

CHAPTER 146

MISCELLANEOUS HEALTH PROVISIONS

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146.001 Definitions. In this chapter unless the context otherwise requires:

(1) "Department" means the department of health and family services.

(2) "Secretary" means the secretary of health and family services.

History: 1973 c. 323; 1985 a. 120; 1995 a. 27 s. 9126 (19).

146.0255 Testing infants for controlled substances or controlled substance analogs. (1) **DEFINITIONS.** In this section:

(a) "Controlled substance" has the meaning given in s. 961.01 (4).

(b) "Controlled substance analog" has the meaning given in s. 961.01 (4m).

(2) **TESTING.** Any hospital employe who provides health care, social worker or intake worker under ch. 48 may refer an infant to a physician for testing of the infant's bodily fluids for controlled substances or controlled substance analogs if the hospital employe who provides health care, social worker or intake worker suspects that the infant has controlled substances or controlled substance analogs in the infant's bodily fluids because of the mother's use of controlled substances or controlled substance analogs while she was pregnant with the infant. The physician may test the infant to ascertain whether or not the infant has controlled substances or controlled substance analogs in the infant's bodily fluids, if the physician determines that there is a serious risk that there are controlled substances or controlled substance analogs in the infant's bodily fluids because of the mother's use of controlled substances or controlled substance analogs while she was pregnant with the infant and that the health of the infant may be adversely affected by the controlled substances [or controlled substance analogs]. If the results of the test indicate that the infant does have controlled substances or controlled substance analogs in the infant's bodily fluids, the physician shall make a report under s. 46.238.

NOTE: Sub. (2) is shown as affected by two acts of the 1995 legislature and as merged by the revisor under s. 13.93 (2) (c). The bracketed language indicates the correct terminology. 1995 Wis. Act 448 changed the term "controlled substances" to "controlled substances or controlled substance analogs" throughout this section. 1995 Wis. Act 386 added a reference to "controlled substances", but that act did not take the treatment by Act 448 into account.

(3) **TEST RESULTS.** The physician who performs a test under sub. (2) shall provide the infant's parents or guardian with all of the following information:

(a) A statement of explanation concerning the test that was performed, the date of performance of the test and the test results.

(b) A statement of explanation that the test results must be disclosed to a county department under s. 46.215, 46.22 or 46.23 in accordance with s. 46.238 if the test results are positive.

(4) **CONFIDENTIALITY.** The results of a test given under this section may be disclosed as provided in sub. (3).

History: 1989 a. 122, 359; 1993 a. 16, 446; 1995 a. 386, 448; s. 13.93 (2) (c).

146.085 Pay toilets prohibited. (1) **PROHIBITION.** The owner or manager of any public building shall not permit an admission fee to be charged for the use of any toilet compartment.

(2) **PENALTY.** Any person who violates this section shall be fined not less than \$10 nor more than \$50.

(3) **ENFORCEMENT.** The department, the department of commerce and the public service commission shall enforce this section within their respective jurisdictions.

History: 1971 c. 228 s. 44; 1973 c. 12 s. 37; 1975 c. 298; 1995 a. 27 ss. 4361, 9116 (5).

146.15 Information. State officials, physicians of mining, manufacturing and other companies or associations, officers and agents of a company incorporated by or transacting business under the laws of this state, shall when requested furnish, so far as practicable, the department any information required touching the public health; and for refusal shall forfeit \$10.

146.16 Expenses. Expenses incurred under this chapter, not made otherwise chargeable, shall be paid by the town, city or village.

History: 1983 a. 27 s. 2202 (20); 1993 a. 27; 1995 a. 227.

146.17 Limitations. Nothing in the statutes shall be construed to authorize interference with the individual's right to select his or her own physician or mode of treatment, nor as a limitation upon the municipality to enact measures in aid of health administration, consistent with statute and acts of the department.

History: 1993 a. 482.

146.183 High-risk pregnancy grants. (1) (a) From the appropriation under s. 20.435 (1) (ei), the department shall allocate grants in each fiscal year to local health departments, family planning agencies and nonprofit health care agencies that have applied for the grants, to provide all of the following services:

1. Early identification of women who are at high risk of having problem pregnancies due to alcohol or other drug use or abuse.
2. Pregnancy testing, education and counseling.
3. Referral of women who are at high-risk of having problem pregnancies due to alcohol or other drug use or abuse for early and comprehensive prenatal care and alcohol and other drug abuse treatment and referral for case management.

(b) The department shall develop procedures and criteria for the review and award of grants under this section.

(2) This section does not apply after June 30, 1993.

History: 1989 a. 122; 1991 a. 39; 1993 a. 27; 1993 a. 491 s. 277.

146.19 Cooperative American Indian health projects.

(1) DEFINITIONS. In this section:

- (a) “Inter-tribal organization” means an organization or association of tribes or tribal agencies.
- (b) “Other agencies and organizations” means agencies of local, state and federal governments and private organizations that are not inter-tribal organizations or tribal agencies.
- (c) “Tribal agency” means an agency of the governing body of a tribe.
- (d) “Tribe” means the governing body of a federally recognized American Indian tribe or band located in this state.

(2) COOPERATIVE AMERICAN INDIAN HEALTH PROJECT GRANTS. From the appropriation under s. 20.435 (1) (ek), the department shall award grants for cooperative American Indian health projects in order to promote cooperation among tribes, tribal agencies, inter-tribal organizations and other agencies and organizations in addressing specific problem areas in the field of American Indian health. A tribe, tribal agency or inter-tribal organization may apply, in the manner specified by the department, for a grant of up to \$10,000 to conduct a cooperative American Indian health project, which meets all of the following requirements:

- (a) The project involves the cooperation of 2 or more tribes, tribal agencies, inter-tribal organizations or other agencies or organizations.
- (b) The project is designed to do at least one of the following:
 1. Develop, test or demonstrate solutions for specific American Indian health problems which, if proven effective, may be applied by other tribes, tribal agencies, inter-tribal organizations or other agencies or organizations.
 2. Fund start-up costs of cooperative programs to deliver health care services to American Indians.
 3. Conduct health care needs assessments and studies related to health care issues of concern to American Indians.

(3) PRIORITIES. In awarding grants under sub. (2), the department shall consider the goals or priorities specified in the state American Indian health plan under s. 46.35 (2) (a).

(4) LIMITATION; MATCHING FUNDS. A grant awarded under sub. (2) may not exceed 50% of the cost of the cooperative American Indian health project. Participants in a funded project, as specified in sub. (2) (a), may use in-kind contributions to provide part or all of the required match.

History: 1993 a. 16.

146.22 Flushing devices for urinals. The department shall not promulgate any rules which either directly or indirectly prohibit the use of manual flushing devices for urinals. The department shall take steps to encourage the use of manual flushing devices for urinals.

History: 1977 c. 418.

146.301 Refusal or delay of emergency service. (1) In this section “hospital providing emergency services” means a hospital which the department has identified as providing some category of emergency service.

(2) No hospital providing emergency services may refuse emergency treatment to any sick or injured person.

(3) No hospital providing emergency services may delay emergency treatment to a sick or injured person until credit checks, financial information forms or promissory notes have been initiated, completed or signed if, in the opinion of one of the following, who is an employee, agent or staff member of the hospital, the delay is likely to cause increased medical complications, permanent disability or death:

(a) A physician, registered nurse or emergency medical technician—paramedic.

(b) A licensed practical nurse under the specific direction of a physician or registered nurse.

(c) A physician assistant or any other person under the specific direction of a physician.

(3m) Hospitals shall establish written procedures to be followed by emergency services personnel in carrying out sub. (3).

(4) No hospital may be expected to provide emergency services beyond its capabilities as identified by the department.

(5) Each hospital providing emergency services shall create a plan for referrals of emergency patients when the hospital cannot provide treatment for such patients.

(6) The department shall identify the emergency services capabilities of all hospitals in this state and shall prepare a list of such services. The list shall be updated annually.

(7) A hospital which violates this section may be fined not more than \$1,000 for each offense.

History: 1977 c. 361; 1983 a. 273 s. 8; 1989 a. 102; 1993 a. 105.

146.31 Blood or tissue transfer services. (1) It is unlawful to operate a blood bank for commercial profit.

(2) The procurement, processing, distribution or use of whole blood, plasma, blood products, blood derivatives and other human tissues such as corneas, bones or organs for the purpose of injecting, transfusing or transplanting any of them into the human body is declared to be, for all purposes except as provided under s. 146.345, the rendition of a service by every person participating therein and, whether or not any remuneration is paid therefor, not to be a sale of the whole blood, plasma, blood products, blood derivatives or other tissues. No person involved in the procurement, processing, distribution or use of whole blood, plasma, blood products or blood derivatives for the purpose of injecting or transfusing any of them into the human body shall be liable for damages resulting from these activities except for his or her own negligence or wilful misconduct.

(3) No hospital, nonprofit tissue bank, physician, nurse or other medical personnel acting under the supervision and direction of a physician involved in the procurement, processing, distribution or use of human tissues such as corneas, bones or organs for the purpose of transplanting any of them into the human body shall be liable for damages resulting from those activities except for negligence or wilful misconduct by that hospital, nonprofit tissue bank, physician, nurse or other medical personnel.

History: 1975 c. 75, 76; 1987 a. 97.

Sub. (1) is an unconstitutional violation of the commerce clause, art. I, sec. 8, and the supremacy clause, art. VI, of the U.S. Constitution. *State v. Interstate Blood Bank, Inc.* 65 W (2d) 482, 222 NW (2d) 912.

146.33 Blood donors. Any person 17 years old or older may donate blood in any voluntary and noncompensatory blood program.

History: 1971 c. 228; 1983 a. 21.

146.34 Donation of bone marrow by a minor. (1) DEFINITIONS. In this section:

(a) “Bone marrow” means the soft material that fills human bone cavities.

(b) “Bone marrow transplant” means the medical procedure by which transfer of bone marrow is made from the body of a person to the body of another person.

(c) “Donor” means a minor whose bone marrow is transplanted from his or her body to the body of the minor’s brother or sister.

(d) “Guardian” means the person named by the court under ch. 48 or 880 having the duty and authority of guardianship.

(e) “Legal custodian” means a person other than a parent or guardian or an agency to whom the legal custody of a minor has been transferred by a court under ch. 48 or 938, but does not include a person who has only physical custody of a minor.

(f) “Parent” means a biological parent, a husband who has consented to the artificial insemination of his wife under s. 891.40 or a parent by adoption. If the minor is a nonmarital child who is not adopted or whose parents do not subsequently intermarry under s. 767.60, “parent” includes a person adjudged in a judicial proceeding under ch. 48 to be the biological father of the minor. “Parent” does not include any person whose parental rights have been terminated.

(g) “Physician” means a person licensed to practice medicine and surgery under ch. 448.

(h) “Psychiatrist” means a physician specializing in psychiatry.

(i) “Psychologist” means a person licensed to practice psychology under ch. 455.

(j) “Relative” means a parent, grandparent, stepparent, brother, sister, first cousin, nephew or niece; or uncle or aunt within the 3rd degree of kinship as computed under s. 852.03 (2). This relationship may be by consanguinity or direct affinity.

(2) PROHIBITION ON DONATION OF BONE MARROW BY A MINOR. Unless the conditions under sub. (3) or (4) have been met, no minor may be a bone marrow donor in this state.

(3) CONSENT TO DONATION OF BONE MARROW BY A MINOR UNDER 12 YEARS OF AGE. If the medical condition of a brother or a sister of a minor who is under 12 years of age requires that the brother or sister receive a bone marrow transplant, the minor is deemed to have given consent to be a donor if all of the following conditions are met:

(a) The physician who will remove the bone marrow from the minor has informed the parent, guardian or legal custodian of the minor of all of the following:

1. The nature of the bone marrow transplant.
2. The benefits and risks to the prospective donor and prospective recipient of performance of the bone marrow transplant.
3. The availability of procedures alternative to performance of a bone marrow transplant.

(b) The physician of the brother or sister of the minor has determined all of the following, has confirmed those determinations through consultation with and under recommendation from a physician other than the physician under par. (a) and has provided the determinations to the parent, guardian or legal custodian under par. (e):

1. That the minor is the most acceptable donor who is available.
2. That no medically preferable alternatives to a bone marrow transplant exist for the brother or sister.

(c) A physician other than a physician under par. (a) or (b) has determined the following and has provided the determinations to the parent, guardian or legal custodian under par. (e):

1. The minor is physically able to withstand removal of bone marrow.
2. The medical risks of removing the bone marrow from the minor and the long-term medical risks for the minor are minimal.

(d) A psychiatrist or psychologist has evaluated the psychological status of the minor, has determined that no significant psychological risks to the minor exist if bone marrow is removed from the minor and has provided that determination to the parent, guardian or legal custodian under par. (e).

(e) The parent, guardian or legal custodian, upon receipt of the information and the determinations under pars. (a) to (d), has given written consent to donation by the minor of the bone marrow.

(4) CONSENT TO DONATION OF BONE MARROW BY A MINOR 12 YEARS OF AGE OR OVER. (a) A minor who has attained the age of 12 years may, if the medical condition of a brother or sister of the minor requires that the brother or sister receive a bone marrow transplant, give written consent to be a donor if:

1. A psychiatrist or psychologist has evaluated the intellect and psychological status of the minor and has determined that the minor is capable of consenting.

2. The physician who will remove the bone marrow from the minor has first informed the minor of all of the following:

- a. The nature of the bone marrow transplant.
- b. The benefits and risks to the prospective donor and prospective recipient of performance of the bone marrow transplant.
- c. The availability of procedures alternative to performance of a bone marrow transplant.

(b) If the psychiatrist or psychologist has determined under par. (a) that the minor is incapable of consenting, consent to donation of bone marrow must be obtained under the procedures under sub. (3).

(5) HEARING ON PROHIBITION OF CONSENT OR PERFORMANCE. (a) A relative of the prospective donor or the district attorney or corporation counsel of the county of residence of the prospective donor may file a petition with the court assigned to exercise jurisdiction under chs. 48 and 938 for an order to prohibit either of the following:

1. The giving of consent under sub. (3) or (4) to donation of bone marrow.

2. If consent under sub. (3) or (4) has been given, the performance of the bone marrow transplant for which consent to donate bone marrow has been given.

(am) Any party filing a petition for an order to prohibit performance under par. (a) 2. shall file and serve the petition within 3 days after consent has been given under sub. (3) or (4).

(b) Any party filing a petition under par. (a) shall at the same time file with the court a statement of a physician or psychologist who has recently examined the prospective donor and which avers, if made by a physician, to a reasonable degree of medical certainty or, if made by a psychologist, to a reasonable degree of professional certainty, that the removal of bone marrow presents medical or psychological risks to the prospective donor or to the prospective recipient which outweigh all benefits to the prospective donor or to the prospective recipient.

(c) Any party filing a petition under par. (a) and a statement under par. (b) shall, at the time of filing, provide personal service of notice of the filing and a copy of the statement to the parent, guardian or legal custodian of the prospective donor and, if the prospective donor is a minor who has attained 12 years of age, to the minor.

(d) Following the filing of a petition under par. (a) and a statement under par. (b), the judge shall appoint a guardian ad litem under s. 48.235 for the prospective donor.

(e) If a request for hearing is filed by the prospective donor under sub. (4) or by the parent, guardian or legal custodian within 7 days following the personal service of notice under par. (c), the court shall conduct a hearing to determine whether the giving of consent under par. (a) 1. or performance under par. (a) 2. shall be prohibited and providing the prospective donor under sub. (4) and

the parent, guardian or legal custodian opportunity to rebut the statement under par. (b).

(f) If no request for hearing is filed by the prospective donor under sub. (4) or by the parent, guardian or legal custodian within the time limit specified under par. (e), the court may do one of the following:

1. Order prohibition of consent under par. (a) 1. or performance under par. (a) 2.

2. On its own motion conduct a hearing to determine whether the giving of consent under par. (a) 1. or performance under par. (a) 2. shall be prohibited.

(g) If the court on its own motion conducts a hearing under par. (f) 2., the court shall provide personal service of notice of the hearing to all parties and may request submission of relevant evidence.

(h) Any person aggrieved by a final judgment or final order of the court under par. (e) or (f) may appeal within the time period specified in s. 808.04 (3) or (4).

History: 1985 a. 50; 1995 a. 77.

146.345 Sale of human organs prohibited. (1) In this section:

(a) “Human organ” means a human kidney, liver, heart, lung, pancreas, bone marrow, cornea, eye, bone or skin or any other human organ specified by the department by rule. “Human organ” does not mean human whole blood, blood plasma, a blood product or a blood derivative or human semen.

(b) “Human organ transplantation” means the medical procedure by which transfer of a human organ is made from the body of a person to the body of another person.

(c) “Valuable consideration” does not include reasonable payment associated with the removal, transportation, implantation, processing, preservation, quality control or storage of a human organ or an expense of travel, housing or lost wages incurred by a human organ donor in connection with donation of the human organ.

(2) No person may knowingly and for valuable consideration acquire, receive or otherwise transfer any human organ for use in human organ transplantation.

(3) Any person who violates this section may be fined not more than \$50,000 or imprisoned for not more than 5 years or both.

History: 1987 a. 97.

146.35 Female genital mutilation prohibited. (1) In this section, “infibulate” means to clasp together with buckles or stitches.

(2) Except as provided in sub. (3), no person may circumcise, excise or infibulate the labia majora, labia minora or clitoris of a female minor.

(3) Subsection (2) does not apply if the circumcision, excision or infibulation is performed by a physician, as defined in s. 448.01 (5), and is necessary for the health of the female minor or is necessary to correct an anatomical abnormality.

(4) None of the following may be asserted as a defense to prosecution for a violation of sub. (2):

(a) Consent by the female minor or by a parent of the female minor to the circumcision, excision or infibulation.

(b) The circumcision, excision or infibulation is required as a matter of custom or ritual.

(5) Whoever violates sub. (2) may be fined not more than \$10,000 or imprisoned for not more than 5 years or both.

History: 1995 a. 365.

146.36 Council on health care fraud and abuse. (1) In this section:

(a) “Agency” has the meaning given in s. 13.62 (2).

(b) “Council” means the council on health care fraud and abuse.

(c) “Health care provider” has the meaning given in s. 146.81 (1).

(d) “Insurer” means an insurer, as defined in s. 600.03 (27), that is authorized to do business in this state in one or more lines of insurance that includes health insurance.

(2) The council may do all of the following:

(a) Study all aspects of health care fraud and abuse.

(b) Develop strategies to combat health care fraud and abuse by health care consumers, health care providers and insurers.

(c) Examine problems that relate to electronic claims for payment.

(d) Survey efforts of other states to reduce health care fraud and abuse.

(e) Collect information relevant to preparation of the report specified under sub. (3), from health care providers, insurers, employe benefit plan administrators, law enforcement agencies and other sources.

(f) Conduct public hearings concerning health care fraud and abuse.

(g) Engage in public information programs concerning health care fraud and abuse.

(h) Receive, for deposit in the council’s account under s. 20.505 (4) (gm), gifts, grants or bequests to fund its operating expenses.

(3) Annually, the council shall submit to the governor and, under s. 13.172 (2), to the legislature a report that does all of the following:

(a) Identifies different types of fraud and abuse in health care.

(b) Analyzes issues relating to health care fraud and abuse, such as self-interested referrals.

(c) Lists successful prosecutions of health care fraud and activities to combat health care abuse that have been conducted in courts in this state or as contested cases under subch. III of ch. 227.

(d) Specifies activities conducted by the council to combat health care fraud and abuse.

(e) Recommends specific proposed changes to state statutes or administrative rules to define terms and to combat health care fraud and abuse.

(4) A council member shall be immune from civil liability and criminal prosecution for any act or omission done in good faith within the scope of his or her powers and duties under this section.

(5) This section does not apply after December 30, 2000.

History: 1995 a. 442.

146.37 Health care services review; civil immunity.

(1) In this section:

(a) “Health care provider” includes an ambulance service provider, as defined in s. 146.50 (1) (c), and an emergency medical technician, as defined in s. 146.50 (1) (e).

(b) “Medical director” has the meaning specified in s. 146.50 (1) (j).

(1g) Except as provided in s. 153.85, no person acting in good faith who participates in the review or evaluation of the services of health care providers or facilities or the charges for such services conducted in connection with any program organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information under ch. 153, is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, but are not limited to, acts or omissions by peer review committees or hospital governing bodies in censuring, reprimanding, limiting or revoking hospital staff privileges or notifying the medical examining board under s. 50.36 or taking any other disciplinary action against a health care provider or facility and acts or omissions by a medical director, as defined in s. 146.50 (1) (j), in

reviewing the performance of emergency medical technicians or ambulance service providers.

(1m) The good faith of any person specified in subs. (1g) and (3) shall be presumed in any civil action. Any person who asserts that such a person has not acted in good faith has the burden of proving that assertion by clear and convincing evidence.

(2) In determining whether a member of the reviewing or evaluating organization or the medical director has acted in good faith under sub. (1g), the court shall consider whether the member or medical director has sought to prevent the health care provider or facility and its counsel from examining the documents and records used in the review or evaluation, from presenting witnesses, establishing pertinent facts and circumstances, questioning or refuting testimony and evidence, confronting and cross-examining adverse witnesses or from receiving a copy of the final report or recommendation of the reviewing organization or medical director.

(3) This section applies to any person acting in good faith who participates in the review or evaluation of the services of a psychiatrist, or facilities or charges for services of a psychiatrist, conducted in connection with any organization, association or program organized or operated to help improve the quality of psychiatric services, avoid improper utilization of psychiatric services or determine reasonable charges for psychiatric services. This immunity includes, but is not limited to, acts such as censuring, reprimanding or taking other disciplinary action against a psychiatrist for unethical or improper conduct.

History: 1975 c. 187; 1979 c. 221; 1981 c. 323; 1983 a. 27; 1985 a. 29 s. 3202 (27); 1985 a. 340; 1987 a. 27, 399; 1989 a. 102.

Anyone who has the good faith belief that they are participating in a valid peer review procedure of a health care provider is entitled to the presumption of good faith under sub. (1g) and is immune from liability unless the presumption is overcome. *Limjoco v. Schenck*, 169 W (2d) 703, 486 NW (2d) 567 (Ct. App. 1992).

Person reviewing peer can be found to have acted in bad faith even if procedural rights under (2) were not denied, but whether procedural rights were denied is factor which must be considered in determination of "good faith". *Qasem v. Kozarek*, 716 F (2d) 1172 (1983).

146.38 Health care services review; confidentiality of information. (1) In this section:

(a) "Evaluator" means a medical director or a registered nurse who coordinates review of an emergency medical services program of a health care provider.

(b) "Health care provider" includes an ambulance service provider, as defined in s. 146.50 (1) (c), and an emergency medical technician, as defined in s. 146.50 (1) (e).

(c) "Medical director" has the meaning specified in s. 146.50 (1) (j).

(1m) No person who participates in the review or evaluation of the services of health care providers or facilities or charges for such services may disclose any information acquired in connection with such review or evaluation except as provided in sub. (3).

(2) All organizations or evaluators reviewing or evaluating the services of health care providers shall keep a record of their investigations, inquiries, proceedings and conclusions. No such record may be released to any person under s. 804.10 (4) or otherwise except as provided in sub. (3). No such record may be used in any civil action for personal injuries against the health care provider or facility; however, information, documents or records presented during the review or evaluation may not be construed as immune from discovery under s. 804.10 (4) or use in any civil action merely because they were so presented. Any person who testifies during or participates in the review or evaluation may testify in any civil action as to matters within his or her knowledge, but may not testify as to information obtained through his or her participation in the review or evaluation, nor as to any conclusion of such review or evaluation.

(3) Information acquired in connection with the review and evaluation of health care services shall be disclosed and records of such review and evaluation shall be released, with the identity of any patient whose treatment is reviewed being withheld unless

the patient has granted permission to disclose identity, in the following circumstances:

(a) To the health care provider or facility whose services are being reviewed or evaluated, upon the request of such provider or facility;

(b) To any person with the consent of the health care provider or facility whose services are being reviewed or evaluated;

(c) To the person requesting the review or evaluation, for use solely for the purpose of improving the quality of health care, avoiding the improper utilization of the services of health care providers and facilities, and determining the reasonable charges for such services;

(d) In a report in statistical form. The report may identify any provider or facility to which the statistics relate;

(dm) With regard to an action under s. 895.70, to a court of record after issuance of a subpoena;

(e) With regard to any criminal matter, to a court of record, in accordance with chs. 885 to 895 and after issuance of a subpoena; and

(f) To the appropriate examining or licensing board or agency, when the organization or evaluator conducting the review or evaluation determines that such action is advisable.

(4) Any person who discloses information or releases a record in violation of this section, other than through a good faith mistake, is civilly liable therefor to any person harmed by the disclosure or release.

History: 1975 c. 187; 1979 c. 89; 1983 a. 27; 1989 a. 102; 1991 a. 217.

Conclusions of hospital governing body, based on records and conclusions of peer review committees, were not privileged under this section. *State ex rel. Good Samaritan v. Moroney*, 123 W (2d) 89, 365 NW (2d) 887 (Ct. App. 1984).

Methodology for determining privileged records under (2) outlined. *Franzen v. Children's Hospital*, 169 W (2d) 366, 485 NW (2d) 603 (Ct. App. 1992).

Methodology for determining privileged communications under sub. (1m) discussed. *Mallon v. Campbell*, 178 W (2d) 278, 504 NW (2d) 357 (Ct. App. 1993).

Because this section does not provide for the loss of confidentiality due to disclosure to third parties, no waiver exists under this section. *Ollman v. Health Care Liability Ins. Co.* 178 W (2d) 648, 505 NW (2d) 399 (Ct. App. 1993).

146.40 Instructional programs for nurse's assistants and home health and hospice aides. (1) In this section:

(a) "Developmentally disabled person" has the meaning specified in s. 55.01 (2).

(b) "Home health agency" has the meaning specified in s. 50.49 (1) (a).

(bm) "Home health aide" means an individual employed by or under contract with a home health agency to provide home health aide services under the supervision of a registered nurse. "Home health aide" does not mean an individual who is licensed, permitted, certified or registered under ch. 441, 448, 449, 450, 455 or 459.

(bo) "Hospice" means a hospice that is licensed under subch. IV of ch. 50 and that is certified as a provider of services under 42 USC 1395 to 1395ccc.

(bp) "Hospice aide" means an individual employed by or under contract with a hospice to provide hospice aide services under the supervision of a registered nurse. "Hospice aide" does not mean an individual who is licensed, permitted, certified or registered under ch. 441, 448, 449, 450, 455 or 459.

(br) "Hospital" has the meaning specified in s. 50.33 (2).

(bt) "Intermediate care facility for the mentally retarded" has the meaning under 42 USC 1396d (c) and (d).

(c) "Licensed practical nurse" means a nurse who is licensed or has a temporary permit under s. 441.10.

(d) "Nurse's assistant" means an individual who performs routine patient care duties delegated by a registered nurse or licensed practical nurse who supervises the individual, for the direct health care of a patient or resident. "Nurse's assistant" does not mean an individual who is licensed, permitted, certified or registered under ch. 441, 448, 449, 450, 451, 455 or 459 or an individual whose duties primarily involve skills that are different than those taught

in instructional and competency evaluation programs for nurse's assistants certified under sub. (3) or evaluated by competency evaluation programs for nurse's assistants approved under sub. (3m).

(e) "Nursing home" has the meaning specified in s. 50.01 (3).

(f) "Registered nurse" means a nurse who has a certificate of registration under s. 441.06 or a temporary permit under s. 441.08.

(g) "Student nurse" means an individual who is currently enrolled in a school for professional nurses or a school for licensed practical nurses that meets standards established under s. 441.01 (4), or who has successfully completed the course work of a basic nursing course of the school but has not successfully completed the examination under s. 441.05 or 441.10 (2).

(2) A hospital, nursing home or intermediate care facility for the mentally retarded may not employ or contract for the services of an individual as a nurse's assistant, a home health agency may not employ or contract for the services of an individual as a home health aide and a hospice may not employ or contract for the services of an individual as a hospice aide, regardless of the title under which the individual is employed, unless one of the following is true:

(a) For hospitals, nursing homes, home health agencies or hospices, whether or not certified providers of medical assistance, except as provided in par. (g), and intermediate care facilities for the mentally retarded that are certified providers of medical assistance, the individual has successfully completed instruction in an instructional and competency evaluation program for nurse's assistants, home health aides or hospice aides that is certified by the department under sub. (3).

(am) For hospitals, nursing homes, home health agencies, hospices and intermediate care facilities for the mentally retarded, if the individual was employed or under contract as a nurse's assistant, home health aide or hospice aide between October 1, 1985, and October 1, 1990, and if par. (b) or (c) does not apply, after the individual successfully completes, by December 31, 1991, a competency evaluation program that is approved by the department under sub. (3m).

(b) For hospitals, nursing homes or home health agencies and intermediate care facilities for the mentally retarded, the individual has been employed or under contract as a nurse's assistant or as a home health aide for at least 12 months on or prior to October 1, 1990, and, for hospices, the individual has been employed or under contract as a hospice aide for at least 12 months on or prior to August 15, 1991.

(bm) For nursing homes that are certified providers of medical assistance, the individual has been employed or under contract as a nurse's assistant for one or more such nursing homes of the same employer in this state for at least 24 consecutive months before December 19, 1989.

(c) For hospitals, nursing homes, home health agencies or hospices, whether or not certified providers of medical assistance, and intermediate care facilities for the mentally retarded that are certified providers of medical assistance, the individual is employed or under contract as a nurse's assistant, home health aide or hospice aide fewer than 120 calendar days by the hospital, nursing home, home health agency, hospice or intermediate care facility for the mentally retarded.

(d) For hospitals, nursing homes, home health agencies or hospices, whether or not certified providers of medical assistance, and intermediate care facilities for the mentally retarded that are certified providers of medical assistance, the individual has successfully completed instruction in an instructional and competency evaluation program or has successfully completed a competency evaluation program for nurse's assistants, for home health aides or for hospice aides that is certified in another state that meets criteria for acceptance in this state as specified by the department by rule, or the individual is certified as a nurse's assistant, home health aide or hospice aide in another state that meets

criteria for acceptance in this state as specified by the department by rule, except that after December 31, 1991, par. (a) applies.

(e) For hospitals, home health agencies or hospices, whether or not certified providers of medical assistance, nursing homes that are not certified providers of medical assistance and intermediate care facilities for the mentally retarded that are certified providers of medical assistance, the individual is a student nurse who has successfully completed a basic nursing course from a school that is on the accredited list of schools specified under s. 441.01 (4) or who successfully completes a competency evaluation program for nurse's assistants, home health aides or hospice aides that is approved by the department under sub. (3m).

(em) For nursing homes that are certified providers of medical assistance, the individual is a student nurse who successfully completes a competency evaluation program for nurse's assistants that is approved by the department under sub. (3m).

(f) For hospitals, nursing homes, home health agencies or hospices, whether or not certified providers of medical assistance, and intermediate care facilities for the mentally retarded that are certified providers of medical assistance, the individual has successfully completed, prior to October 1, 1990, an instructional and competency evaluation program that is substantially the same as an instructional and competency evaluation program certified by the department under sub. (3) and that the department determines generally meets the standards for certification promulgated under sub. (3).

(g) For nursing homes that are certified providers of medical assistance, the individual, if he or she has performed no nursing-related service for monetary compensation for 24 consecutive months after having satisfied the requirement under par. (a), again successfully completes instruction in an instructional and competency evaluation program for nurse's assistants that is certified by the department under sub. (3) or a competency evaluation program for nurse's assistants that is approved by the department under sub. (3m).

(3) The department shall certify instructional and competency evaluation programs for nurse's assistants, for home health aides and for hospice aides that apply for certification and satisfy standards for certification promulgated by rule by the department. The department shall review the curriculum of each certified instructional and competency evaluation program at least once every 36 months following the date of certification to determine whether the program satisfies the standards for certification. The department may, after providing notice, suspend or revoke the certification of an instructional and competency evaluation program or impose a plan of correction on the program if the program does not satisfy the standards for certification or operates under conditions that are other than those contained in the application approved by the department.

(3m) The department shall review competency evaluation programs for nurse's assistants, for home health aides and for hospice aides and may approve those competency evaluation programs that satisfy standards for approval that are specified in rules of the department. The department may, after providing notice, suspend or revoke approval of a competency evaluation program or impose a plan of correction if the competency evaluation program fails to satisfy the standards or operates under conditions that are other than those contained in the application approved by the department.

(4) An instructional and competency evaluation program certified under sub. (3) or a competency evaluation program approved under sub. (3m) shall notify the department, on a form provided by the department, within 30 days after an individual has successfully completed the program.

(4g) (a) The department shall establish and maintain a registry that contains all of the following:

1. A listing of all individuals about whom the department is notified under sub. (4).

2. A listing of all individuals about whom the department is notified under sub. (4r) (a), for whom the department makes findings under sub. (4r) (b) and to whom any of the following applies:

a. The individual waives a hearing or fails to notify the department under sub. (4r) (c).

b. A hearing officer finds reasonable cause to believe that the individual performed an action alleged under sub. (4r) (a).

3. Findings of the department under sub. (4r) (b) or of the hearing officer under sub. (4r) (d) concerning the neglect, abuse or misappropriation of property by an individual listed under subd. 2.

4. A brief statement, if any, of an individual about whom the department is notified under sub. (4) and who disputes the department's findings under sub. (4r) (b) or the hearing officer's findings under sub. (4r) (d).

(b) The department shall provide, upon receipt of a specific, written request, information requested that is contained in the registry under par. (a).

(c) Section 46.90 does not apply to this subsection.

(4m) An instructional and competency evaluation program under sub. (3) for which the department has suspended or revoked certification or imposed a plan of correction or a competency evaluation program under sub. (3m) for which the department has suspended or revoked approval or imposed a plan of correction may contest the department's action by sending, within 10 days after receipt of notice of the contested action, a written request for hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.

(4r) (a) Any individual may report to the department that he or she believes that a nurse's assistant has neglected, abused or misappropriated the property of a nursing home resident or a hospital patient or that a home health aide has neglected, abused or misappropriated the property of a home health agency patient.

(b) The department shall review and investigate any report received under par. (a) and, if the allegation is substantiated, make specific, documented findings concerning the neglect, abuse or misappropriation of property. The department shall in writing by certified mail notify the nurse's assistant or home health aide specified in the report that his or her name and the department's findings about him or her shall be listed in the registry under sub. (4g) (a) 2. and 3. unless he or she contests the listings in a hearing before the department. The written notification shall describe the investigation conducted by the department, enumerate the findings alleging neglect, abuse or misappropriation of property of a nursing home resident or home health agency patient and explain the consequence to the nurse's assistant or home health aide of waiving a hearing to contest the findings. The nurse's assistant or home health aide named in the report shall have 30 days after receipt of the notification to indicate to the department in writing whether he or she intends to contest the listing or to waive the hearing.

(c) If the nurse's assistant or home health aide under par. (b) notifies the department that he or she waives a hearing to contest the listings in the registry under par. (b), or fails to notify the department within 30 days after receipt of a notice under par. (b), the department shall enter the name of the individual under sub. (4g) (a) 2. and the department's findings about the individual under sub. (4g) (a) 3.

(d) If the nurse's assistant or home health aide under par. (b) timely notifies the department that he or she contests the listings in the registry under par. (b), the department shall hold a hearing under the requirements of ch. 227. If after presentation of evidence a hearing officer finds that there is no reasonable cause to believe that the nurse's assistant or home health aide performed an action alleged under par. (a), the hearing officer shall dismiss the proceeding. If after presentation of evidence a hearing officer finds that there is reasonable cause to believe that the nurse's assistant or home health aide performed an action alleged under par. (a), the hearing officer shall so find and shall cause the name of the nurse's assistant or home health aide to be entered under sub. (4g) (a) 2. and the hearing officer's findings about the nurse's assistant or home health aide to be entered under sub. (4g) (a) 3.

(e) The nurse's assistant or home health aide may provide the department with a brief statement disputing the department's findings under par. (b) or the hearing officer's findings under par. (d) and, if so provided, the department shall enter the statement under sub. (4g) (a) 4.

(f) Section 46.90 does not apply to this subsection.

(5) (a) The department, in consultation with the technical college system board, shall promulgate rules specifying standards for certification in this state of instructional and competency evaluation programs for nurse's assistants, home health aides and hospice aides. The standards shall include specialized training in providing care to individuals with special needs.

(b) The department shall promulgate rules specifying criteria for acceptance by this state of an instructional and competency evaluation program or a competency evaluation program that is certified in another state, including whether the other state grants nurse's assistant privileges, home health aide privileges or hospice aide privileges to persons who have completed instruction in an instructional and competency evaluation program that is certified under sub. (3) and whether one of the following is true:

1. If the other state certifies instructional and competency evaluation programs for nurse's assistants, home health aides or hospice aides, the state's requirements are substantially similar, as determined by the department, to certification requirements in this state.

2. If the other state certifies nurse's assistants, home health aides or hospice aides, that state's requirements are such that one of the following applies:

a. The instructional and competency evaluation programs required for attendance by persons receiving certificates are substantially similar, as determined by the department, to instructional and competency evaluation programs certified under sub. (3).

b. The competency evaluation programs required for successful completion by persons receiving certificates are substantially similar, as determined by the department, to competency evaluation programs approved under sub. (3m).

(6) Any person who violates sub. (2) shall forfeit not more than \$1,000.

(7) This section does not apply to a hospice that receives no federal or state moneys for any purpose.

History: 1987 a. 128; 1989 a. 31, 84, 336; 1991 a. 39; 1993 a. 27, 399; 1995 a. 27.

Sub. (4r) provides for a hearing examiner to make a determination of abuse. That determination is the final agency determination. *Kennedy v. DHSS*, 199 W (2d) 442, 544 NW (2d) 917 (Ct. App. 1996).

146.50 Emergency medical services personnel; licensure; certification; training. (1) DEFINITIONS. In this section:

(a) "Ambulance" means an emergency vehicle, including any motor vehicle, boat or aircraft, whether privately or publicly owned, which is designed, constructed or equipped to transport sick, disabled or injured individuals.

(c) "Ambulance service provider" means a person engaged in the business of transporting sick, disabled or injured individuals

by ambulance to or from facilities or institutions providing health services.

(cm) “Automatic defibrillator” means a heart monitor and defibrillator that:

1. Is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia and determining, without intervention by an operator, whether defibrillation should be performed;

2. Upon determining that defibrillation should be performed, either automatically charges and delivers an electrical impulse to an individual’s heart or charges and delivers the electrical impulse at the command of the operator; and

3. In the case of a defibrillator that may be operated in either an automatic or a manual mode, is set to operate in the automatic mode.

(d) “Basic life support” means emergency medical care that is rendered to a sick, disabled or injured individual, based on signs, symptoms or complaints, prior to the individual’s hospitalization or while transporting the individual between health care facilities and that is limited to use of the knowledge, skills and techniques received from training required for licensure as an emergency medical technician—basic.

(dm) “Defibrillation” means administering an electrical impulse to an individual’s heart in order to stop ventricular fibrillation or rapid ventricular tachycardia.

(e) “Emergency medical technician” means an emergency medical technician—basic, an emergency medical technician—intermediate or an emergency medical technician—paramedic.

(f) “Emergency medical technician—basic” means an individual who is licensed by the department to administer basic life support and to properly handle and transport sick, disabled or injured individuals.

(g) “Emergency medical technician—intermediate” means an individual who is licensed by the department as an emergency medical technician—intermediate under sub. (5).

(h) “Emergency medical technician—paramedic” means an individual who is specially trained in emergency cardiac, trauma and other lifesaving or emergency procedures in a training program or course of instruction prescribed by the department and who is examined and licensed as an emergency medical technician—paramedic under sub. (5).

(hm) “First responder—defibrillation” means an individual who is certified by the department as a first responder—defibrillation under sub. (8).

(i) “Indian tribe” means a federally recognized American Indian tribe or band in this state.

(im) “Manual defibrillator” means a heart monitor and defibrillator that:

1. Is operated only after an operator has first analyzed and recognized an individual’s cardiac rhythm;

2. Charges and delivers, only at the command of the operator, an electrical impulse to an individual’s heart; and

3. In the case of a defibrillator that may be operated in either an automatic or a manual mode, is set to operate in the manual mode.

(j) “Medical director” means a physician who trains, medically coordinates, directs, supervises, establishes standard operating procedures for, and designates physicians for direction and supervision of, emergency medical technicians and who reviews the performance of emergency medical technicians and ambulance service providers.

(k) “Nonprofit corporation” means a nonstock, nonprofit corporation organized under ch. 181.

(L) “Person” includes an individual, firm, partnership, association, corporation, trust, foundation, company, public agency or a group of individuals, however named, concerned with the operation of an ambulance.

(m) “Physician” has the meaning specified in s. 448.01 (5).

(n) “Public agency” means this state, a county, city, village or town; an agency of this state or of a county, city, village or town; or an Indian tribe.

(o) “Semiautomatic defibrillator” means a heart monitor and defibrillator that:

1. Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and determining, without intervention by an operator, whether defibrillation should be performed; and

2. Charges and, at the command of the operator, delivers an electrical impulse to an individual’s heart.

(p) “Ventricular fibrillation” means a disturbance in the normal rhythm of the heart that is characterized by rapid, irregular and ineffective twitching of the ventricles of the heart.

(2) LICENSE OR CERTIFICATE REQUIRED. No person may act as or advertise for the provision of services as an ambulance service provider unless the person holds an ambulance service provider license issued under this section. No individual may act as or advertise for the provision of services as an emergency medical technician unless he or she holds an emergency medical technician license or training permit issued under sub. (5). No individual may act as or advertise for the provision of services as a first responder—defibrillation unless he or she holds a first responder—defibrillation certificate issued under sub. (8).

(3) EXCEPTION TO TREATMENT. This section and the rules promulgated under this section may not be construed to authorize the provision of services or treatment to any individual who objects for reasons of religion to the treatment or services, but may be construed to authorize the transportation of such an individual to a facility of the individual’s choice within the jurisdiction of the emergency medical service.

(4) AMBULANCE STAFFING; LIMITATIONS; RULES. (a) If a sick, disabled or injured individual is transported by ambulance, the following other individuals shall be present in the ambulance:

1. Any 2 emergency medical technicians, licensed registered nurses, licensed physician assistants or physicians, or any combination thereof; or

2. One emergency medical technician plus one individual with a training permit issued under sub. (5) (b).

(b) An ambulance driver who is not an emergency medical technician may assist with the handling and movement of a sick, injured or disabled individual if an emergency medical technician, registered nurse, physician assistant or physician directly supervises the driver. No ambulance driver may administer care procedures that an emergency medical technician is authorized to administer unless he or she is an emergency medical technician.

(c) Notwithstanding par. (a), the department may promulgate rules that establish standards for staffing of ambulances in which the primary services provided are those which an emergency medical technician—intermediate is authorized to provide or those which an emergency medical technician—paramedic is authorized to provide.

(5) LICENSING OF AMBULANCE SERVICE PROVIDERS AND EMERGENCY MEDICAL TECHNICIANS; TRAINING PERMITS. (a) The department shall license qualified applicants as ambulance service providers or emergency medical technicians. The department shall, from the information on the certification form specified under sub. (6) (c) 2., establish in each ambulance service provider’s biennial license the primary service or contract area of the ambulance service provider.

(b) The department shall promulgate rules establishing a system and qualifications for issuance of training permits and specifying the period for which an individual may hold a training permit.

(c) A training permit application shall be signed by an ambulance service provider.

(d) An individual who holds a training permit issued under par. (b) may do the following:

1. If issued an emergency medical technician—basic training permit, he or she may perform the actions authorized under rules promulgated by the department for an emergency medical technician—basic, but only if an emergency medical technician directly supervises him or her.

2. If issued an emergency medical technician—intermediate training permit, he or she may perform the actions authorized under rules promulgated by the department for an emergency medical technician—intermediate, but only if a medical director or training instructor is present and giving direction.

3. If issued an emergency medical technician—paramedic training permit, he or she may perform the actions authorized under rules promulgated by the department for an emergency medical technician—paramedic, but only if a medical director or training instructor is present and giving direction.

(e) A license or training permit issued under this subsection is nontransferable and is valid for the balance of the license or training permit period or until surrendered for cancellation or suspended or revoked for violation of this section or of any other statutes or rules relating to ambulance service providers or emergency medical technicians.

(f) The department may charge a reasonable fee for a license or training permit issued under this subsection, except that no fee may be charged to an individual who is an employe of a public agency and who works for volunteer or paid-on-call ambulance service providers and who is an applicant for a license as an emergency medical technician—basic or for a training permit.

(g) An emergency medical technician license shall be issued to the individual licensed, and the department may not impose a requirement that an individual be affiliated with an ambulance service provider in order to receive an emergency medical technician license or to have an emergency medical technician license renewed.

(6) QUALIFICATIONS FOR LICENSURE. (a) To be eligible for an initial license as an emergency medical technician, an individual shall:

1. Be 18 years of age or older; be capable of performing the actions authorized in rules promulgated under sub. (13) (c) for an emergency medical technician—basic, an emergency medical technician—intermediate or an emergency medical technician—paramedic, for which licensure is sought; and, subject to ss. 111.321, 111.322 and 111.335, not have an arrest or conviction record.

2. Have satisfactorily completed a course of instruction and training prescribed by the department or have presented evidence satisfactory to the department of sufficient education and training in the field of emergency care.

3. Have passed an examination approved by the department.

4. Have such additional qualifications as may be required by the department.

(b) 1. To be eligible for a renewal of a license as an emergency medical technician, the licensee shall, in addition to meeting the requirements of par. (a) 1., complete the training, education or examination requirements specified in rules promulgated under subd. 2.

2. The department, in conjunction with the technical college system board, shall promulgate rules specifying training, education or examination requirements for license renewals for emergency medical technicians.

(c) To be eligible for a license as an ambulance service provider, an individual shall be 18 years of age or older and have such additional qualifications as may be established in rules promulgated by the department, except that no ambulance service provider may be required to take training or an examination or receive education to qualify for licensure or for renewal of licensure. An ambulance service provider shall, as a condition of licensure, provide medical malpractice insurance sufficient to protect all emergency medical technicians who perform for compensation as

employes of the ambulance service provider. For renewal of a biennial license as an ambulance service provider, an applicant shall also provide all of the following:

1. A financial report, on a form developed and provided by the department, of all expenditures made in the 2 previous fiscal years from all funds provided to the ambulance service provider under s. 146.55 (4).

2. Certification, on a form developed and provided by the department, signed by a representative of the ambulance service provider and the clerk of each county, city, town or village served by the ambulance service provider, of the population and boundaries of the ambulance service provider's primary service or contract area in that county, city, town or village.

(6g) CERTIFICATION FOR PERFORMANCE OF DEFIBRILLATION. (a) The department shall certify qualified applicants for the performance of defibrillation, under certification standards that the department shall promulgate as rules.

(b) A certificate issued under this subsection shall specify whether the holder of the certificate is authorized to perform defibrillation by use of any of the following:

1. An automatic defibrillator.
2. A semiautomatic defibrillator.
3. A manual defibrillator.

(6n) AUTHORIZED ACTIONS OF EMERGENCY MEDICAL TECHNICIANS. An emergency medical technician may undertake only those actions that are authorized in rules promulgated under sub. (13) (c).

(7) LICENSING IN OTHER JURISDICTIONS. The department may issue a license as an emergency medical technician, without examination, to any individual who holds a current license or certificate as an emergency medical technician from another jurisdiction if the department finds that the standards for licensing or issuing certificates in the other jurisdiction are at least substantially equivalent to those in this state, and that the applicant is otherwise qualified.

(8) CERTIFICATION OF FIRST RESPONDERS—DEFIBRILLATION. (a) The department shall certify qualified applicants as first responders—defibrillation.

(b) To be eligible for initial certification as a first responder—defibrillation, an individual shall meet requirements specified in rules promulgated by the department.

(c) To be eligible for a renewal of a certificate as a first responder—defibrillation, the holder of the certificate shall satisfactorily complete any requirements specified in rules promulgated by the department.

(d) The department may charge a reasonable fee for a certificate initially issued or renewed under this subsection.

(e) A certified first responder—defibrillation is authorized to use an automatic or semiautomatic defibrillator, as prescribed for first responders—defibrillation in rules promulgated by the department. The rules shall set forth authorization for the use of an automatic defibrillator, a semiautomatic defibrillator or, for a defibrillator that may be operated in more than one mode, use in the automatic or semiautomatic mode only.

(f) The department may issue a certificate as a first responder—defibrillation, without requiring satisfactory completion of any instruction or training that may be required under par. (b), to any individual who holds a current license or certificate as a first responder from another jurisdiction if the department finds that the standards for licensing or issuing certificates in the other jurisdiction are at least substantially equivalent to the standards for issuance of certificates for first responders—defibrillation in this state, and that the applicant is otherwise qualified.

(8m) QUALIFICATIONS FOR MEDICAL DIRECTORS. The department shall promulgate rules that set forth qualifications for medical directors. Beginning on July 1, 1995, no ambulance service provider that offers services beyond basic life support services

may employ, contract with or use the services of a physician to act as a medical director unless the physician is qualified under this subsection.

(9) TRAINING. The department may arrange for or approve courses of or instructional programs in or outside this state to meet the education and training requirements of this section, including training required for license or certificate renewal. Courses required for a license or renewal of a license as an emergency medical technician—basic shall be free of charge to an individual who is employed by or affiliated with a public agency, volunteer fire company or nonprofit corporation and is the holder of a license or training permit as an emergency medical technician—basic or eligible to hold such a license or training permit. If the department determines that an area or community need exists, the courses shall be offered at technical colleges in the area or community. Initial priority shall be given to the training of emergency medical technicians—basic serving the rural areas of the state. If an emergency medical technician—basic completes a course approved by the department on treatment of anaphylactic shock, the emergency medical technician—basic acts within the scope of the license if he or she performs injections or other treatment for anaphylactic shock under the direction of a physician.

(10) LICENSE RENEWAL. Every holder of a license issued under sub. (5) or (7) shall renew the license on July 1 of each even-numbered year by applying to the department on forms provided by the department. Upon receipt of an application for renewal containing documentation acceptable to the department that the requirements of sub. (6) have been met, the department shall renew the license unless the department finds that the applicant has acted in a manner or under circumstances constituting grounds for suspension or revocation of the license.

(11) UNLICENSED OR UNCERTIFIED OPERATION. Notwithstanding the existence or pursuit of any other remedy, the department may, in the manner provided by law, upon the advice of the attorney general, who shall represent the department in all proceedings, institute an action in the name of the state against any person for any of the following:

(a) To restrain or prevent action as an ambulance service provider by a person in violation of sub. (2).

(b) To restrain or prevent action by an ambulance service provider in violation of this section or a rule promulgated under this section.

(c) To restrain or prevent action as an emergency medical technician by an individual in violation of sub. (2).

(d) To restrain or prevent action by an emergency medical technician in violation of this section or a rule promulgated under this section.

(e) To restrain or prevent the establishment, management or operation of an ambulance service, as defined in s. 146.55 (1) (a), in violation of sub. (4).

(f) To restrain or prevent action by a first responder—defibrillation in violation of this section or a rule promulgated under this section.

(12) CONFIDENTIALITY OF RECORDS. (a) All records made by an ambulance service provider, an emergency medical technician or a first responder—defibrillation in administering emergency care procedures to and handling and transporting sick, disabled or injured individuals shall be maintained as confidential patient health care records subject to ss. 146.81 to 146.84 and, if applicable, s. 252.15 (5) (a) (intro.), (6), (8) and (9). For the purposes of this paragraph, an ambulance service provider, an emergency medical technician or a first responder—defibrillation shall be considered to be a health care provider under s. 146.81 (1). Nothing in this paragraph permits disclosure to an ambulance service provider, an emergency medical technician or a first responder—defibrillation under s. 252.15 (5) (a), except under s. 252.15 (5) (a) 11.

(b) Notwithstanding par. (a), an ambulance service provider, who is an authority, as defined in s. 19.32 (1), may make available,

to any requester, information contained on a record of an ambulance run which identifies the ambulance service provider and emergency medical technicians involved; date of the call; dispatch and response times of the ambulance; reason for the dispatch; location to which the ambulance was dispatched; destination, if any, to which the patient was transported by ambulance; and name, age and gender of the patient. No information disclosed under this paragraph may contain details of the medical history, condition or emergency treatment of any patient.

(13) RULES. (a) The department may promulgate rules necessary for administration of this section.

(b) The department shall promulgate rules under subs. (8) (b), (c) and (e) and (8m).

(c) The department shall promulgate rules that specify actions that emergency medical technicians may undertake after December 31, 1995, including rules that specify the required involvement of physicians in actions undertaken by emergency medical technicians.

History: 1973 c. 321; 1975 c. 39 ss. 645 to 647d, 732 (2); 1975 c. 224; 1977 c. 29, 167; 1979 c. 321; 1981 c. 73, 380; 1981 c. 391 s. 211; 1983 a. 189; 1985 a. 120, 135; 1987 a. 70, 399; 1989 a. 31; 1989 a. 102 ss. 20, 21, 36 to 59; 1991 a. 39, 238; 1993 a. 27, 29, 105, 183, 251, 399.

Discussion of malpractice liability of state officers and employees. 67 Atty. Gen. 145.

Under present law, ambulance records relating to medical history, condition or treatment are confidential while other ambulance call records are subject to disclosure under public records law. 78 Atty. Gen. 71.

146.53 State emergency medical services activities.

(1) DEFINITIONS. In this section:

(a) “Ambulance service provider” has the meaning given in s. 146.50 (1) (c).

(b) “Board” means the emergency medical services board.

(c) “Emergency medical technician” has the meaning given in s. 146.50 (1) (e).

(d) “First responder” means a person who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency medical care to a sick, disabled or injured individual before the arrival of an ambulance, but who does not provide transportation for a patient.

(e) “Medical director” has the meaning given in s. 146.50 (1) (j).

(f) “Physician” has the meaning given in s. 448.01 (5).

(2) STATE EMERGENCY MEDICAL SERVICES PLAN. (a) By December 31, 1995, the department shall prepare a state emergency medical services plan. The plan shall include an identification of priorities for changes in the state emergency medical services system for the 2 years following preparation of the plan. In preparing the plan, the department shall review all statutes and rules that relate to emergency medical services and recommend in the plan any changes in those statutes and rules that the department considers appropriate. After initial preparation of the plan, the department shall keep the plan current and shall reorder priorities for changes in the state emergency medical services system, based on determinations of the board.

(b) Biennially, prior to final adoption of the state emergency medical services plan, the department shall hold at least one public hearing on a draft of the plan.

(c) The department shall provide a copy of the state emergency medical services plan biennially to the legislature under s. 13.172 (2).

(3) QUALIFICATIONS OF STATE SUPERVISOR. The board shall recommend to the department the qualifications of any individual who may be hired on or after April 23, 1994, to supervise the subunit of the department that is primarily responsible for regulation of emergency medical services.

(4) DEPARTMENTAL RULES; CONSULTATION. The department shall consult with the board before promulgating a proposed rule that relates to funding of emergency medical services programs under s. 146.55 or to regulation of emergency medical services.

(5) DEPARTMENTAL DUTIES. The department shall:

(a) Serve as the lead state agency for emergency medical services.

(b) Implement measures to achieve objectives that are set forth in the state emergency medical services plan under sub. (2).

(c) Provide quality assurance in the emergency medical services system, including collecting and analyzing data relating to local and regional emergency medical services systems, ambulance service providers, first responders and emergency medical technicians.

(d) Provide technical assistance to ambulance service providers, first responders and emergency medical technicians in developing plans, expanding services and complying with applicable statutes and rules.

(e) Set standards for all organizations that offer training to first responders and emergency medical technicians on what topics should be included in initial training and continuing training.

(f) Facilitate integration of ambulance service providers and hospitals in the same geographic area.

(g) Review recommendations of the board. The department may promulgate any rule changes necessary to implement those recommendations and may pursue any statutory changes necessary to implement those recommendations.

(h) Investigate complaints received regarding ambulance service providers, first responders, emergency medical technicians and medical directors and take appropriate actions after first consulting with the board and the state medical director for emergency medical services.

(i) Provide advice to the adjutant general of the department of military affairs on the emergency medical aspects of the state plan of emergency management under s. 166.03 (2) (a) 1. and coordinate emergency activities with the department of military affairs.

(j) Consult at least annually with the technical college system board and the department of transportation on issues that affect ambulance service providers, first responders and emergency medical technicians.

(k) Promulgate rules that set forth the authority and duties of medical directors and the state medical director for emergency medical services.

History: 1993 a. 251, 491; 1995 a. 247.

146.55 Emergency medical services programs.

(1) DEFINITIONS. In this section:

(a) “Ambulance service” means the business of transporting sick, disabled or injured individuals by ambulance, as defined in s. 146.50 (1) (a), to or from facilities or institutions providing health services.

(b) “Ambulance service provider” has the meaning given in s. 146.50 (1) (c).

(d) “Emergency medical technician” has the meaning given in s. 146.50 (1) (e).

(e) “Emergency medical technician—paramedic” has the meaning given in s. 146.50 (1) (h).

(f) “Nonprofit corporation” means a nonstock, nonprofit corporation organized under ch. 181.

(g) “Public agency” has the meaning given in s. 146.50 (1) (n).

(2) EMERGENCY MEDICAL SERVICES PROGRAMS. (a) Any county, city, town, village, hospital or combination thereof may, after submission of a plan approved by the department, conduct an emergency medical services program using emergency medical technicians—paramedics for the delivery of emergency medical care to sick, disabled or injured individuals at the scene of an emergency and during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities. An ambulance service provider may, after submission of a plan approved by the department, conduct an emergency medical services program using emergency medical

technicians—paramedics for the delivery of emergency medical care to sick, disabled or injured individuals during transfer of the individuals between health care facilities. Nothing in this section shall be construed to prohibit the operation of fire department, police department, for-profit ambulance service provider or other emergency vehicles using the services of emergency medical technicians—paramedics in conjunction with a program approved by the department. Hospitals that offer approved training courses for emergency medical technicians—paramedics should, if feasible, serve as the base of operation for approved programs using emergency medical technicians—paramedics.

(b) The department shall review and, if the department determines that the plans are satisfactory, approve the plans submitted under par. (a). The department shall:

1. Provide administrative support and technical assistance to emergency medical services programs that use emergency medical technicians or ambulance service providers.

2. Coordinate the activities of agencies and organizations providing training for the delivery of emergency medical services.

3. Assist the development of training for emergency medical technicians.

4. Assess the emergency medical resources and services of the state and encourage the allocation of resources to areas of identified need.

5. Assist hospitals in planning for appropriate and efficient handling of the critically ill and injured.

(2m) STATE MEDICAL DIRECTOR FOR EMERGENCY MEDICAL SERVICES PROGRAM. (a) From the funding under the preventive health services project grant program under 42 USC 2476 under the appropriation under s. 20.435 (1) (mc), the department shall expend \$25,000 in each fiscal year to contract for the services of one physician to direct the state emergency medical services program.

(b) The physician under par. (a) shall be called the state medical director for the emergency medical services program, shall have at least 3 years of experience in the conduct and delivery of prehospital emergency medical services as a physician practicing emergency or prehospital medicine in a hospital or agency and shall have actively participated in and had major responsibility for the development, management, execution and coordination of programs, policies and procedures in the delivery of emergency medical services.

(4) SUPPORT AND IMPROVEMENT OF AMBULANCE SERVICES. (a) From the appropriation under s. 20.435 (1) (rm), the department shall annually distribute funds for ambulance service vehicles or vehicle equipment, emergency medical services supplies or equipment or emergency medical training for personnel to an ambulance service provider that is a public agency, a volunteer fire department or a nonprofit corporation, under a funding formula consisting of an identical base amount for each ambulance service provider plus a supplemental amount based on the population of the ambulance service provider’s primary service or contract area, as established under s. 146.50 (5).

(b) If a public agency has contracted for ambulance service with an ambulance service provider that operates for profit, the department shall distribute funds under par. (a) to the public agency.

(c) Funds distributed under par. (a) or (b) shall supplement existing, budgeted moneys of or provided to an ambulance service provider and may not be used to replace, decrease or release for alternative purposes the existing, budgeted moneys of or provided to the ambulance service provider. In order to ensure compliance with this paragraph, the department shall require, as a condition of relicensure, a financial report of expenditures under this subsection from an ambulance service provider and may require a financial report of expenditures under this subsection from an owner or operator of an ambulance service or a public agency, volunteer fire department or a nonprofit corporation with which an

ambulance service provider has contracted to provide ambulance services.

(5) EMERGENCY MEDICAL TECHNICIAN TRAINING AND EXAMINATION AID. From the appropriation under s. 20.435 (1) (rm), the department shall annually distribute funds to entities, including technical college districts, whose courses or instructional programs are approved by the department under s. 146.50 (9), to assist the entities in providing the training required for licensure and renewal of licensure as an emergency medical technician—basic under s. 146.50 (6), and to fund each examination administered by the entity for licensure or renewal of licensure as an emergency medical technician—basic under s. 146.50 (6) (a) 3. and (b) 1.

(6) UNLICENSED OPERATION. (a) In this subsection, “person” has the meaning specified in s. 146.50 (1) (L).

(b) Notwithstanding the existence or pursuit of any other remedy, the department may, in the manner provided by law, upon the advice of the attorney general, who shall represent the department in all proceedings, institute an action in the name of the state against any person to restrain or prevent the establishment, management or operation of any emergency medical services program that is not approved under sub. (2) (a) or that is in violation of this section or a rule promulgated under this section.

(7) INSURANCE. A physician who participates in an emergency medical services program under this section or as required under s. 146.50 shall purchase health care liability insurance in compliance with subch. III of ch. 655, except for those acts or omissions of a physician who, as a medical director, reviews the performance of emergency medical technicians or ambulance service providers, as specified under s. 146.37 (1g).

(8) EXCEPTION TO TREATMENT. This section and the rules promulgated under this section may not be construed to authorize the provision of services or treatment to any individual who objects for reasons of religion to the treatment or services, but may be construed to authorize the transportation of such an individual to a facility of the individual’s choice within the jurisdiction of the emergency medical service.

History: 1989 a. 102 ss. 15 to 17, 23, 25, 26, 60; 1991 a. 39, 269; 1993 a. 16, 251, 399, 491.

146.57 Statewide poison control program. (3) POISON CONTROL. (a) The department shall implement a statewide poison control program. From the appropriation under s. 20.435 (1) (ds), the department shall, if the requirement under par. (b) is met, distribute total funding of not more than \$187,500 in each fiscal year to supplement the operation of the program and to provide for the statewide collection and reporting of poison control data. The department may, but need not, distribute all of the funds in each fiscal year to a single poison control center.

(b) No poison control center may receive funds under par. (a) unless the poison control center provides a matching contribution of at least 50% of the state funding for the center. Private funds and in-kind contributions may be used to meet this requirement.

(4) RULE MAKING. The department shall promulgate rules that specify the information that shall be reported to the department under the statewide poison control program.

History: 1993 a. 16; 1995 a. 27.

146.58 Emergency medical services board. The emergency medical services board shall do all of the following:

(1) Appoint an advisory committee of physicians with expertise in the emergency medical services area to advise the department on the criteria for selection of the state medical director for emergency medical services and on the performance of the director and to advise the director on appropriate medical issues.

(4) Periodically review all emergency medical services statutes and rules for surface, water and air transportation and recommend to the department and the department of transportation changes in those statutes and rules to provide different personnel and equipment requirements, where appropriate, for emergency

response, nonemergency response and interfacility transportation of patients.

(5) Seek involvement in its deliberations by appropriate personnel from the department, the technical college system board and the department of transportation.

(6) Seek involvement in its deliberations by ambulance service provider personnel, emergency medical technicians, first responders, persons who train emergency medical services personnel and other interested persons.

(7) Advise, make recommendations to and consult with the department concerning the funding under s. 146.55 (4) and (5).

(8) Review the annual budget prepared by the department for the expenditures under s. 20.435 (1) (rm).

History: 1993 a. 16 ss. 2578f, 2578g, 2578p; 1995 a. 225.

146.59 University of Wisconsin Hospitals and Clinics Board. (1) In this section:

(a) “Authority” means the University of Wisconsin Hospitals and Clinics Authority.

(b) “Board” means the University of Wisconsin Hospitals and Clinics Board.

(2) (a) Subject to 1995 Wisconsin Act 27, section 9159 (2) (k), the board shall negotiate and enter into a contractual services agreement with the authority that meets the requirements under s. 233.04 (4) and shall comply with s. 233.04 (4m) (a).

(b) If a contractual services agreement is terminated under s. 233.04 (4m) (b), the University of Wisconsin Hospitals and Clinics Board may negotiate and enter into a contractual services agreement with the University of Wisconsin Hospitals and Clinics Authority or the board of regents of the University of Wisconsin System under s. 233.04 (4m) (b).

(3) (a) Any contractual services agreement under sub. (2) may include a provision that authorizes the authority to perform specified duties for the board with respect to employees of the board. This authorization may include duties related to supervising employees, taking disciplinary action or recommending new hires or layoffs, or with respect to collective bargaining, claims, complaints, or benefits and records administration.

(b) Any authorization under par. (a) shall comply with all applicable provisions of subch. V of ch. 111 and ch. 230, any delegation of authority by the department of employment relations to the board, and any collective bargaining agreement with respect to employees of the board.

History: 1995 a. 27, 216.

146.60 Notice of release of genetically engineered organisms into the environment. (1) DEFINITIONS. In this section:

(a) “Confidential information” means information entitled to confidential treatment under sub. (6) (a) 1. or 2.

(b) “Coordinated framework” means the coordinated framework for regulation of biotechnology set forth in 51 Fed. Reg. 23302 to 23350 (June 26, 1986), as amended by 52 Fed. Reg. 22892 to 22915 (June 16, 1987), and subsequent amendments to the coordinated framework for regulation of biotechnology.

(c) “Departments” means the department of agriculture, trade and consumer protection and the department of natural resources.

(d) “Federal regulator” means a federal agency or a designee of a federal agency which is responsible for regulating a release into the environment under the coordinated framework.

(e) “Regulated release” means a release into the environment for which the coordinated framework requires that the person proposing to commence the release into the environment do any of the following:

1. Notify a federal regulator of the release into the environment.

2. Secure the approval of or a permit or license from a federal regulator as a condition of commencing the release into the environment.

3. Secure a determination by a federal regulator of the need for notification, approval, licensing or permitting by the federal regulator, if the determination is part of a procedure specified in the coordinated framework.

(f) “Release into the environment” means the introduction or use in this state of an organism or pathogen anywhere except within an indoor facility which is designed to physically contain the organism or pathogen, including a laboratory, greenhouse, growth chamber or fermenter.

(g) “Reviewing department” means the department designated in sub. (2) to review a regulated release.

(2) DEPARTMENT DESIGNATION. (a) The department of natural resources shall be the reviewing department for any regulated release subject to 15 USC 2601 to 2629.

(b) The department of agriculture, trade and consumer protection shall be the reviewing department for any regulated release subject to any federal requirement in the coordinated framework, except a requirement under 15 USC 2601 to 2629.

(c) If a regulated release is subject to 15 USC 2601 to 2629 and to any other federal requirement in the coordinated framework, both departments shall be reviewing departments and shall enter into a memorandum of understanding designating one of them to be the lead reviewing department.

(3) NOTIFICATION. (a) Except as provided under sub. (7), no person may commence a regulated release unless the person provides to the reviewing department for that regulated release all of the following information within 7 days after the person submits or should have submitted the information specified in subd. 1. to a federal regulator, whichever is sooner:

1. A copy of all information which the person is required to submit to the federal regulator and which is not confidential information.

2. A summary of any confidential information which the person submits or is required to submit to a federal regulator. The summary shall be sufficient enough to enable the reviewing department to prepare the comment authorized under sub. (4) and to provide information to the public and shall have minimal extraneous and irrelevant information.

(b) A reviewing department may request that a person submit to it part or all of any of the confidential information that is the subject of the summary submitted to that reviewing department under par. (a) 2. That person shall submit the information to the reviewing department no later than 3 working days after receiving the request.

(c) Notwithstanding sub. (6) (a):

1. If the department of natural resources receives information under this subsection or sub. (4) (c), it shall provide the department of agriculture, trade and consumer protection with a copy of the information.

2. If the department of agriculture, trade and consumer protection receives information under this subsection or sub. (4) (c), it shall provide the department of natural resources with a copy of the information.

(3m) PUBLIC NOTICE. No later than 5 working days after receiving information under sub. (3), the reviewing department shall send written notice of receipt of the information to the county board chairperson in a county without a county executive or county administrator or the county executive or county administrator and to the town board chairperson, village president or mayor of any town, village or city in which the release is proposed. No later than 5 working days after sending notice under this subsection, the reviewing department shall cause publication of a class 1 notice under ch. 985 in the county to which the notice is sent.

(4) COMMENT. The reviewing department may prepare a formal comment on the regulated release for submission to the federal regulator for that regulated release. The reviewing department shall submit that comment within the time established by the

federal regulator for that regulated release. The comment shall address the criteria for notification or the granting of approval, a permit or a license under the applicable requirement in the coordinated framework and for the protection of the public health and the environment. To assist in the preparation of a comment, the reviewing department may do any of the following:

(a) Hold an informational meeting on the proposed regulated release.

(b) Provide an opportunity for the public to comment on the proposed regulated release.

(c) Request information on the proposed regulated release from the person providing the information under sub. (3), in addition to the information provided under sub. (3). That person is not required to submit that information to the reviewing department.

(d) Conduct a technical review of the proposed regulated release.

(e) Seek the assistance of the university of Wisconsin system faculty and academic staff or the department of health and family services in reviewing the proposed regulated release.

(5) MEMORANDUM OF UNDERSTANDING. Within 6 months after June 13, 1989, the department of natural resources shall enter into a memorandum of understanding with the department of agriculture, trade and consumer protection setting forth the procedures and responsibilities of the departments in the administration of this section. The memorandum shall establish procedures that minimize the duplication of effort between the departments and for the person providing information under sub. (3).

(6) CONFIDENTIAL TREATMENT OF RECORDS. (a) Except as provided in pars. (b) and (c), the departments shall keep confidential any information received under this section if the person submitting the information notifies the departments that any of the following applies to that information:

1. The federal regulator to which the information has been submitted has determined that the information is entitled to confidential treatment and is not subject to public disclosure under 5 USC 552 or under the coordinated framework.

2. The person submitting the information to the departments has submitted a claim to the federal regulator that the information is entitled to confidential treatment under 5 USC 552 or under the coordinated framework, and the federal regulator has not made a determination on the claim.

(b) Paragraph (a) shall not prevent the departments from exchanging information under sub. (3) (c) or (4) (c) or from using the information for the purposes of sub. (4) (d) or (e), subject to the requirements under par. (d). Any person receiving such information is subject to the penalty specified under sub. (9) (b) for the unauthorized release of that information.

(c) The departments shall allow public access to any information which has been granted confidentiality under par. (a) if any of the following occurs:

1. The person providing the information to the departments expressly agrees to the public access to the information.

2. After information has been granted confidentiality under par. (a) 2., the federal regulator makes a determination that the information is not entitled to confidential treatment under 5 USC 552 or under the coordinated framework.

3. Either of the departments determines that:

a. The person providing the information to the departments has not submitted that information under par. (a) or a claim under par. (a) 2. to the federal regulator; or

b. The federal regulator to which the information has been submitted has determined that the information is not entitled to confidential treatment and is subject to public disclosure under 5 USC 552 or under the coordinated framework.

(d) 1. The departments shall establish procedures to protect information required to be kept confidential under par. (a). Under the procedure, the departments may not submit any information under sub. (4) (d) or (e) to any person who is not an employe of

either of the departments unless that person has signed an agreement which satisfies the requirements of subd. 2.

2. The agreement required under subd. 1. shall provide that information which is the subject of the agreement is subject to confidential treatment, shall prohibit the release or sharing of the information with any other person except at the direction of the reviewing department and in compliance with this section, shall acknowledge the penalties in sub. (9), s. 134.90 and any other applicable state law identified by the departments for the unauthorized disclosure of the information and shall contain a statement that the person receiving the information, any member of his or her immediate family or any organization with which he or she is associated has no substantial financial interest in the regulated release which is the subject of the information. Any person submitting the information under sub. (3) or (4) may waive any of the requirements under this subdivision.

(7) EXEMPTIONS. (a) This section does not apply to any of the following which is intended for human use and regulated under 21 USC 301 to 392 or 42 USC 262:

1. Drug.
2. Cosmetic.
3. Medical device.
4. Biological product.

(b) A reviewing department may waive part or all of the requirements under sub. (3) for a specified regulated release if the reviewing department determines that the satisfaction of that requirement is not necessary to protect the public health or the environment.

(c) A reviewing department may exempt a class of regulated releases from part or all of any requirement under sub. (3) if the department determines that the satisfaction of that requirement or part of a requirement is not necessary to protect the public health or the environment.

(8) ENFORCEMENT. The attorney general shall enforce subs. (3) and (6). The circuit court for Dane county or for the county where a violation occurred in whole or in part has jurisdiction to enforce this section by injunctive and other relief appropriate for enforcement. In an enforcement action under this section, if it is determined that a person commenced a regulated release and did not comply with sub. (3), the court shall issue an injunction directing the person to prevent or terminate the regulated release.

(9) PENALTIES. (a) Any person who fails to submit the information required under sub. (3) and has not commenced a regulated release shall forfeit not more than \$100 for each violation. Any person who commences or continues a regulated release without having submitted the information required under sub. (3) shall forfeit not less than \$10 nor more than \$25,000 for each violation. Each day of continued violation under this paragraph is a separate offense.

(ag) Any person who intentionally violates sub. (3) after commencing a regulated release shall be fined not less than \$100 nor more than \$25,000 or imprisoned for not more than one year in the county jail or both.

(am) For a 2nd or subsequent violation under par. (ag), a person shall be fined not less than \$1,000 nor more than \$50,000 or imprisoned for not more than one year or both.

(ao) Each day of continued violation under pars. (ag) and (am) is a separate offense.

(b) Any person who intentionally violates any requirement under sub. (6) (a) or (b) shall be fined not less than \$50 nor more than \$50,000 or imprisoned for not less than one month nor more than 6 months or both.

(bm) In pars. (ag) and (b), “intentionally” has the meaning given under s. 939.23 (3).

(c) Paragraphs (a) and (ag) do not apply to any person who provides the information required under sub. (3) to either of the departments.

(10) RELATION TO OTHER LAWS. The authority, power and remedies provided in this section are in addition to any authority, power or remedy provided in any other statutes or provided at common law.

History: 1989 a. 15; 1993 a. 213; 1995 a. 27 s. 9126 (19).

146.62 Rural hospital loan program. (1) DEFINITION. In this section:

(a) “Hospital” has the meaning given under s. 50.33 (2).

(b) “Rural” means outside a metropolitan statistical area, as specified under 42 CFR 412.62 (ii) (A).

(4) DEPARTMENTAL DUTIES. The department shall negotiate with each recipient of a loan made under s. 146.62 (2) and (3), 1989 stats., the schedule of repayments and collect the loan repayments as they are due. Loan repayments shall be deposited in the general fund. Except as provided in sub. (5), repayment for each loan shall begin no later than 12 months after the project funded under the loan begins operation.

(5) LOAN FORGIVENESS. If a rural hospital that receives a loan under s. 146.62 (2) and (3), 1989 stats., is unable to undertake the proposed project, the rural hospital may submit to the department a final report concerning the feasibility of loan repayment. The department shall review the report and may forgive all or part of the loan.

History: 1989 a. 31; 1991 a. 39; 1993 a. 16.

146.70 Statewide emergency services number.

(1) DEFINITIONS. In this section:

(a) “Automatic location identification” means a system which has the ability to automatically identify the address of the telephone being used by the caller and to provide a display at the central location of a sophisticated system.

(b) “Automatic number identification” means a system which has the ability to automatically identify the caller’s telephone number and to provide a display at the central location of a sophisticated system.

(c) “Basic system” means a telecommunications system which automatically connects a person dialing the digits “911” to a public safety answering point.

(cm) “Cellular mobile radio telecommunications utility” has the meaning given in s. 196.202 (1).

(d) “Department” means the department of administration.

(e) “Direct dispatch method” means a telecommunications system providing for the dispatch of an appropriate emergency service vehicle upon receipt of a telephone request for such service.

(f) “Public agency” means any municipality as defined in s. 345.05 (1) (c) or any state agency which provides or is authorized by statute to provide fire fighting, law enforcement, ambulance, medical or other emergency services.

(g) “Public safety agency” means a functional division of a public agency which provides fire fighting, law enforcement, medical or other emergency services.

(gm) “Public safety answering point” means a facility to which a call on a basic or sophisticated system is initially routed for response, and on which a public agency directly dispatches the appropriate emergency service provider, relays a message to the appropriate emergency service provider or transfers the call to the appropriate emergency services provider.

(h) “Relay method” means a telecommunications system whereby a request for emergency services is received and relayed to a provider of emergency services by telephone.

(i) “Sophisticated system” means a basic system with automatic location identification and automatic number identification.

(k) “Transfer method” means a telecommunications system which receives telephone requests for emergency services and transfers such requests directly to an appropriate public safety agency or other provider of emergency services.

(2) EMERGENCY PHONE SYSTEM. (a) Every public agency may establish and maintain within its respective jurisdiction a basic or sophisticated system under this section. Such a system shall be in a central location.

(b) Every basic or sophisticated system established under this section shall be capable of transmitting requests for law enforcement, fire fighting and emergency medical and ambulance services to the public safety agencies providing such services. Such system may provide for transmittal of requests for poison control to the appropriate regional poison control center under s. 146.57, suicide prevention and civil defense services and may be capable of transmitting requests to ambulance services provided by private corporations. If any agency of the state which provides law enforcement, fire fighting, emergency medical or ambulance services is located within the boundaries of a basic or sophisticated system established under this section, such system shall be capable of transmitting requests for the services of such agency to the agency.

(c) The digits “911” shall be the primary emergency telephone number within every basic or sophisticated system established under this section. A public agency or public safety agency located within the boundaries of a basic or sophisticated system established under this section shall maintain a separate 7–digit phone number for nonemergency telephone calls. Every such agency may maintain separate secondary 7–digit back–up numbers.

(d) Public agencies, including agencies with different territorial boundaries, may combine to establish a basic or sophisticated system established under this section.

(e) If a public agency or group of public agencies combined to establish an emergency phone system under par. (d) has a population of 250,000 or more, such agency or group of agencies shall establish a sophisticated system.

(f) Every basic or sophisticated system established under this section shall utilize the direct dispatch method, the relay method or the transfer method.

(g) Every telecommunications utility providing coin–operated telephones for public use within the boundaries of a basic or sophisticated system established under this section shall convert, by December 31, 1987, all such telephones to telephones which enable a user to reach “911” without inserting a coin. Any coin–operated telephone installed by a telecommunications utility after December 31, 1987, in an agency which has established an emergency phone system under this section shall enable a user to reach “911” without inserting a coin.

(h) A cellular mobile radio telecommunications utility, shall permit a user of the utility to access a basic or sophisticated system if the utility operates within the boundaries of a system.

(i) If a user reaches a basic or sophisticated system through a cellular mobile radio telecommunications utility and the service requested is to be provided outside of the jurisdiction served by the system, the public agency operating the system shall transfer the request for services to the appropriate jurisdiction.

(3) FUNDING FOR COUNTYWIDE SYSTEMS. (a) *Definitions.* In this subsection:

1. “Commission” means the public service commission.
2. “Costs” means the costs incurred by a service supplier after August 1, 1987, in installing and maintaining the trunking and central office equipment used only to operate a basic or sophisticated system and the data base used only to operate a sophisticated system.
3. “Service supplier” means a telecommunications utility which provides exchange telephone service within a county.
4. “Service user” means any person who is provided telephone service by a service supplier which includes access to a basic or sophisticated system.

(b) *Charge authorized.* A county by ordinance may levy a charge on all service users in the county to finance the costs related

to the establishment of a basic or sophisticated system in that county under sub. (2) if:

1. The county has adopted by ordinance a plan for that system.
2. Every service user in that county has access to a system.
3. The county has entered into a contract with each service supplier in the county for the establishment of that system to the extent that each service supplier is capable of providing that system on a reasonable economic basis on the effective date of the contract and that contract includes all of the following:
 - a. The amount of nonrecurring charges service users in the county will pay for all nonrecurring services related to providing the trunking and central office equipment used only to operate a basic or sophisticated system established in that county and the data base used only to operate that sophisticated system.
 - b. The amount of recurring charges service users in the county will pay for all recurring services related to the maintenance and operation of a basic or sophisticated system established in that county.
 - c. Every provision of any applicable schedule which the service supplier has filed with the commission under s. 196.19 or 196.20, which is in effect on the date the county signs the contract and which is related to the provision of service for a basic or sophisticated system.
 4. The charge is calculated, under a schedule filed under s. 196.19 or 196.20, by dividing the costs related to establishing a basic or sophisticated system in that county by the total number of exchange access lines, or their equivalents, which are in the county and which are capable of accessing that system.
 5. The charge is billed to service users in the county in a service supplier’s regular billing to those service users.
 6. Every public safety answering point in the system is in constant operation.
 7. Every public safety agency in the county maintains a telephone number in addition to “911”.
 8. The sum of the charges under subd. 3. a. and b. does not exceed any of the following:
 - a. Twenty–five cents each month for each exchange access line or its equivalent in the county if the county has a population of 500,000 or more.
 - b. One dollar each month for each exchange access line or its equivalent if the county has a population of less than 500,000 and the county is recovering charges under subd. 3. a.
 - c. Forty cents each month for each exchange access line or its equivalent if the county has a population of less than 500,000 and the county is not recovering charges under subd. 3. a.
 - (c) If 2 or more counties combine under sub. (2) (b) to establish a basic or sophisticated system, they may levy a charge under par. (b) if every one of those counties adopts the same ordinance, as required under par. (b).
 - (d) Charges under par. (b) 3. a. may be recovered in rates assessed over a period not to exceed 36 months.
 - (e) If a county has more than one service supplier, the service suppliers in that county jointly shall determine the method by which each service supplier will be compensated for its costs in that county.
 - (f) 1. Except as provided under subd. 2., a service supplier which has signed a contract with a county under par. (b) 3. may apply to the commission for authority to impose a surcharge on its service users who reside outside of that county and who have access to the basic or sophisticated system established by that county.
 2. A service supplier may not impose a surcharge under subd. 1. on any service user who resides in any governmental unit which has levied a property tax or other charge for a basic or sophisticated system, except that if the service user has access to a basic or sophisticated system provided by the service supplier, the service supplier may impose a surcharge under subd. 1. for the recur-

ring services related to the maintenance and operation of that system.

3. The surcharge under subd. 1. shall be equal to the charge levied under par. (b) by that county on service users in that county. A contract under par. (b) 3. may be conditioned upon the commission's approval of such a surcharge. The commission's approval under this paragraph may be granted without a hearing.

(g) No service supplier may bill any service user for a charge levied by a county under par. (b) unless the service supplier is actually participating in the countywide operation of a basic or sophisticated system in that county.

(h) Every service user subject to and billed for a charge under this subsection is liable for that charge until the service user pays the charge to the service supplier.

(i) Any rate schedule filed under s. 196.19 or 196.20 under which a service supplier collects a charge under this subsection shall include the condition that the contract which established the charge under par. (b) 3. is compensatory and shall include any other condition and procedure required by the commission in the public interest. Within 20 days after that contract or an amendment to that contract has been executed, the service supplier which is a party to the contract shall submit the contract to the commission. The commission may disapprove the contract or an amendment to the contract if the commission determines within 60 days after the contract is received that the contract is not compensatory, is excessive or does not comply with that rate schedule. The commission shall give notice to any person, upon request, that such a contract has been received by the commission. The notice shall identify the service supplier and the county that have entered into the contract.

(j) A service supplier providing telephone service in a county, upon request of that county, shall provide the county information on its capability and an estimate of its costs to install and maintain trunking and central office equipment to operate a basic or sophisticated system in that county and the data base required to operate a sophisticated system.

(4) DEPARTMENTAL ADVISORY AUTHORITY. The department may provide information to public agencies, public safety agencies and telecommunications utilities relating to the development and operation of emergency number systems.

(6) TELECOMMUNICATIONS UTILITY REQUIREMENTS. A telecommunications utility serving a public agency or group of public agencies which have established a sophisticated system under sub. (2) (e) shall provide by December 31, 1985, or upon establishing a system, whichever is later, such public agency or group of public agencies access to the telephone numbers of subscribers and the addresses associated with the numbers as needed to implement automatic number identification and automatic location identification in a sophisticated system, but such information shall at all times remain under the direct control of the telecommunications utility and a telecommunications utility may not be required to release a number and associated address to a public agency or group of public agencies unless a call to the telephone number "911" has been made from such number. The costs of such access shall be paid by the public agency or group of public agencies.

(7) TELECOMMUNICATIONS UTILITY NOT LIABLE. A telecommunications utility shall not be liable to any person who uses an emergency number system created under this section.

(9) JOINT POWERS AGREEMENT. (a) In implementing a basic or sophisticated system under this section, public agencies combined under sub. (2) (d) shall annually enter into a joint powers agreement. The agreement shall be applicable on a daily basis and shall provide that if an emergency services vehicle is dispatched in response to a request through the basic or sophisticated system established under this section, such vehicle shall render its services to the persons needing the services regardless of whether the vehicle is operating outside the vehicle's normal jurisdictional boundaries.

(b) Public agencies and public safety agencies which have contiguous or overlapping boundaries and which have established separate basic or sophisticated systems under this section shall annually enter into the agreement required under par. (a).

(c) Each public agency or public safety agency shall cause a copy of the annual agreement required by pars. (a) and (b) to be filed with the department of justice. If a public agency or public safety agency fails to enter into such agreement or to file copies thereof, the department of justice shall commence judicial proceedings to enforce compliance with this subsection.

(10) PENALTIES. (a) Any person who intentionally dials the telephone number "911" to report an emergency, knowing that the fact situation which he or she reports does not exist, shall be fined not less than \$50 nor more than \$300 or imprisoned not more than 90 days or both for the first offense and shall be fined not more than \$10,000 or imprisoned not more than 5 years or both for any other offense committed within 4 years after the first offense.

(b) Any person who discloses or uses, for any purpose not related to the operation of a basic or sophisticated system, any information contained in the data base of that system shall be fined not more than \$10,000 for each occurrence.

(11) PLANS. Every public agency establishing a basic or sophisticated system under this section shall submit tentative plans for the establishment of the system as required under this section to every local exchange telecommunications utility providing service within the respective boundaries of such public agency. The public agency shall submit final plans for the establishment of the system to the telecommunications utility and shall provide for the implementation of the plans.

History: 1977 c. 392; 1979 c. 34, 361; 1981 c. 20 s. 2202 (1) (b); 1981 c. 383; 1983 a. 27; 1983 a. 53 s. 114; 1983 a. 189 s. 329 (31); 1985 a. 29, 120; 1985 a. 297 ss. 12, 76; 1985 a. 332; 1987 a. 27, 403; 1989 a. 31; 1991 a. 39, 267; 1993 a. 16, 388, 496.

146.71 Determination of death. An individual who has sustained either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death shall be made in accordance with accepted medical standards.

History: 1981 c. 134.

See note to 939.22, citing *State v. Cornelius*, 152 W (2d) 272, 448 NW (2d) 434 (Ct. App. 1989).

146.81 Health care records; definitions. In ss. 146.81 to 146.84:

(1) "Health care provider" means any of the following:

- (a) A nurse licensed under ch. 441.
- (b) A chiropractor licensed under ch. 446.
- (c) A dentist licensed under ch. 447.
- (d) A physician, podiatrist or physical therapist licensed under ch. 448.
- (e) An occupational therapist, occupational therapy assistant, physician assistant or respiratory care practitioner certified under ch. 448.
- (em) A dietitian certified under subch. IV of ch. 448. This paragraph does not apply after June 30, 1999.
- (f) An optometrist licensed under ch. 449.
- (fm) A pharmacist licensed under ch. 450.
- (g) An acupuncturist certified under ch. 451.
- (h) A psychologist licensed under ch. 455.
- (hg) A social worker, marriage and family therapist or professional counselor certified under ch. 457.
- (hm) A speech–language pathologist or audiologist licensed under subch. II of ch. 459 or a speech and language pathologist licensed by the department of education.

NOTE: Par. (hm) is shown as amended eff. 1–1–96 by 1995 Wis. Act 27, s. 9145 (1). The treatment by Act 27 was held unconstitutional and declared void by the Supreme Court in *Thompson v. Craney*, case no. 95–2168–OA. Prior to 1–1–96, s. 9145 (1), it read:

(hm) A speech–language pathologist or audiologist licensed under subch. II of ch. 459 or a speech and language pathologist licensed by the department of public instruction.

(i) A partnership of any providers specified under pars. (a) to (hm).

(j) A corporation or limited liability company of any providers specified under pars. (a) to (hm) that provides health care services.

(k) An operational cooperative sickness care plan organized under ss. 185.981 to 185.985 that directly provides services through salaried employees in its own facility.

(L) A hospice licensed under subch. IV of ch. 50.

(m) An inpatient health care facility, as defined in s. 50.135 (1).

(n) A community–based residential facility, as defined in s. 50.01 (1g).

(p) A rural medical center, as defined in s. 50.50 (11).

(2) “Informed consent” means written consent to the disclosure of information from patient health care records to an individual, agency or organization that includes all of the following:

(a) The name of the patient whose record is being disclosed.

(b) The type of information to be disclosed.

(c) The types of health care providers making the disclosure.

(d) The purpose of the disclosure such as whether the disclosure is for further medical care, for an application for insurance, to obtain payment of an insurance claim, for a disability determination, for a vocational rehabilitation evaluation, for a legal investigation or for other specified purposes.

(e) The individual, agency or organization to which disclosure may be made.

(f) The signature of the patient or the person authorized by the patient and, if signed by a person authorized by the patient, the relationship of that person to the patient or the authority of the person.

(g) The date on which the consent is signed.

(h) The time period during which the consent is effective.

(3) “Patient” means a person who receives health care services from a health care provider.

(4) “Patient health care records” means all records related to the health of a patient prepared by or under the supervision of a health care provider, including the records required under s. 146.82 (2) (d) and (3) (c), but not those records subject to s. 51.30, reports collected under s. 69.186, records of tests administered under s. 252.15 (2) (a) 7., 343.305, 938.296 (4) or 968.38 (4), fetal monitor tracings, as defined under s. 146.817 (1), or a pupil’s physical health records maintained by a school under s. 118.125.

(5) “Person authorized by the patient” means the parent, guardian or legal custodian of a minor patient, as defined in s. 48.02 (8) and (11), the person vested with supervision of the child under s. 938.183 or 938.34 (4d), (4h), (4m) or (4n), the guardian of a patient adjudged incompetent, as defined in s. 880.01 (3) and (4), the personal representative or spouse of a deceased patient, any person authorized in writing by the patient or a health care agent designated by the patient as a principal under ch. 155 if the patient has been found to be incapacitated under s. 155.05 (2), except as limited by the power of attorney for health care instrument. If no spouse survives a deceased patient, “person authorized by the patient” also means an adult member of the deceased patient’s immediate family, as defined in s. 632.895 (1) (d). A court may appoint a temporary guardian for a patient believed incompetent to consent to the release of records under this section as the person authorized by the patient to decide upon the release of records, if no guardian has been appointed for the patient.

History: 1979 c. 221; 1981 c. 39 s. 22; 1983 a. 27; 1983 a. 189 s. 329 (1); 1983 a. 535; 1985 a. 315; 1987 a. 27, 70, 264; 1987 a. 399 ss. 403br, 491r; 1987 a. 403; 1989 a. 31, 168, 199, 200, 229, 316, 359; 1991 a. 39, 160, 269; 1993 a. 27, 32, 105, 112, 183, 385, 443, 496; 1995 a. 27 s. 9145 (1); 1995 a. 77, 98, 352.

146.815 Contents of certain patient health care records. (1) Patient health care records maintained for hospital inpatients shall include, if obtainable, the inpatient’s occupation

and the industry in which the inpatient is employed at the time of admission, plus the inpatient’s usual occupation.

(2) (a) If a hospital inpatient’s health problems may be related to the inpatient’s occupation or past occupations, the inpatient’s physician shall ensure that the inpatient’s health care record contains available information from the patient or family about these occupations and any potential health hazards related to these occupations.

(b) If a hospital inpatient’s health problems may be related to the occupation or past occupations of the inpatient’s parents, the inpatient’s physician shall ensure that the inpatient’s health care record contains available information from the patient or family about these occupations and any potential health hazards related to these occupations.

(3) The department shall provide forms that may be used to record information specified under sub. (2) and shall provide guidelines for determining whether to prepare the occupational history required under sub. (2). Nothing in this section shall be construed to require a hospital or physician to collect information required in this section from or about a patient who chooses not to divulge such information.

History: 1981 c. 214.

146.817 Preservation of fetal monitor tracings and microfilm copies. (1) In this section, “fetal monitor tracing” means documentation of the heart tones of a fetus during labor and delivery of the mother of the fetus that are recorded from an electronic fetal monitor machine.

(2) (a) Unless a health care provider has first made and preserved a microfilm copy of a patient’s fetal monitor tracing, the health care provider may delete or destroy part or all of the patient’s fetal monitor tracing only if 35 days prior to the deletion or destruction the health care provider provides written notice to the patient.

(b) If a health care provider has made and preserved a microfilm copy of a patient’s fetal monitor tracing and if the health care provider has deleted or destroyed part or all of the patient’s fetal monitor tracing, the health care provider may delete or destroy part or all of the microfilm copy of the patient’s fetal monitor tracing only if 35 days prior to the deletion or destruction the health care provider provides written notice to the patient.

(c) The notice specified in pars. (a) and (b) shall be sent to the patient’s last–known address and shall inform the patient of the imminent deletion or destruction of the fetal monitor tracing or of the microfilm copy of the fetal monitor tracing and of the patient’s right, within 30 days after receipt of notice, to obtain the fetal monitor tracing or the microfilm copy of the fetal monitor tracing from the health care provider.

(d) The notice requirements under this subsection do not apply after 5 years after a fetal monitor tracing was first made.

History: 1987 a. 27, 399, 403.

146.819 Preservation or destruction of patient health care records. (1) Except as provided in sub. (4), any health care provider who ceases practice or business as a health care provider or the personal representative of a deceased health care provider who was an independent practitioner shall do one of the following for all patient health care records in the possession of the health care provider when the health care provider ceased business or practice or died:

(a) Provide for the maintenance of the patient health care records by a person who states, in writing, that the records will be maintained in compliance with ss. 146.81 to 146.835.

(b) Provide for the deletion or destruction of the patient health care records.

(c) Provide for the maintenance of some of the patient health care records, as specified in par. (a), and for the deletion or destruction of some of the records, as specified in par. (b).

(2) If the health care provider or personal representative provides for the maintenance of any of the patient health care records

under sub. (1), the health care provider or personal representative shall also do at least one of the following:

(a) Provide written notice, by 1st class mail, to each patient or person authorized by the patient whose records will be maintained, at the last-known address of the patient or person, describing where and by whom the records shall be maintained.

(b) Publish, under ch. 985, a class 3 notice in a newspaper that is published in the county in which the health care provider's or decedent's health care practice was located, specifying where and by whom the patient health care records shall be maintained.

(3) If the health care provider or personal representative provides for the deletion or destruction of any of the patient health care records under sub. (1), the health care provider or personal representative shall also do at least one of the following:

(a) Provide notice to each patient or person authorized by the patient whose records will be deleted or destroyed, that the records pertaining to the patient will be deleted or destroyed. The notice shall be provided at least 35 days prior to deleting or destroying the records, shall be in writing and shall be sent, by 1st class mail, to the last-known address of the patient to whom the records pertain or the last-known address of the person authorized by the patient. The notice shall inform the patient or person authorized by the patient of the date on which the records will be deleted or destroyed, unless the patient or person retrieves them before that date, and the location where, and the dates and times when, the records may be retrieved by the patient or person.

(b) Publish, under ch. 985, a class 3 notice in a newspaper that is published in the county in which the health care provider's or decedent's health care practice was located, specifying the date on which the records will be deleted or destroyed, unless the patient or person authorized by the patient retrieves them before that date, and the location where, and the dates and times when, the records may be retrieved by the patient or person.

(4) This section does not apply to a health care provider that is any of the following:

(a) A community-based residential facility or nursing home licensed under s. 50.03.

(b) A hospital approved under s. 50.35.

(c) A hospice licensed under s. 50.92.

(d) A home health agency licensed under s. 50.49 (4).

(e) A tuberculosis sanatorium approved under s. 252.08.

(f) A local health department, as defined in s. 250.01 (4), that ceases practice or business and transfers the patient health care records in its possession to a successor local health department.

History: 1991 a. 269; 1993 a. 27.

146.82 Confidentiality of patient health care records.

(1) **CONFIDENTIALITY.** All patient health care records shall remain confidential. Patient health care records may be released only to the persons designated in this section or to other persons with the informed consent of the patient or of a person authorized by the patient. This subsection does not prohibit reports made in compliance with s. 146.995 or testimony authorized under s. 905.04 (4) (h).

(2) **ACCESS WITHOUT INFORMED CONSENT.** (a) Notwithstanding sub. (1), patient health care records shall be released upon request without informed consent in the following circumstances:

1. To health care facility staff committees, or accreditation or health care services review organizations for the purposes of conducting management audits, financial audits, program monitoring and evaluation, health care services reviews or accreditation.

2. To the extent that performance of their duties requires access to the records, to a health care provider or any person acting under the supervision of a health care provider or to a person licensed under s. 146.50, including but not limited to medical staff members, employees or persons serving in training programs or participating in volunteer programs and affiliated with the health care provider, if:

a. The person is rendering assistance to the patient;

b. The person is being consulted regarding the health of the patient; or

c. The life or health of the patient appears to be in danger and the information contained in the patient health care records may aid the person in rendering assistance.

d. The person prepares or stores records, for the purposes of the preparation or storage of those records.

3. To the extent that the records are needed for billing, collection or payment of claims.

4. Under a lawful order of a court of record.

5. In response to a written request by any federal or state governmental agency to perform a legally authorized function, including but not limited to management audits, financial audits, program monitoring and evaluation, facility licensure or certification or individual licensure or certification. The private pay patient, except if a resident of a nursing home, may deny access granted under this subdivision by annually submitting to a health care provider, other than a nursing home, a signed, written request on a form provided by the department. The provider, if a hospital, shall submit a copy of the signed form to the patient's physician.

6. For purposes of research if the researcher is affiliated with the health care provider and provides written assurances to the custodian of the patient health care records that the information will be used only for the purposes for which it is provided to the researcher, the information will not be released to a person not connected with the study, and the final product of the research will not reveal information that may serve to identify the patient whose records are being released under this paragraph without the informed consent of the patient. The private pay patient may deny access granted under this subdivision by annually submitting to the health care provider a signed, written request on a form provided by the department.

7. To a county agency designated under s. 46.90 (2) or other investigating agency under s. 46.90 for purposes of s. 46.90 (4) (a) and (5) or to the county protective services agency designated under s. 55.02 for purposes of s. 55.043. The health care provider may release information by initiating contact with the county agency or county protective services agency without receiving a request for release of the information from the county agency or county protective services agency.

8. To the department under s. 255.04. The release of a patient health care record under this subdivision shall be limited to the information prescribed by the department under s. 255.04 (2).

9. a. In this subdivision, "abuse" has the meaning given in s. 51.62 (1) (ag); "neglect" has the meaning given in s. 51.62 (1) (br); and "parent" has the meaning given in s. 48.02 (13), except that "parent" does not include the parent of a minor whose custody is transferred to a legal custodian, as defined in s. 48.02 (11), or for whom a guardian is appointed under s. 880.33.

b. Except as provided in subd. 9. c. and d., to staff members of the protection and advocacy agency designated under s. 51.62 (2) or to staff members of the private, nonprofit corporation with which the agency has contracted under s. 51.62 (3) (a) 3., if any, for the purpose of protecting and advocating the rights of a person with development disabilities, as defined under s. 51.62 (1) (am), who resides in or who is receiving services from an inpatient health care facility, as defined under s. 51.62 (1) (b), or a person with mental illness, as defined under s. 51.62 (1) (bm).

c. If the patient, regardless of age, has a guardian appointed under s. 880.33, or if the patient is a minor with developmental disability, as defined in s. 51.01 (5) (a), who has a parent or has a guardian appointed under s. 48.831 and does not have a guardian appointed under s. 880.33, information concerning the patient that is obtainable by staff members of the agency or nonprofit corporation with which the agency has contracted is limited, except as provided in subd. 9. e., to the nature of an alleged rights violation, if any; the name, birth date and county of residence of the patient; information regarding whether the patient was voluntarily

admitted, involuntarily committed or protectively placed and the date and place of admission, placement or commitment; and the name, address and telephone number of the guardian of the patient and the date and place of the guardian's appointment or, if the patient is a minor with developmental disability who has a parent or has a guardian appointed under s. 48.831 and does not have a guardian appointed under s. 880.33, the name, address and telephone number of the parent or guardian appointed under s. 48.831 of the patient.

d. Except as provided in subd. 9. e., any staff member who wishes to obtain additional information about a patient described in subd. 9. c. shall notify the patient's guardian or, if applicable, parent in writing of the request and of the guardian's or parent's right to object. The staff member shall send the notice by mail to the guardian's or, if applicable, parent's address. If the guardian or parent does not object in writing within 15 days after the notice is mailed, the staff member may obtain the additional information. If the guardian or parent objects in writing within 15 days after the notice is mailed, the staff member may not obtain the additional information.

e. The restrictions on information that is obtainable by staff members of the protection and advocacy agency or private, non-profit corporation that are specified in subd. 9. c. and d. do not apply if the custodian of the record fails to promptly provide the name and address of the parent or guardian; if a complaint is received by the agency or nonprofit corporation about a patient, or if the agency or nonprofit corporation determines that there is probable cause to believe that the health or safety of the patient is in serious and immediate jeopardy, the agency or nonprofit corporation has made a good-faith effort to contact the parent or guardian upon receiving the name and address of the parent or guardian, the agency or nonprofit corporation has either been unable to contact the parent or guardian or has offered assistance to the parent or guardian to resolve the situation and the parent or guardian has failed or refused to act on behalf of the patient; if a complaint is received by the agency or nonprofit corporation about a patient or there is otherwise probable cause to believe that the patient has been subject to abuse or neglect by a parent or guardian; or if the patient is a minor whose custody has been transferred to a legal custodian, as defined in s. 48.02 (11) or for whom a guardian that is an agency of the state or a county has been appointed.

10. To persons as provided under s. 655.17 (7) (b), as created by 1985 Wisconsin Act 29, if the patient files a submission of controversy under s. 655.04 (1), 1983 stats., on or after July 20, 1985 and before June 14, 1986, for the purposes of s. 655.17 (7) (b), as created by 1985 Wisconsin Act 29.

11. To a county department, as defined under s. 48.02 (2g), a sheriff or police department or a district attorney for purposes of investigation of threatened or suspected child abuse or neglect or prosecution of alleged child abuse or neglect if the person conducting the investigation or prosecution identifies the subject of the record by name. The health care provider may release information by initiating contact with a county department, sheriff or police department or district attorney without receiving a request for release of the information. A person to whom a report or record is disclosed under this subdivision may not further disclose it, except to the persons, for the purposes and under the conditions specified in s. 48.981 (7).

12. To a school district employe or agent, with regard to patient health care records maintained by the school district by which he or she is employed or is an agent, if any of the following apply:

a. The employe or agent has responsibility for preparation or storage of patient health care records.

b. Access to the patient health care records is necessary to comply with a requirement in federal or state law.

13. To persons and entities under s. 940.22.

14. To a representative of the board on aging and long-term care, in accordance with s. 49.498 (5) (e).

15. To the department under s. 48.60 (5) (c), 50.02 (5) or 51.03 (2) or to a sheriff, police department or district attorney for purposes of investigation of a death reported under s. 48.60 (5) (a), 50.035 (5) (b), 50.04 (2t) (b) or 51.64 (2).

16. To a designated representative of the long-term care ombudsman under s. 16.009 (4), for the purpose of protecting and advocating the rights of an individual 60 years of age or older who resides in a long-term care facility, as specified in s. 16.009 (4) (b).

17. To the department under s. 50.53 (2).

(b) Unless authorized by a court of record, the recipient of any information under par. (a) shall keep the information confidential and may not disclose identifying information about the patient whose patient health care records are released.

(c) Notwithstanding sub. (1), patient health care records shall be released to appropriate examiners and facilities in accordance with ss. 971.17 (2) (e), (4) (c) and (7) (c), 980.03 (4) and 980.08 (3). The recipient of any information from the records shall keep the information confidential except as necessary to comply with s. 971.17 or ch. 980.

(d) For each release of patient health care records under this subsection, the health care provider shall record the name of the person or agency to which the records were released, the date and time of the release and the identification of the records released.

(3) REPORTS MADE WITHOUT INFORMED CONSENT. (a) Notwithstanding sub. (1), a physician who treats a patient whose physical or mental condition in the physician's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

(b) Notwithstanding sub. (1), an optometrist who examines a patient whose vision in the optometrist's judgment affects the patient's ability to exercise reasonable and ordinary control over a motor vehicle may report the patient's name and other information relevant to the condition to the department of transportation without the informed consent of the patient.

(c) For each release of patient health care records under this subsection, the health care provider shall record the name of the person or agency to which the records were released, the date and time of the release and the identification of the records released.

History: 1979 c. 221; 1983 a. 398; 1985 a. 29, 241, 332, 340; 1987 a. 40, 70, 127, 215, 233, 380, 399; 1989 a. 31, 102, 334, 336; 1991 a. 39; 1993 a. 16, 27, 445, 479; 1995 a. 98, 169, 417.

Because under 905.04 (4) (f) there is no privilege for chemical tests for intoxication, results of test taken for diagnostic purposes are admissible in OMVWI trial without patient approval. *City of Muskego v. Godec*, 167 W (2d) 536, 482 NW (2d) 79 (1992).

Patient billing records requested by the state in a fraud investigation under s. 46.25 (now s. 49.22) may be admitted into evidence under the exception to confidentiality found under sub. (2) (a) 3. *State v. Allen*, 200 W (2d) 301, 546 NW (2d) 517 (1996).

Disclosure of patient health care records in Wisconsin. *Lehner*, WBB Aug. 1984. Confidentiality of Medical Records. *Meili*. Wis. Law. Feb. 1995.

146.83 Access to patient health care records.

(1) Except as provided in s. 51.30 or 146.82 (2), any patient or other person may, upon submitting a statement of informed consent:

(a) Inspect the health care records of a health care provider pertaining to that patient at any time during regular business hours, upon reasonable notice.

(b) Receive a copy of the patient's health care records upon payment of reasonable costs.

(c) Receive a copy of the health care provider's X-ray reports or have the X-rays referred to another health care provider of the patient's choice upon payment of reasonable costs.

(2) The health care provider shall provide each patient with a statement paraphrasing the provisions of this section either upon admission to an inpatient health care facility, as defined in s. 50.135 (1), or upon the first provision of services by the health care provider.

(3) The health care provider shall note the time and date of each request by a patient or person authorized by the patient to inspect the patient's health care records, the name of the inspecting person, the time and date of inspection and identify the records released for inspection.

(4) No person may do any of the following:

- (a) Intentionally falsify a patient health care record.
- (b) Conceal or withhold a patient health care record with intent to prevent its release to the patient, to his or her guardian appointed under ch. 880 or to a person with the informed written consent of the patient or with intent to prevent or obstruct an investigation or prosecution.
- (c) Intentionally destroy or damage records in order to prevent or obstruct an investigation or prosecution.

History: 1979 c. 221; 1989 a. 56; 1993 a. 27, 445.

146.835 Parents denied physical placement rights. A parent who has been denied periods of physical placement under s. 767.24 (4) (b) or 767.325 (4) may not have the rights of a parent or guardian under this chapter with respect to access to that child's patient health care records under s. 146.82 or 146.83.

History: 1987 a. 355.

146.84 Violations related to patient health care records. (1) ACTIONS FOR VIOLATIONS; DAMAGES; INJUNCTION. (a) A custodian of records incurs no liability under this paragraph for the release of records in accordance with s. 146.82 or 146.83 while acting in good faith.

(b) Any person, including the state or any political subdivision of the state, who violates s. 146.82 or 146.83 in a manner that is knowing and wilful shall be liable to any person injured as a result of the violation for actual damages to that person; exemplary damages of \$1,000 in an action under this paragraph.

(c) An individual may bring an action to enjoin any violation of s. 146.82 or 146.83 or to compel compliance with s. 146.82 or 146.83 and may, in the same action, seek damages as provided in this subsection.

(2) PENALTIES. Whoever does any of the following may be fined not more than \$1,000 or imprisoned for not more than 6 months or both:

- (a) Requests or obtains confidential information under s. 146.82 or 146.83 (1) under false pretenses.
- (b) Discloses confidential information with knowledge that the disclosure is unlawful and is not reasonably necessary to protect another from harm.
- (c) Violates s. 146.83 (4).

(3) DISCIPLINE OF EMPLOYEES. Any person employed by the state, any political subdivision of the state who violates s. 146.82 or 146.83 may be discharged or suspended without pay.

(4) EXCEPTIONS. This section does not apply to any of the following:

- (a) Violations by a nursing facility, as defined under s. 49.498 (1) (i), of the right of a resident of the nursing facility to confidentiality of his or her patient health care records.
- (b) Violations by a nursing home, as defined under s. 50.01 (3), of the right of a resident of the nursing home to confidentiality of his or her patient health care records.

History: 1991 a. 39; 1993 a. 445.

146.885 Acceptance of assignment for medicare. The department shall annually provide aging units, as defined in s. 46.82 (1) (a), with enrollment cards for and materials explaining the voluntary program that is specified in s. 71.55 (10) (b), for distribution to individuals who are eligible or potentially eligible for participation in the program. The state medical society shall supply the department with the enrollment cards and the explanatory materials for distribution under this section.

History: 1989 a. 294, 359; Stats. 1989 s. 146.885; 1991 a. 235.

146.89 Volunteer health care provider program. (1) In this section, "volunteer health care provider" means an individual who is licensed as a physician under ch. 448, dentist under ch. 447, registered nurse, practical nurse or nurse-midwife under ch. 441 or optometrist under ch. 449 or certified as a physician's assistant under ch. 448 and who receives no income from the practice of that health care profession or who receives no income from the practice of that health care profession when providing services at the nonprofit agency specified under sub. (3).

(2) (a) 1. A volunteer health care provider may participate under this section only if he or she submits a joint application with a nonprofit agency in a county that is specified under sub. (3) (a) 1. to the department of administration and that department approves the application. The department of administration shall provide application forms for use under this subdivision.

2. A volunteer health care provider may participate under this section only if he or she submits a joint application with a nonprofit agency in a county that is specified under sub. (3) (a) 2. to the department of administration and that department approves the application after first submitting the application to the joint committee on finance for review under the procedures specified in s. 13.10, and obtaining approval from the joint committee on finance for the application. The department of administration shall disapprove the application if the joint committee on finance has disapproved it. The department of administration shall provide application forms for use under this subdivision.

(b) The department of administration may send an application to the medical examining board for evaluation. The medical examining board shall evaluate any application submitted by the department of administration and return the application to the department of administration with the board's recommendation regarding approval.

(c) The department of administration shall notify the volunteer health care provider and the nonprofit agency of the department's decision to approve or disapprove the application.

(d) Approval of an application of a volunteer health care provider is valid for one year. If a volunteer health care provider wishes to renew approval, he or she shall submit a joint renewal application with a nonprofit agency to the department of administration. The department of administration shall provide renewal application forms that are developed by the department of health and family services and that include questions about the activities that the individual has undertaken as a volunteer health care provider in the previous 12 months.

(3) Any volunteer health care provider and nonprofit agency whose joint application is approved under sub. (2) shall meet the following applicable conditions:

(a) 1. The volunteer health care provider shall provide services under par. (b) without charge in Brown, Dane, Dodge, Fond du Lac, Kenosha, La Crosse, Milwaukee, Outagamie, Racine, Rock or Sheboygan county at the nonprofit agency if the nonprofit agency in that county has received approval under sub. (2) (a) 1.

2. The volunteer health care provider shall provide services under par. (b) without charge in any county, other than those counties specified in subd. 1., at the nonprofit agency, if the nonprofit agency in that county has received approval under sub. (2) (a) 2.

(b) The nonprofit agency may provide the following health care services:

1. Diagnostic tests.
2. Health education.
3. Information about available health care resources.
4. Office visits.
5. Patient advocacy.
6. Prescriptions.
7. Referrals to health care specialists.

(c) The nonprofit agency may not provide emergency medical services, hospitalization or surgery.

(d) The nonprofit agency shall provide health care services primarily to low-income persons who are uninsured and who are not recipients of any of the following:

2. Medical assistance under subch. IV of ch. 49.
3. Medicare under 42 USC 1395–1395ccc.

(4) Volunteer health care providers who provide services under this section are, for the provision of these services, state agents of the department of health and family services for purposes of ss. 165.25 (6), 893.82 (3) and 895.46.

History: 1989 a. 206; 1991 a. 269; 1993 a. 28, 490; 1995 a. 27 ss. 4378 to 4380, 9126 (19).

146.905 Reduction in fees prohibited. (1) Except as provided in sub. (2), a health care provider, as defined in s. 146.81 (1), that provides a service or a product to an individual with coverage under a disability insurance policy, as defined in s. 632.895 (1) (a), may not reduce or eliminate or offer to reduce or eliminate coinsurance or a deductible required under the terms of the disability insurance policy.

(2) Subsection (1) does not apply if payment of the total fee would impose an undue financial hardship on the individual receiving the service or product.

History: 1991 a. 250; 1995 a. 225.

146.91 Long-term care insurance. (1) In this section, “long-term care insurance” means insurance that provides coverage both for an extended stay in a nursing home and home health services for a person with a chronic condition. The insurance may also provide coverage for other services that assist the insured person in living outside a nursing home including but not limited to adult day care and continuing care retirement communities.

(2) The department, with the advice of the council on long-term care insurance, the office of the commissioner of insurance, the board on aging and long-term care and the department of employe trust funds, shall design a program that includes the following:

- (a) Subsidizing premiums for persons purchasing long-term care insurance, based on the purchasers’ ability to pay.
- (b) Reinsuring by the state of policies issued in this state by long-term care insurers.
- (c) Allowing persons to retain liquid assets in excess of the amounts specified in s. 49.47 (4) (b) 3g., 3m. and 3r., for purposes of medical assistance eligibility, if the persons purchase long-term care insurance.

(3) The department shall collect any data on health care costs and utilization that the department determines to be necessary to design the program under sub. (2).

(5) In designing the program, the department shall consult with the federal department of health and human services to determine the feasibility of procuring a waiver of federal law or regulations that will maximize use of federal medicaid funding for the program designed under sub. (2).

(6) The department, with the advice of the council on long-term care insurance, may examine use of tax incentives for the sale and purchase of long-term care insurance.

History: 1987 a. 27; 1989 a. 56.

146.93 Primary health care program. (1) (a) From the appropriation under s. 20.435 (1) (gp), the department shall maintain a program for the provision of primary health care services based on the primary health care program in existence on June 30, 1987. The department may promulgate rules necessary to implement the program.

(c) The department shall seek to obtain a maximum of donated or reduced-rate health care services for the program and shall seek to identify and obtain a maximum of federal funds for the program.

(2) The program under sub. (1) (a) shall provide primary health care, including diagnostic laboratory and X-ray services,

prescription drugs and nonprescription insulin and insulin syringes.

(3) The program under sub. (1) (a) shall be implemented in those counties with high unemployment rates and within which a maximum of donated or reduced-rate health care services can be obtained.

(4) The health care services of the program under sub. (1) (a) shall be provided to any individual residing in a county under sub. (3) who meets all of the following criteria:

(a) The individual is either unemployed or is employed less than 25 hours per week.

(b) The individual’s family income is not greater than 150% of the federal poverty line, as defined under 42 USC 9902 (2).

(c) The individual does not have health insurance or other health care coverage and is unable to obtain health insurance or other health care coverage.

History: 1985 a. 29; 1987 a. 27; 1989 a. 31.

146.99 Assessments. The department shall, within 90 days after the commencement of each fiscal year, estimate the total amount of expenditures and the department shall assess the estimated total amount under s. 20.435 (1) (gp) to hospitals, as defined in s. 50.33 (2), in proportion to each hospital’s respective gross private-pay patient revenues during the hospital’s most recently concluded entire fiscal year. Each hospital shall pay its assessment on or before December 1 for the fiscal year. All payments of assessments shall be deposited in the appropriation under s. 20.435 (1) (gp).

History: 1985 a. 29; 1987 a. 27; 1989 a. 31; 1991 a. 269.

146.995 Reporting of wounds and burn injuries. (1) In this section:

(a) “Crime” has the meaning specified in s. 949.01 (1).

(b) “Inpatient health care facility” has the meaning specified in s. 50.135 (1).

(2) (a) Any person licensed, certified or registered by the state under ch. 441, 448 or 455 who treats a patient suffering from any of the following shall report in accordance with par. (b):

1. A gunshot wound.

2. Any wound other than a gunshot wound if the person has reasonable cause to believe that the wound occurred as a result of a crime.

3. Second-degree or 3rd-degree burns to at least 5% of the patient’s body or, due to the inhalation of superheated air, swelling of the patient’s larynx or a burn to the patient’s upper respiratory tract, if the person has reasonable cause to believe that the burn occurred as a result of a crime.

(b) For any mandatory report under par. (a), the person shall report the patient’s name and the type of wound or burn injury involved as soon as reasonably possible to the local police department or county sheriff’s office for the area where the treatment is rendered.

(c) Any such person who intentionally fails to report as required under this subsection may be required to forfeit not more than \$500.

(3) Any person reporting in good faith under sub. (2), and any inpatient health care facility that employs the person who reports, are immune from all civil and criminal liability that may result because of the report. In any proceeding, the good faith of any person reporting under this section shall be presumed.

(4) The reporting requirement under sub. (2) does not apply under any of the following circumstances:

(a) The patient is accompanied by a law enforcement officer at the time treatment is rendered.

(b) The patient’s name and type of wound or burn injury have been previously reported under sub. (2).

(c) The wound is a gunshot wound and appears to have occurred at least 30 days prior to the time of treatment.

History: 1987 a. 233; 1991 a. 39; 1993 a. 27.