

STATE OF WISCONSIN

Senate Journal

Seventy-Seventh Session

TUESDAY, July 6, 1965.

10:00 o'clock A.M.

The senate met.

The president in the chair.

Prayer was offered by the Reverend Wilbur A. Reid.

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

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

Senators Benson, Bice, Busby, Carr, Christopherson, Dempsey, Dorman, Hansen, Hollander, Kendziorski, Keppler, Knowles, Krueger, LaFave, Leverich, Lorge, Lourigan, McParland, Meunier, Miller, Panzer, Rasmusen, Risser, Roseleip, Schreiber, Schuele, Smith, Sussman, Thompson, Warren and Zaborski—31.

Absent—Senators Draheim and Leonard—2.

INTRODUCTION OF AMENDMENTS

Substitute amendment No. 3, S. to Senate Bill 314 was offered by Senator Rasmusen.

LEAVES OF ABSENCE

Senator Leonard was granted a leave of absence for today's and tomorrow's sessions, upon motion of Senator Knowles, with unanimous consent.

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Senator Draheim was granted a leave of absence for today's session, upon motion of Senator Knowles, with unanimous consent.

PETITIONS AND COMMUNICATIONS

State of Wisconsin
Department of Administration
Madison, Wisconsin 53702

Mr. William P. Nugent, Chief Clerk
Wisconsin Senate
243 South Capitol
Madison, Wisconsin

Dear Mr. Nugent: Pursuant to **Senate Joint Resolution 53**, the Department of Administration has studied present facilities and personnel available to deal with medical emergencies and submits herewith the report to the Legislature called for in the Joint Resolution.

I would appreciate having the report spread on the journal.

Sincerely,

GEORGE C. KAISER,
Commissioner.

June 30, 1965

As directed by **Senate Joint Resolution 53**, the Department of Administration has studied and investigated present facilities and personnel available to deal with medical emergencies, and reports the following findings, and makes the following recommendations for adequate programs of emergency medical care and equipment.

A. Findings

1. The State of Wisconsin is fortunate to have a low incidence of employee/visitor medical emergencies. Over the past year, the Security Office of the Division of Property Management has logged an average of fifteen requests for assistance per month, four fifths of which were for minor first aid.
2. The present program, staffed with non-professional personnel, provides basic but adequate service, supported by

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competent municipal emergency vehicles and readily accessible hospital emergency facilities.

3. The low case load precludes proper and economic utilization of staff physicians and/or nurses in an emergency medical treatment program operating as an isolated health service.

B. Recommendations

1. Continuation of the present operation, staffed with non-professional personnel, by augmenting the service with a more formal training program, with periodic evaluation of first aid skills, and with additional facilities; but limiting equipment to that which does not require the exercise of professional judgement.
2. In the event it is the desire of the Legislature to professionally staff an emergency medical treatment program, proceed beyond the specific direction of Senate Joint Resolution 53, and initiate a multi-agency study for the establishment of an employee occupational health service of which the professionally staffed emergency care unit would be an integral part.

In support of these findings and recommendations, attached is a six part study:

- I. Inventory of present facilities, equipment, and personnel.
- II. Proposals to augment present practices.
- III. Evaluation of emergency medical treatment as an isolated health service.
- IV. Proposal for a study of an occupational health services program for state employees.
- V. Survey of representative state programs of occupational health services.
- VI. Fiscal note.

I. Inventory of Present Facilities, Equipment, and Personnel

"In government, as in other industries, many employees work . . . where prompt (professional) first aid treatment cannot be obtained. First aid facilities and trained first-aiders should be available to these employees at all times.

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The first-aider has been called a frontline fighter in the battle for health."¹

Responsibility for emergency medical treatment in the Capitol, Wilson Street State Office Building, Hill Farms Office Building, and the Milwaukee District State Office Building rests with the duty Security Officers. There is a minimum of one Security Officer present in each of these buildings at any time employees are present including evenings and Saturdays, and at least two officers on duty during most regular office hours when the public may be in the buildings.

The Security Officers have received the basic eight hour Red Cross First Aid Training. They receive periodic re-training as their duty schedule and that of the instructor permits. Training and re-training has been handled by a member of the State Parol and the quality of the instruction has been excellent.

There are no standing orders prepared by a physician covering the program. The administration instructions to the Security Officers specify they are to render what assistance they are able consistent with their training with emphasis on careful removal of the patient to the nearest hospital emergency room to be seen by a doctor when it appears that professional attention is needed.

The Capitol, State Office Building, Hill Farms Building, and the Milwaukee District Building are each equipped with an ambulance cot.

The bulding services offices in all buildings, and the shops in the Capitol are equipped with 10-unit MSA first aid kits,²

¹ U.S. Department of Health, Education, and Welfare—Public Health Service, Occupational Health Services for Employees, Public Health Service Publication No. 1041, U.S.G.P.O., May, 1963.

² Contents of the MSA 10-unit include: Iodine applicator vials, ammonia inhalant vials, 1/2" adhesive plaster, merthiolate vials, 1/2" adhesive tape, 2" compress bandages, 2" x 6 yd gauze bandages, 4" x 6 yd gauze bandages, burn treatment ointment, and plastic adhesive (Band-Aid) bandages.

for which refills are kept in stock at the Capitol. The power plants have somewhat more extensive first aid kits.³

In both Madison and Milwaukee, the on-site emergency treatment is backed up by readily available emergency vehicles and convenient hospital emergency rooms. While these facilities are not part of a state administered program, the cooperation of the municipalities and the hospital reinforce the state program.

These personnel and this equipment provide a basic coverage for emergency medical treatment in the principal state owned buildings. As a program administered and staffed by laymen it is adequate for the low incidence of emergency cases and the extent of treatment which should be practiced by non-professionals.

This is not to suggest that this report is merely a defense of the status quo. Part II is a survey of improvement in training and facilities; parts III and IV explore the potential of the introduction of professional on-site involvement with emergency medical treatment.

II. Proposals to Augment Present Practices

The following considerations presuppose continuation of the present program of emergency medical support without the full time involvement of a professional staff, either physicians or nurses. Even in the event of the introduction of a more sophisticated program, these may serve as interim or transition measures.

1. *Equipment and Facilities*: It should be emphasized that the indiscriminate addition of equipment to a paramedical program constitutes a real danger.

At hearings on Joint Resolution 53-S,¹ it was suggested

³ Contents of Johnson's First Aid Kit—12 gauze pads 3" x 3", 1 box band aids, 1 tweezers, 1 small shears, roll 1" gauze bandage, roll 2" gauze bandage, roll 3" gauze bandage, small box cotton, small box cotton buds, box of ammonia inhalants, small tourniquet bandage, one large triangle bandage (for sling), 2 splints 2½" x 10", tube Johnson's First Aid Cream, box 2" x 2" gauze pads, small bottle spirits of ammonia, small roll 1" x 2½ yds adhesive tape, supply of boric acid and 3 eye cups.

¹ Before the Senate Committee on Government and Veterans Affairs, April 20, 1965; and the Assembly Committee on State Affairs, June 3, 1965.

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that oxygen be added to the medical emergency supplies. Oxygen, stimulants, and certain emergency equipment are extremely important specifics, but their use is dependent on professional diagnosis and technique.

Oxygen is contra-indicated in certain situations where symptoms are not readily distinguished from emergencies where it may be beneficial.

Stimulants should not be administered unless by a physician or under standing orders of a physician. Splinting of fractures is not indicated when expeditious transfer of the patient to a hospital emergency room is possible.

The contents of the MSA First Aid Kits are reasonable and proper emergency medical supplies within the scope of non-professional technique.

Not all emergency calls require the transportation of the patient to his physician's office or to a hospital emergency room. Frequently all that is required is a quiet place where the individual can rest until he feels better, for example, recovery from a diabetic or allergic reaction. While all state office buildings have rest rooms for women employees in conformance with Industrial Commission code, these are not particularly suitable, or quiet and private, for the physically distressed female employee and of course are not available to male employees.

The low incidence of emergency cases does not warrant the setting aside of space reserved exclusively for this purpose. There are rooms in the Property Management areas of the buildings which can be preempted for temporary use without unduly interrupting office routine. Rooms like B224 in the Wilson Street Office Building and 82B in the Hill Farms Office Building also have the advantage of being close to suitable exits with ambulance loading facilities. In these rooms, the patient will have privacy which will permit rest and recovery.

2. Auxiliary Medical Corpsmen: These are occasions when the Security Office requires assistance in treatment or movement of the patient and it is difficult to rely on bystanders who may be well intentioned but not knowledgeable.

A corps of first aid trained employees on each floor or each area of the state office buildings will serve as back-up for the Security force. Training and retraining of these people can be the joint responsibility of Civil Defense and the State Board of Health.

Basic self-help medical training is part of the Civil Defense shelter management program. Now that all the state office buildings are stocked with emergency stores, including medical supplies, shelter management training is the next sequence in the Civil Defense program, and the emergency program would receive reinforcement by way of first aid trained shelter managers.

The present training of the Security Officers by a member of the State Patrol is of excellent quality but has been somewhat erratic depending on both the schedule of the instructor and the pupils. It has been difficult to assess the state of training and the need for retraining of the Security staff.

A full time formal program under the Occupational Health Division of the State Board of Health would give both consistency and review to the state of emergency medical training of the Security Officers. Probably the most critical factor in emergency medical treatment is not the original training but rather maintenance of skills, which in our case we are so infrequently called upon to exercise. Formal periodic evaluation of these skills and retraining where necessary would insure an adequate EMT program.

3. *Standby Professional Assistance:* In the Capitol, Wilson Street State Office Building, and the Milwaukee District State Office Building there is an opportunity for standby (contract) professional service because of the proximity of numerous physicians' offices. The Hill Farms State Office Building could be serviced by the Hilldale Professional Complex or by Doctors' Park. The other state office buildings are not so favorably located.

The occasion when a physician's attendance would be a critical factor are few, and would be limited to situations where the patient could not or should not be moved without professional attention. In actual practice where the patient can be transported expeditiously to a hospital emergency room, he would be seen by a doctor (who had the necessary medical equipment at hand) as fast as a physician could respond to the site of the illness or accident.

The State does not cover the physicians on the Board of Health staff with malpractice insurance, and it would not be proper to call on them unless such coverage was provided.

Contractual arrangements with private physicians should be on a per call basis with fees recommended by the Wisconsin Medical Society. The patient should exercise the option of requesting his personal physician if he is conscious and capable of making the necessary judgement.

4. *Traffic Clearance at the Capitol:* In an emergency medical treatment program predicated on the transporting of cases to hospital emergency rooms where necessary, the parking problem at the Capitol has become a critical factor. Had a conventional long wheel base ambulance responded to the call when the late Mr. Larsen was stricken, the vehicle could not have gotten up to the building. The International Carryall ambulance of the City of Madison Fire Department had approximately 4 inches of clearance.

The Department of Administration is charged with enforcement of parking regulations at the Capitol, but we believe it will be necessary to have a strong pronouncement by the Legislature before we can be wholly successful in keeping the access clear.

III. Evaluation of Emergency Medical Treatment as an Isolated Health Service

The present emergency medical treatment program of the State of Wisconsin is in a sense a by-product of the building security operation. With the low incidence of cases, the staffing requirement of the Property Management Division for Security Officers would not be effected if these personnel were not involved in the EMT program.

This is a limited but adequate non-professional operation which can function economically as an isolated health service.

The introduction of a professional staff would certainly raise the level of service rendered. It would also complicate the administration of such a program by raising problems of staff utilization.

To raise the level of service in an across the board program, it would be necessary to employ an Occupational Health nurse for each major building. To have the type of professional service recommended by the State Board of

Health¹ requires at least part-time or on-call availability of a doctor of medicine.

These professional people serving in an emergency medical treatment function alone simply would not have enough to do. Even if the concept of EMT were enlarged to include minor dispensary service for occupational illness and injury, the extent of such service would not occupy over an hour or two each day.

A single occupational health nurse riding circuit among the Madison office buildings, and with the responsibility for the training of the Security force would scarcely be gainfully employed.

To provide professional EMT service with the low incidence of cases is neither feasible or economical unless it is part of a larger industrial health program.

IV. Proposal for a Study for an Occupational Health Service Program for State Employees

The professionally staffed emergency medical treatment operation is best oriented as one facet of an overall industrial health program. There should be close correlation between preventive medicine and emergency treatment.

An industrial health program ranges over many areas of management's concern for employee health. It can, and should, begin with pre-employment physical examinations which become another personnel tool in the proper job placement of employees. It should involve the periodic examination of employees exposed to health hazards or whose work involves the safety of others. It may include special examinations such as "return-to-work" examinations after a specified number of days absence, or executive examinations.

Preventive medicine, health education, and counseling all play a role in making the employee more effective.

As part of such a general health program, emergency care can be furnished by a full time professional staff. Part V indicates the role of EMT in representative state programs.

¹ Committee on Industrial Health, State Medical Society; Industrial Nurses Section, Wisconsin State Nurses Association; and Industrial Hygiene Division, Wisconsin State Board of Health: *Occupational Health, a Guide for Medical and Nursing Personnel*, Madison, Wisconsin; January 1957.

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Essentially there are two alternatives for a state emergency medical treatment program: to continue the present basic and non-professional approach as outlined in Part I and II, or to obtain a professional level married to an overall occupational health operation which will provide proper and economical staff utilization and furnish other valuable services to state employees.

Basically, an employee's health is his personal responsibility. A state occupational health program is not intended to supersede this responsibility or to interfere with the patient-physician relationship. The objectives are the control of health and safety hazards and the assistance in developing the proper employee attitudes toward both health and safety.

The basic purposes of an occupational health program as outlined by the State Board of Health¹ are:

1. To protect employees from communicable diseases and other occupational hazards
2. To aid in placing individuals according to their physical capacities and emotional make-up in work they can perform with an acceptable degree of efficiency, but without endangering their health and safety or that of their fellow employees.
3. To assist in obtaining optimum medical care and the early return to work of occupationally ill or injured employees.
4. To maintain and improve the health and efficiency of employees through education and constructive health measures; and by encouraging personal health maintenance.
5. To reduce absenteeism, labor turnover and compensation insurance costs.
6. To co-ordinate employee health services with the services of their personal physician and with community health agencies and programs.
7. To achieve greater operational efficiency and employee morale.

At this time, the Department of Administration is not prepared to offer more guidelines for a study of occupa-

¹ Wisconsin State Board of Health: *A General Guide for an Occupational Health Program for Hospital Employees*, Madison, Wisconsin, 1964.

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tional health services for state employees. Such a study would be a multi-agency responsibility:

- a) The State Board of Health, specifically the Occupation Health Division.
- b) The Industrial Commission for aspects of safety and employee health under the "safe place" statutes.
- c) Civil Defense for coordination in disaster medical planning.
- d) The Department of Administration (The Bureau of Personnel and the Bureau of Purchases and Services).
- e) The State Department of Public Welfare and such other agencies with the problems of dispersed personnel and/or hazardous occupations.

The first and basic determination of such a study would be the locus of the program. As demonstrated in Part V, other state programs are the responsibility of the state health agency under direct supervision of environmental or industrial health sections. The high level of professionalism which is the criterion for the program suggests that this is the natural orientation.

The employee relationship with an occupational health program is closely associated with personnel administration. Physical examinations and health counseling are basic personnel tools. However the Bureau of Personnel can benefit from these services without direct participation.

The following format for a projected study of an occupational health services program for the State of Wisconsin is patterned after the "team approach" to a definitive analysis.²

The study committee, representing management for the State of Wisconsin, would:

1. Recognize:

- a. that the maintenance of a high level of employee health is an integral part of sound personnel practice and good human relations.
 - b. the economic value of a well-conducted employee health program as it affects health, morale, production and the status of the company in the community.
- It can reduce the cost of Workmen's Compensation

² Metropolitan Life Insurance Company, *Correlated Activities in an Employee Health Program*, New York, 1962, 24 pp.

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insurance and of the protection provided through hospitalization and medical prepayment plans for non-occupational injuries and illnesses .

2. **Establish Objectives, Functions, Administrative Policies.**
In collaboration with legal counsel and, possibly, outside consultants.
 - a. Formulate a written statement of objectives of the Employee Health Service program.
 - b. Define:
 - (1) the list of functions which the state is willing to undertake.
 - (2) the place of the Employee Health Service in the total state organization.
 - (3) administrative policies under which the Employee Health Service program will function.
3. **Recommend Staff, Facilities, Budget**
 - a. determines staff needs.
 - b. establishes desirable qualifications and job specifications for Employee Health Service personnel. This includes first-aid workers to meet emergencies when neither a physician nor a nurse is present.
 - c. details space, layout, equipment and supplies.
 - d. determines adequate budget.
4. **Formulates Medical Direction, Evaluation and Interpretation.**
 - a. Establishes administrative channels between health service, parent agency, and Department of Administration at policy-making level.
 - b. Provides plan for periodic evaluation of the program.
 - c. Provide mechanics for liaison between Bureau of Personnel and Employee Health Service concerning:
 - (1) employees absence because of illness or injury.
 - (2) changes in job requirements.
 - (3) changes in pertinent personnel matters, particularly changes in state policy.
 - d. Provides plan for:
 - (1) orienting new employees to the Employee Health Service program and for keeping all employees informed about state administrative policies regarding the Employee Health Service program.

5. Recommend Medical Record and Report System
 - a. Recognizes:
 - (1) the need for a medical record and report system.
 - (2) the confidentiality of the records of individual employees.
 - b. As recommended by the State Board of Health:
 - (1) approves plans for use and maintenance of the medical records and reports.
 - (2) acts on recommendations for evaluation and change.
 - (3) defines and supports written administrative policies which protect confidentiality of health records of individual employees.
6. Recommend extent of state involvement and programs for:
 - a. Diagnosis and Treatment
 - (1) Emergency care
 - (2) Subsequent care
 - (3) Immunization
 - b. Health Counseling
 - c. Health Education
 - d. Physical Examination
 - e. Environmental Control
 - f. Safety
 - g. Disaster Planning
 - h. Supervisor of Disability Absence
7. Draft necessary legislation to implement proposed Employee Health Services.

V. Survey of Representative State Programs of Occupational Health Services

As of June, 1963, occupational health programs were functioning in forty-one states and Puerto Rico.¹ All of these programs involve the promotion of health services for employees of business and industry, but only Connecticut, Georgia, and Pennsylvania have comprehensive programs for their own state employees.

The three state programs are described in *Occupational Health Services for Employees*² which covers the status of

¹ Council of State Governments, *The Book of The States 1964-65*, p 387.

² *Op. Cit.*, pp. 42-57.

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operations up to early 1963. While there are procedural differences the principle objectives of the three plans are the same:

- a) Physical examinations:
 1. Preplacement physical evaluation
 2. Physical examinations required by statute
 3. Physical examinations requested by agencies
- b) Counseling in health problems and promotion of health education.
- c) Treatment of emergencies.
- d) Treatment of occupational injuries and diseases.
- e) Immunization against specific occupational hazards, and mass preventive inoculations.

Except for physical examinations, all of the state programs carefully avoid preempting the employee-personal physician relationship.

The Connecticut program serves 24,000 state employees through a main clinic and three branch clinics. The staff consists of a program chief, two additional physicians, five occupational nurses, an x-ray technician, two medical secretaries, and a receptionist. Expenditures for fiscal 1960-61 were \$68,929.89.

The Georgia program serves 4,000 state employees in the Atlanta area. Services in a single clinic are provided by a physician, two nurses, an x-ray technician, a medical technologist, and two secretaries. Fiscal 1962 expenditures were \$45,000.

The Pennsylvania program serves 14,000 employees in the state government at Harrisburg. The staff includes a medical director, an occupational physician, an occupational psychiatrist, twelve occupational nurses, and three medical secretaries operating out of five clinics. Fiscal 1962 expenditures were \$81,158.67 with one unit operating full time only four months of this period.

All three programs are under the supervision of the state health agency. While all three offer full line occupational health services, each state appears to emphasis a specific area:

- a) in Connecticut, employee evaluation as the result of preplacement and subsequent physical examinations.

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- b) in Georgia, health education to encourage the larger percentage of state employees who have not previously sought health supervision. Their multiphasic screening has turned up 3,000 abnormalities in 9,000 examinations, less than a third of which were previously known to employees.
- c) in Pennsylvania, emergency medical care, treatment of occupational injuries and illness, and treatment of minor nonoccupational injuries and illness for which the individual might not be expected to seek the attention of his personal physician. (It is interesting to note that a sixth health unit was removed from the employee health service in 1961 to serve exclusively the legislature.)

The genesis of the Connecticut and Pennsylvania plans appears to have been the recognition that emergency medical treatment, and the treatment of occupational injury and illness can be best handled in the larger framework of a full health program.

Seven states have limited health services for their employees:³

Indiana: limited to state board of health employees.

Kansas: a nurse attended emergency room in the state office building.

Kentucky: similar to Kansas with the addition of a local physician on a retainer basis.

Minnesota: a pilot program limited to department of highways employees.

New Hampshire: a full time first aid room.

New Jersey: rudimentary service on an agency by agency basis.

Oregon: multiphasic screening of new employees only.

New York and Rhode Island have plans under consideration for employee health programs.

³ *Occupational Health Services for Employees*, op. cit., page 21.

VI. Fiscal Notes

A. Expenditures Incident to Improving Present Program
(in addition to previously budgeted items)

	1965-66	1966-67
Personal services	\$500 ¹	\$250
Supplies	\$200 ²	\$100
Capitol items	\$400 ³	----

¹ For part-time instructor in first aid.

² Including one copy of first aid text per aid man.

³ To outfit recuperative areas in Capitol, WSSOB, HFSOB, and MSOB.

B. Estimate for Minimum Occupational Health
Services Program

(Capitol, Wilson Street, Hill Farms, and
Milwaukee Buildings)

	1965-66	1966-67
Personal services	*	\$37,200 ¹
Space	----	\$ 6,480 ²
Supplies	\$2,000 ³	\$ 2,500
Capitol items	\$8,000 ⁴	----

* Assuming services would be initiated July 1, 1966 at the earliest, there would be no salaries for fiscal 65-66.

¹ Based on minimum staff consisting of half-time physician, nurse supervisor, four duty nurses, and medical records secretary.

² Based on Board of Health recommendation of min. 300 sq. ft. for emergency treatment rooms in Capitol, Hill Farms Building, and Milwaukee Building; and 1000 sq. ft. for Health Services office and clinic in Wilson Street Building.

³ Original stocking of supplies; replacement in subsequent years at \$2,500 minimum.

⁴ For equipping three emergency treatment rooms, and office clinic.

Ordered spread upon the journal.

COMMITTEE REPORTS

The committee on Judiciary reports and recommends:

Senate Bill 268

Adoption of substitute amendment 1, S.; Ayes, 5; Noes, 0; rejection of substitute amendment 2, S.; Ayes, 5; Noes, 0 and passage as amended by substitute amendment 1, S.; Ayes, 5; Noes, 0.

Senate Bill 535

Passage; Ayes, 5; Noes, 0.

Senate Bill 536

Passage; Ayes, 5; Noes, 0.

Senate Bill 537

Passage; Ayes, 5; Noes, 0.

Assembly Joint Resolution 7

Concurrence; Ayes, 2; Noes, 2 and without recommendation.

Assembly Joint Resolution 72

Concurrence; Ayes, 5; Noes, 0.

Assembly Bill 306

Concurrence; Ayes, 5; Noes, 0.

ALLEN J. BUSBY,
Chairman.

Upon motion of Senator Knowles, with unanimous consent, the reading at length of the foregoing committee report was dispensed with.

The committee on Labor, Taxation, Insurance and Banking reports and recommends:

Senate Joint Resolution 78

Adoption; Ayes, 5; Noes, 0.

Senate Bill 211

Adoption of substitute amendment 1, S.; Ayes, 5; Noes, 0 and passage as amended; Ayes, 5; Noes, 0.

Senate Bill 434

Adoption of substitute amendment 1, S.; Ayes, 3; Noes, 1 and passage as amended; Ayes, 3; Noes, 1.

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Senate Bill 440

Adoption of substitute amendment 1, S.; Ayes, 5; Noes, 0 and passage as amended; Ayes, 5; Noes, 0.

Senate Bill 451

Passage; Ayes, 5; Noes, 0.

Senate Bill 458

Adoption of amendment 1, S.; Ayes, 5; Noes, 0 and indefinite postponement as amended; Ayes, 5; Noes, 0.

Senate Bill 466

Passage; Ayes, 5; Noes, 0.

Senate Bill 470

Indefinite postponement; Ayes, 5; Noes, 0.

Senate Bill 476

Passage; Ayes, 4; Noes, 1.

Senate Bill 490

Adoption of amendment 1, S.; Ayes, 3; Noes, 0 and passage as amended; Ayes, 2; Noes, 1.

Senate Bill 493

Adoption of substitute amendment 1, S.; Ayes, 4; Noes, 1 and indefinite postponement as amended; Ayes, 3; Noes, 1.

Assembly Bill 31

Concurrence; Ayes, 5; Noes, 0.

Assembly Bill 258

Concurrence; Ayes, 4; Noes, 1.

Assembly Bill 293

Concurrence; Ayes, 4; Noes, 1.

Assembly Bill 552

Nonconcurrence; Ayes, 5; Noes, 0.

GERALD D. LORGE,
Chairman.

EXECUTIVE COMMUNICATIONS

To the Honorable, the Senate:

The following bill, originating in the Senate, has been approved, signed and deposited in the office of the Secretary of State.

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Senate Bill	Chapter No.	Date Approved
361 -----	139 -----	July 1, 1965

Respectfully submitted,

WARREN P. KNOWLES,
Governor.

July 2, 1965.

Upon motion of Senator Knowles, with unanimous consent, the senate resolved to adjourn today in honor of Senator Hansen's birthday, which was celebrated on the fourth of July.

Upon motion of Senator Knowles, with unanimous consent, the senate recessed until 11:00 o'clock this morning.

RECESS

11:00 o'clock A.M.

The senate was called to order by the president.

Upon motion of Senator Knowles, with unanimous consent, the senate recessed until 4:00 o'clock this afternoon.

RECESS

4:00 o'clock P.M.

The senate was called to order by the president.

Upon motion of Senator Lorge, with unanimous consent, the senate returned to the 11th order of business.

MOTIONS

Senate Bill 493

Was taken from the calendar of Thursday, July 8th and referred to the joint committee on Finance, upon motion of Senator McParland, with unanimous consent.

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Senate Bill 540

Was recalled from the committee on Labor, Taxation, Insurance and Banking and referred to the joint committee on Finance, upon motion of Senator Lorge, with unanimous consent.

Upon motion of Senator Knowles, with unanimous consent, the senate recessed until 4:45 o'clock this afternoon.

RECESS

4:45 o'clock P.M.

The senate was called to order by the president.

MOTIONS

Senate Bill 107

The bill which was a Special Order for 10:00 o'clock this morning was made a Special Order for 10:00 o'clock Tuesday morning, July 13th, upon motion of Senator Knowles, with unanimous consent.

Senate Bill 169

The bill which was a Special Order for 11:30 o'clock this morning was made a Special Order for 11:30 o'clock Tuesday morning, July 13th, upon motion of Senator Knowles, with unanimous consent.

Senate Bill 529

The bill which was a Special Order for 9:00 o'clock this morning was made a Special Order for 9:00 o'clock Thursday morning, July 8th, upon motion of Senator Hollander, with unanimous consent.

Assembly Bill 239

The bill which was a Special Order for 9:00 o'clock this morning was made a Special Order for 9:00 o'clock Tuesday morning, July 13th, upon motion of Senator Knowles, with unanimous consent.

Upon motion of Senator Hollander, with unanimous consent, the senate returned to the third order of business.

INTRODUCTION OF AMENDMENTS

Substitute amendment No. 2, S. to Senate Bill 42 was offered by Senator Schreiber.

Substitute amendment No. 1, S. to Senate Bill 221 was offered by Senator Hollander.

Amendment No. 1, S. to substitute amendment No. 1, S. to Senate Bill 336 was offered by Senator Busby.

Upon motion of Senator LaFave, with unanimous consent, the senate returned to the 7th order of business.

COMMITTEE REPORT

The committee on Governmental and Veterans' Affairs reports and recommends:

Senate Joint Resolution 73

Adoption; Ayes, 4; Noes, 0.

Senate Bill 502

Indefinite postponement; Ayes, 4; Noes, 0.

Senate Bill 514

Passage; Ayes, 4; Noes, 0.

Assembly Bill 474

Concurrence; Ayes, 4; Noes, 0.

REUBEN LaFAVE,
Chairman.

GUESTS INTRODUCED

Senator Knowles introduced to the senate Mr. John A. Van Meter, Mayor of New Richmond, Wisconsin, and editor of the New Richmond (Wis.) *News*.

The president joined in welcoming Mr. Van Meter.

Upon motion of Senator Knowles, and in honor of Senator Hansen, the senate adjourned until 9:00 o'clock Wednesday morning, July 7, 1965.