

2007 DRAFTING REQUEST

Bill

Received: **01/24/2007**

Received By: **dkennedy**

Wanted: **As time permits**

Identical to LRB:

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

By/Representing: **Doug Parrott**

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.wisconsin.gov**

Carbon copy (CC:) to: **robin.ryan@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Public health statutory changes

Instructions:

See Attached

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 04/11/2007	kfollett 04/26/2007		_____			Local Crime
/1			rschluet 04/26/2007	_____	sbasford 04/26/2007		Local Crime
/2	dkennedy 05/31/2007	kfollett 05/31/2007	nmatzke 05/31/2007	_____	sbasford 05/31/2007		Local Crime
/3	dkennedy	jdyer	rschluet	_____	cduerst	sbasford	

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	06/04/2007	06/04/2007	06/04/2007	_____	06/04/2007		

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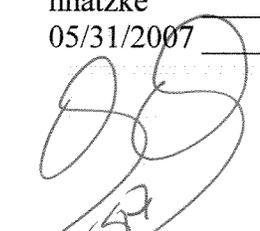
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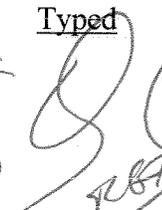
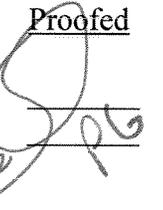
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/?	dkennedy	1/16/07 4/26					

FE Sent For:

<END>

Kennedy, Debora

To: Parrott, Douglas
Subject: RE: Re-draft of LRB 3615/1 from the 2005-2006 Session

Thanks, Doug.

From: Parrott, Douglas
Sent: Monday, January 22, 2007 11:53 AM
To: Kennedy, Debora
Cc: Sweet, Richard
Subject: Re-draft of LRB 3615/1 from the 2005-2006 Session

Hi Deborah,

I am writing to have the Model Public Health trailer bill from last session (LRB 3615) re-drafted for this session. We have several changes that we would like made and I am attaching the appropriate documents to explain what those are.

The first two attachments are from Dick Sweet and should be fairly straightforward. Please feel free to contact Dick directly if you have any questions.

The final attachment is from the nutritionists asking for a number of changes, but we are only concerned with the first change they refer to regarding subordinate personnel.

Thank you for your help.

Doug

Douglas Parrott
Research Assistant
Office of State Representative J.A. "Doc" Hines
608-266-7746
888-534-0042

<< File: LRB 3615 Suggested Changes.doc >>
comments- Oct 17 2006.doc >>

<< File: Chapter 256 (3).doc >>

<< File: LRB 3615

Doug,

I've taken an initial look at the draft and have the following comments:

✓ 1. The Drafter's Note questions whether s. 146.37 should be moved into the new ch. 256. I would recommend not moving it since it relates only very indirectly to EMS; it covers a lot of other health care providers. Also, there is another bill (AB 993 and a Senate companion bill) that repeals s. 146.37.

D-N X 2. On page 28, after line 16, it looks like the following should be inserted:

(1) DEFINITIONS. ; no ; renumbering of s. 146.19(1)(intro.) carries the title with it.

D-N ? 3. The draft merges current ss. 146.185 and 146.19, which seems to be fine, but you may want to check with DHFS and see if they want to keep these statutes separate. ?

DN 4. Current statutes include 2 definitions of "first responder"--ss. 146.50(1)(hm) and 146.53(1)(d). The draft moves the second of these 2 definitions into the new ch. 256--page 21, line 20. However, it doesn't seem to affect the first definition. Something should be done with that definition. Also, this may be a good opportunity to pare back and just use one definition of "first responder" in the new ch. 256, probably in s. 256.01.

RP
146.50
(1)(hm)
RA; 146.53
(1)(d);
256.01
(8m)

? 5. I wasn't involved in the drafting of the human health hazard provisions, so I'm not sure if this is a legit question or not. SECTION 198 (page 34, line 17) applies only to health departments in which a county is involved. Should it also cover municipal or multiple-municipal health departments?

Dick Sweet

Richard Sweet
Senior Staff Attorney
Wisconsin Legislative Council
(608)266-2982
richard.sweet@legis.state.wi.us

Doug,

I thought it might make reading the draft a little easier if we had a table of contents for the new EMS chapter. I put one together in the attached Word document.

Chapter 256—EMS

256.01 Definitions.

256.04 EMS board (146.58)

256.08 State EMS activities 146.53)

256.12 EMS programs 146.55)

256.15 EMS licensure, etc. (146.50)

256.17 Denial, nonrenewal, etc. (146.51)

256.18 Denial, nonrenewal, etc. (146.52)

256.25 Trauma (146.56)

256.30 Refusal or delay of emergency services (146.301)

256.35 Statewide EMS number (146.70)

Date: October 17, 2006

To: Doug Parrott
Office of Representative J.A. "Doc" Hines
608-266-7746
888-534-0042

From: Linda Petersen, MPH, RD, CD and Terrell Brock, MPH, RD, CD
1203 Edgewood Drive 2994 Bosshard Drive
Altoona, WI 54720 Fitchburg, WI 53711

RE: Comments on LRB 3615 in regard to public health nutritionist

Public health nutrition is a nationally recognized profession*. The minimum training requirement for a public health nutritionist is a registered dietitian. Dietitian is the credential reference. Using the certified or registered dietitian in describing personnel would be like using the term registered nurse, instead of public health nurse in this statutory reference. Public health nutritionist is the appropriate reference for the workforce in the statute and the minimum credential is the registered dietitian. It is important to for the language to specifically include public health nutritionist and link with the minimum credential. Substitute language for draft reference under 251.06(3)(e) related to subordinate personnel:

- For the following part of the statement "Subordinate person under this paragraph may include a public health educator who meets requirements under 252.04(10) and a certified dietitian, as defined in s. 448.70 (1m). SUBSTITUTE a public health nutritionist who meets requirements as a certified dietitian, as defined in s. 448.70 (1m), and is registered by the Commission on Dietetic Registration.

This statute language should focus on the public health nutritionist workforce title and the supporting minimum credential.

Draft 251.06 (3)(e) indicates that any public health nurses and sanitarians hired for the health department shall meet any qualification requirements established in rules promulgated by the department. Would this not hold true for the public health nutritionist? We would suggest the following which is very similar to the language for nurses:

139.03___ "Public health nutritionist" means a person employed by a state or local health department to provide public health nutrition services who is certified as a dietitian under ch 448.70(1m), and who is qualified under s. HFS 139.XX.

Our preferred language would be:

139.03__ A public health nutritionist is a dietitian, certified under statute 448 subsection 4 and registered by the Commission on Dietetic Registration, who creates partnerships in the community to assure adequate and appropriate food and nutrition resources for the whole population; facilitates nutrition system and policy changes in the community; assures nutrition expertise and leadership in programs, services and in community initiatives; and, assesses the whole community and targeted subgroups of the population to identify priority areas for population-based nutrition intervention. Public health nutrition efforts are primarily focused on nutrition and physical activity behaviors, the nutrition environment, and food and nutrition policy.

The role of the public health nutritionist should be defined in Level 2 and Level 3 health departments, HFS 140. This is an important way to identify what should be in place by the health department to assure nutrition is a component in the essential public health services. A stronger and more visible role for nutrition is warranted. Obesity, overweight and physical activity, and adequate and appropriate nutrition are health priorities in Wisconsin. Nutrition is a national health priority. Nutrition and physical activity are two of the three modifiable risk factors to reduce and prevent many chronic diseases and conditions. The community health improvement process in each local health department jurisdiction will in all likelihood identify obesity/nutrition as a priority to address. This will result in an increasing number of nutrition interventions in the community to address the nutrition and obesity priorities. A public health nutritionist is necessary to assure the integrity of the intervention directly or through an oversight role. Inclusion of public health nutrition at the Level 2 or 3 health department level (and/or reference to the Essential Public Health Services) would assure public health nutrition services.

Updating the statutes is an opportunity to assure there is a competent public health workforce. It is important to recognize and value the contribution of a variety of public health professionals and to truly support a diverse and competent public health workforce to meet the challenges Wisconsin faces.

We have attached draft documents that public health nutritionists have been working on. This includes the definition of public health nutrition, a description of public health nutrition in the level of health department services and qualifications similar to others outlined in HFS 139.

We look forward to meeting to discuss these suggestions.

Thank you.

* Recognized by US Department of Health and Human Services, Centers for Disease Control, Association of State Health Officers, Association of State and Territorial Public Health Nutrition Directors, American Dietetic Association, etc.

Kennedy, Debora

From: Parrott, Douglas
Sent: Tuesday, April 03, 2007 2:16 PM
To: Kennedy, Debora
Subject: Revisions to LRB 05-3615, Model Public Health Act II

Attachments: Proposed Revisions to LRB 05-3615.doc

Debora,

We met with DHFS, Dick Sweet, and the public health groups to discuss changes to the Model Public Health Act II, LRB 05-3615. The following attachment is a list of suggestions made by DHFS to the draft. It also contains 2 suggestions made by Dick and then the follow-up comments from Patty Bollig.

Please feel free to contact Dick Sweet if you have any questions regarding the language as Dick worked closely with us on the bill. Also, don't hesitate to contact me if you have any other concerns.

Thanks for your help on this.

Doug

Douglas Parrott
Research Assistant
Office of State Representative J.A. "Doc" Hines
608-266-7746
888-534-0042



Proposed Revisions
to LRB 05-3...

Suggested changes proposed by DHFS:

Suggested revisions to the draft **Legislative Review Bill (LRB-3615/1)** language:

Page 4 - ***Requirements for certain local health officers***

Current law specifies numerous requirements for local health officers of Levels I, II, and III local health departments. However, current law also specifies that, a local health department that resides within in a county with a county human services department, the local health officer need not meet the qualification requirements for a Level I local health department if that county human services department employs at least one individual who meets those requirements.

✓
No

This bill eliminates the exception to qualification requirements for a local health officer of a Level I local health department if the applicable county has a county department of human services that employs an individual who meets the requirements. The change first applies to local health officers hired on the effective date of the bill as an act.

Page 4 - ***Personnel of a local health department***

Under current law, a local health officer must appoint all necessary subordinate personnel. This bill authorizes local health boards to ~~establish requirements for public health educators~~ employ subordinate personnel for local health departments and clarifies that "subordinate personnel" that a local health officers must appoint may include public health educators, public health nutritionists, and public health dental hygienists ~~who meet those requirements and dietitians who are certified by the Dietitians Affiliated Credentialing Board.~~

No, already authorized under 251.04 (6)

Page 5 - ***State agency status for certain physicians***

Under current law, for a person with status as a state agent of the Department of Health and Family Services (DHFS), the attorney general may, if requested by the secretary of health and family services, appear and defend the person in any civil action or other matter brought before a court as the result of an act committed in the lawful course of the agent's duties. In addition, a civil action or civil proceeding against a state agent for medical malpractice allegedly committed in the course of the discharge of the agent's duties may not be brought unless the claimant serves on the attorney general written notice within 180 days after discovery of the injury or the date on which, in the exercise of reasonable diligence, the injury should have been discovered. Lastly, total judgments may not exceed \$250,000 and may not include punitive damages; judgments in excess of any insurance coverage applicable to the state agent defendant must be paid by the state; and a governmental unit need not provide or pay for legal representation if applicable insurance coverage provides the representation.

What revisions are proposed here?

This bill accords physicians, who are not employees of a local health department but who provide services, without compensation, for those programs and services provided by a local health department that require medical oversight, status as a state agent of DHFS for the provision of the services that the physicians provide for the local health department.

Page 5 - *Community health improvement plans*

Currently, local health departments must, among other things, involve policymakers and the public in determining a set of priority public health services and assure access to these services to every member of the community.

This bill modifies this requirement to require the local health departments to move beyond community assessment and instead involve policymakers and the public in development of a community health improvement plan and action steps to promote and protect the health and safety of the community through formal and informal policies, programs, guidelines, environmental changes, and the essential public health services. Moreover, the local health department would be expected to take reasonable and necessary actions through direct services, regulations, and enforcement. ~~including determination of high priority services and assuring access to the services to community members, based on the needs of the communities.~~

Page 28 thru Page 30 – LRB-3615/1

✓ **SECTION 180.** ~~251.04 (10) of the statutes is created to read:~~

~~251.04 (10) A local board of health may establish requirements for a public health educator for the local health department.~~

✓ **BILL SECTION 181, SECTION 182, and SECTION 183** – Eliminates the exception (s.251.06 '1m') to Local Health Officer qualification requirement for each Local Health Department Level - Okay as drafted!

SECTION 184. 251.05 (3) (c) of the statutes is amended to read:

251.05 (3) (c) Involve key policymakers and the general public in determining and developing a development of community health improvement plan, including action steps to promote and protect the health and safety of the community through formal and informal policies, programs, guidelines, environmental changes and assure the delivery of the essential public health services. ~~determination of a set of high priority public health services and assure assurance of access to these services to every member of the community, based on the needs of the community.~~

by action to implement 251.03 (1)(L)

✓ **SECTION 185.** 251.06 (1m) of the statutes is repealed. – Okay as drafted!

SECTION 186. 251.06 (3) (e) of the statutes is amended to read:

251.06 (3) (e) Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications and have supervisory power over all subordinate personnel. Any public health nurses and sanitarians (registered environmental health specialists) hired for the local health department shall meet any qualification requirements established in rules promulgated by the department. "Subordinate personnel" under this paragraph may include a public health educator.

no; def under s.251.01(8) D. Note

public health nutritionist registered by the Commission on Dietetic Registration and certified by the Department of Regulation and Licensing under s. 448.70 (1m), public health dental hygienist licensed as a registered dental hygienist under ch. 447. Stats., who meets any qualification requirements established in rules promulgated by the department.

SECTION 187. 251.07 of the statutes is created to read:

251.07 Certain physicians; state agency status. A physician who is currently licensed under ch. 448 and who is not an employee of the local health department and who provides services, without compensation, for those programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of the department of health and family services for the purposes of ss. 165.25 (6), 893.82 (3), and 895.46.

unnecessary to draft; is defined as such in 250.01 (6)

SECTION 225. Initial applicability.

(1) REFUSAL OF ENTRY. The treatment of sections 254.01 (2) and 254.59 (1), (2), and (8) (a) of the statutes first applies to a refusal of entry on the effective date of this subsection.

(2) MAINTENANCE OF A HUMAN HEALTH HAZARD. The treatment of sections 254.01(2) and 254.59 (1), (2), (3), (3m), (4), and (8) (b) of the statutes first applies to maintenance of a human health hazard on the effective date of this subsection.

(3) LOCAL HEALTH OFFICERS OF ~~LEVEL I~~ LOCAL HEALTH DEPARTMENTS. The treatment of sections 251.05 (1) (a), (b), and (c) and 251.06 (1m) of the statutes first applies to local health officers hired on the effective date of this subsection.

Other suggestions:

Dick Sweet's comment:

1. Based on the various e-mails from yesterday, you may want to replace the sentence that begins on page 34, line 18, with something along the following lines:

"A county with a county health department, multiple counties with a multiple county health department established under s.251.02(3), a city and a county with a city-county health department, a city or village with a city or village health department, or multiple municipalities with a multiple municipal health department established under s.251.02(2)(b) may each enact an ordinance concerning abatement or removal of a human health hazard that is at least as restrictive as this section. The ordinance may be enforced in the area of jurisdiction of the relevant local health department, as specified in s. 251.08."

Follow-up comments from Patty Bollig:

Feedback: We felt that stating "multiple" counties or "multiple" municipalities with a multiple county or municipal health department is confusing.

Suggestion: Reference the statutory citation that authorizes and defines this arrangement (see underlined text above).

Comment from Dick Sweet:

✓ 2. It sounds like Darryl Farmer would prefer to keep "shall" on page 31, line 24, which would replace "may" on line 25. Also, "may" would then be deleted on page 32, line 2. —

Follow-up from Patty Bollig:

Feedback: *If reading this correctly, we would agree that since current statutory language under s.254.59(2) already requires the local health officer to take action regarding a human health hazard; we don't feel we should make this a may. The new language with "shall" will still require them to take action, but gives them options - i.e., enter the premises and abate or remove the hazard, contract to have the work performed, or report the failure and abate or remove by court action if the owner or occupant fails to comply.*

There was concern expressed by DHFS about striking "1st class" in section 197 of the bill. The consensus was to leave current language as is.

Questions for Dick Sweet:

1. Proposal now removes authority of local bd. of health to estab. qualifications for a public health educator - so who does do so? - as drafted, DHFS establishes qualifications by rule only for "public health dental hygienists" in s. 251.06(3)(e).

Call Patty Bollig 267-1440

2. What does proposed s. 251.05(3)(c) mean? Are the "action steps" both "to promote + protect" and "to assure"? Where do "environmental changes" fit in? Dick says is an action

✓ 3. In 254.59(2), should "may" on p. 32 line 1 be deleted (goes with shall enter and abate)

Further question for Patty Bollig

- 251.06
(3)(e)
+
251.04
(10)
1. Analysis changes - some inaccurate
 - ✓ 2. Did not use (registered _____); defined "sanitarian"
 3. "public health nutritionist registered by the Commission on Dietetic Registration"; Problems:

(web)

a. CDR has 6 categories it certifies - which term is she referring to? (not registered)

(No)

b. Are the rules qualifications applicable to dental hygienists only? Does she anticipate rules by DHFS, i.e., when is this applicable?

(Yes)

(no delay)

(DHFS certifies dental hygienists currently for MA under HFS 105.)

251.05(3)
(c)

4. Language proposed is at odds with proposed analysis changes. Which is intended?

251.07

5. Did not draft language about "current licensure under ch. 448" - "physician" is defined in s. 250.01(6) to have the meaning under 448.01(5), wh/ requires licensure

action to implement
250.03(1)(L)

→ Linda Peterson 715 836-3826

The category is Registered Dietitian; she says the Commission registers (website is unclear - it refers both to registration and certification)



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The Chair and Vice-Chair are elected by the Commission for a one-year term June 1 - May 31.

You can **contact CDR** at 312-899-0040 Ext. 5500 or e-mail cdr@eatright.org

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Commission on Dietetic Registration
120 South Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995
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Fax: 312-899-4772

*Peggy Anderson
Manager, Regis.
Eligibility Services
She says CDR credentials or registers*

