg Council) 6-337

✓ 1. D.N. # 1 - Don't use "governing bodies", sec. has different meanings in different contexts

2. Proposed language for 250.03(1)(K) 2. She agrees w/ DAK that this is superfluous and unnecessary;

3. 806.245 states, already applies, and if there is full faith + credit given by tribal cts to state court orders, it's there, and, if not, this provision would not compel it.

3. Proposed language for 252.05(1) - St. can't compel USPHS and Health Service agency to report - could authorize it to report, though.